MONTANA BOARD OF FUNERAL SERVICE PO BOX 200513 301 S PARK, 4TH FLOOR Helena, MT 59620-0512 Licensing Phone: 406-444-6880

Email: dlibsdhelp@mt.gov Website: www.funeral.mt.gov

MORTICIAN INTERN LICENSE APPLICATION

I am applying for a :						
mortician intern license	_ \$479					
1 FIIII NAME:						
Fil	rst	ľ	/liddle		Last	
2. OTHER NAME(S) KNOWN	BY:					
3. MAILING ADDRESS:						
4. EMAIL ADDRESS:						
5. TELEPHONE: Business						
Business		Home		C	ell	
6. SOCIAL SECURITY NUMBER:			FOREIG	n id numbe	R:	
7. DATE OF BIRTH:			8. GEN	DER:	FEMALE	MALE
9. DATE PASSED NATIONAL	EXAM (arts and s	ciences): _				
 List academic degrees rece most current degree first. 	ived from funeral s	service or r	nortuary sci	ence educati	on programs.	List the
Name of University or College	City and State/Province/ Territory	Dates Att	tended	Type of De (i.e. association or bachelor		Total Number of Credits Earned

11. List all professional licenses or certifications you hold or have **ever** held. Verification must be sent directly to Montana from each state or jurisdiction.

State	Other Jurisdiction	License Type	License Number	Requested State Verification	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

- 1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- 2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- 3. Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

TEROGRAE MOTORY QUESTIONS		
1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?	Yes	No
4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?	Yes	No
5. Have you ever withdrawn an application for any professional license?	Yes	No
6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?	Yes	No
Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)	Yes	No
Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.		
8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes	No
9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes	No
The following information is provided for Question 10 below:		
A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.		
10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction?	Yes	No
11. Are you now subject to criminal prosecution or pending criminal charges?	Yes	No
12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?	Yes	No
13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?	Yes	No

	Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?	Yes	No
15.	Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid?	Yes	No
16.	Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?	Yes	No
	Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?	Yes	No
	Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?	Yes	No
	I authorize the release of information concerning education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Funeral Service. I hereby declare that the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.		
	I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.		
	Signature of Applicant Date		

PLEASE REVIEW THE MONTANA LAWS AND RULES AT www.funeral.mt.gov

MORTICIAN INTERN SUPERVISOR

Instructions

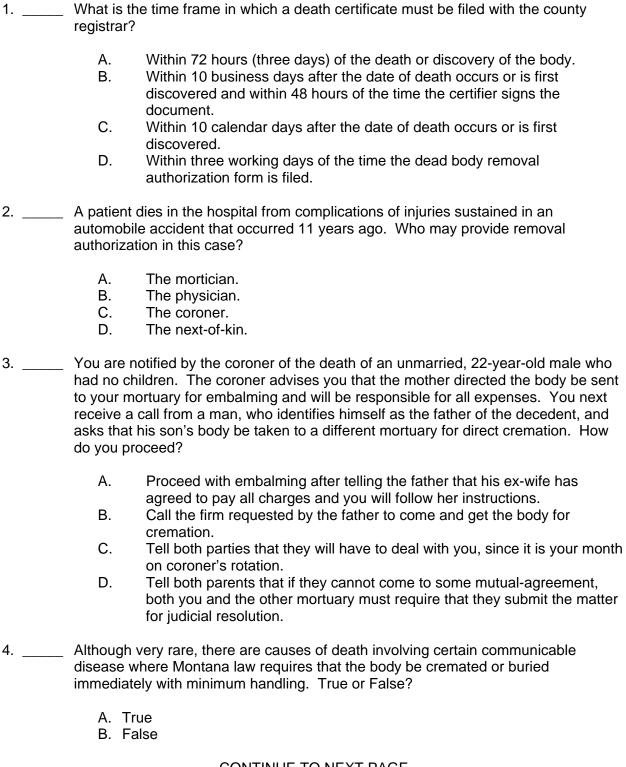
This section must be completed and signed by <u>both</u> the applicant for the mortician intern license and the licensed mortician who will be supervising the applicant during the internship. If the applicant will have more than one supervisor then this form must be completed for each supervisor.

Se	ection 1 – Applicant Information		
1.	Applicant Full Name:		
	First	Middle	Last
2.	Applicant Mailing Address:		
3.	Applicant Email Address:		
4.	Name of Mortuary Where Applicant Employe	d:	
5.	Physical Address of Mortuary Facility:		
6.	Mortuary License Number:	_	
Se	ection 2 - Supervisor Information		
7.	Supervisor Full Name:	Middle	Last
8.	Supervisor Montana License Number:		_
9.	Name of Mortuary Where Supervisor Employ	red:	
10	Physical Address of Mortuary Facility:		
11	. Mortuary License Number:	_	
l, t	ection 3 – Declaration the mortician intern applicant understand the re RM 24.147.504.	equirements of a mortician	internship per board statute and
Le	gal Signature of Applicant		Date
	the mortician intern supervisor understand the RM 24.147.504.	requirements of a morticiar	ı internship per board statute and
Le	gal Signature of Supervisor		Date

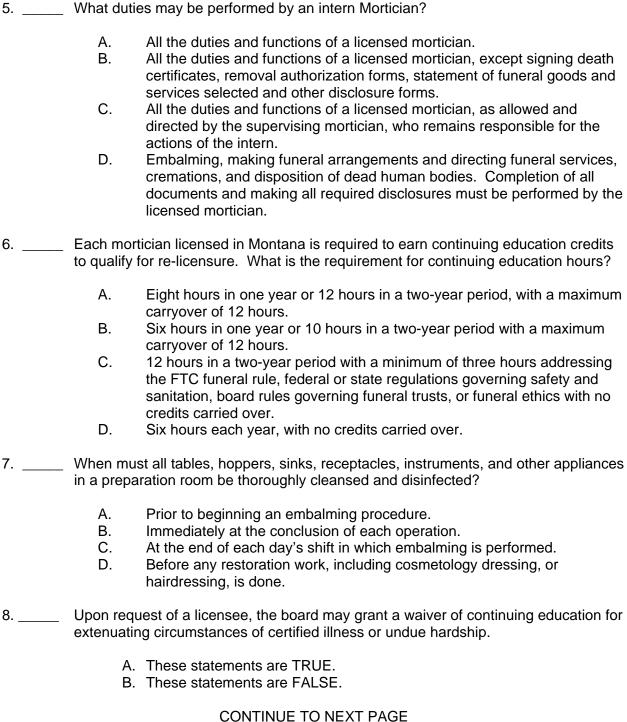
Name			
Address			
City	State	Zip	
Signature			

*By signing on the above line, I verify that I am the person completing this exam.

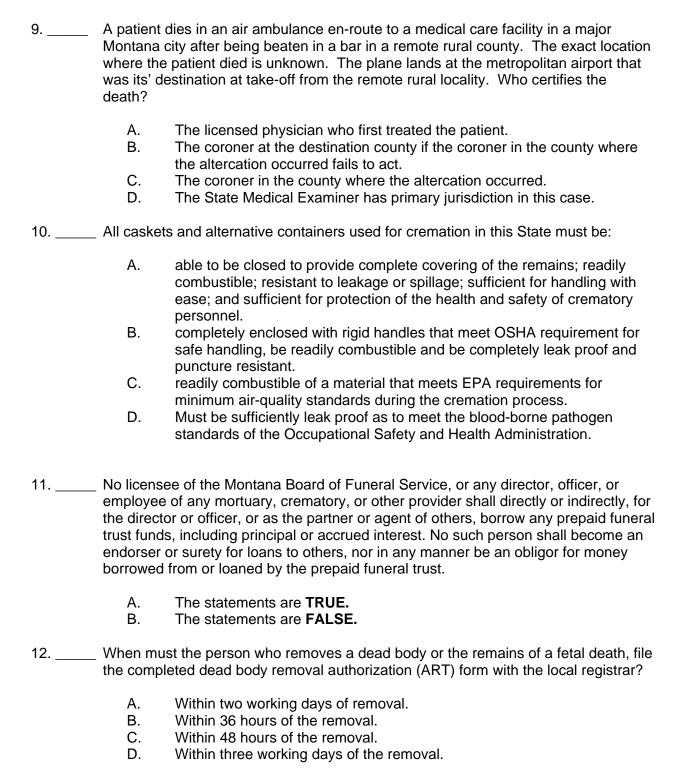
- This exam is to be taken by mortician and mortician intern applicants. It does not need to be taken by crematory operator or crematory technician applicants.
- This is an open book exam. Please download the statutes and administrative rules governing funeral service found on our website www.funeral.mt.gov under the "Regulations" tab. Click on "Administrative Rules" and "Statutes" in the sidebar.
- This exam consists of 25 questions. Each question requires you to select one answer among the choices given. If more than one answer is chosen per question, or if you fail to answer the question, the question will be scored as incorrect. Please take your time and review your answers.
- A passing score of 19 out of 25 correct answers is required for a mortician license and a mortician intern license in the state of Montana. If you fail the exam and need to retake it there is a \$100 reexamination fee.
- To mark your answer, write the letter corresponding to the answer you choose on the blank line beside the question number. For example:
- 1. <u>A</u> Members of the Montana Board of Funeral Service serve staggered five-year terms.
 - A. The statement is **TRUE**.
 - B. The statement is **FALSE**.



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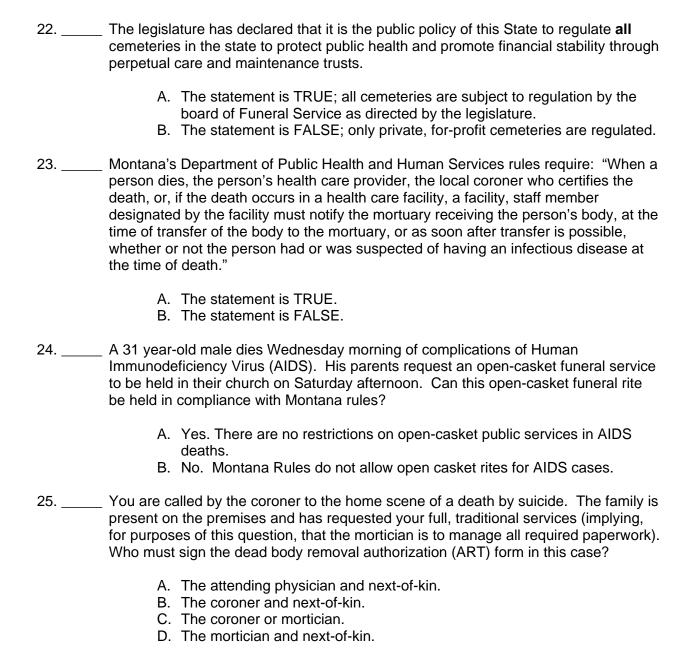
- 13. Licensees may earn up to three hours of continuing education per year by self-study, audio, video, internet-based, or other activity as long as the licensee passes a test on the materials as evidenced by a certificate of completion. True or False? A. True B. False 14. _____ Which of the following is a true statement of who may authorize the removal of a dead human body from the place of death? A. If the death occurs within a licensed medical facility, removal may only be authorized by a physician licensed to practice within the State of Montana. B. If the death occurs within 24 hours of admission to a licensed medical facility, the coroner having jurisdiction may authorize removal. C. In all circumstances, removal may be authorized either by a licensed physician, or by a licensed mortician. D. In cases where the death must be reported to the coroner, the coroner may authorize removal as well as a licensed physician or the physician's designee, or any nurse who was in attendance at the time of death. 15. _____ Mrs. Jones calls you from the hospital and advises you that her husband has just been pronounced dead on arrival at the hospital after being stricken at home and taken to the hospital by ambulance. Their personal physician has advised her that death was due to a sudden cardiac event and she said the doctor had seen Mr. Jones for his long-standing heart disease four days ago. Mrs. Jones asks that you remove the body immediately and embalm for traditional funeral services. By state law, must this death be reported to the coroner? A. No, since he had been attended by his physician within 30 days of death. B. Yes, since he was dead on arrival at a medical facility. 16. _____ No person, firm or corporation shall sell or offer to sell, or make or offer to make atneed funeral arrangements, pre-need funeral arrangements or prepaid funeral agreements, unless that person is: A. A pre-need funeral specialist certified by the National Funeral Directors Association. B. A licensed mortician. C. Pre-need Counselor licensed by the Montana Board of Funeral Service.
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D. An authorized employee of a licensed mortuary, under the direct or indirect supervision of a licensed mortician of funeral director.

or another state.

- 17. _____ If, after a three-year period from passing this examination, the internship has not been completed: A. The Intern may change supervising morticians and then complete the internship within one additional year. B. The Board of Funeral Service may grant a mortician's license regardless. C. The Intern may apply for re-examination on the State law and rules and, upon passing, begin the internship anew. D. The Intern must re-take the National Conference Examination and, upon passing, re-apply to the Board for re-examination on State law and rules. 18. _____ How may liquid or semisolid infectious waste be disposed of? A. Burial with the body from which the infectious waste originated; B. By discharge into a sewer system that provides secondary treatment or into a primary treatment sewage system if waste is first sterilized by chemical treatment. C. By double-bagging and disposing in a licensed landfill. D. By being separated from ordinary waste at the point of origin and stored until the waste is rendered noninfectious in separate, distinct containers with biohazard warning labels until such time as the infectious waste can be transported to an approved offsite treatment facility. 19. A client requests that her husband's Labrador retriever, which was euthanized the day prior to his unexpected death, be cremated with him and the commingled remains then be returned to her. Is this legally allowable in Montana? A. No, cremation of animals or pets of any type is strictly prohibited in a crematory facility designed for cremation of human remains. B. Yes, if the request is made in writing and signed before a notary public. 20. _____ Conduct that does not meet the generally accepted standards of practice may be construed as unprofessional conduct, and may result in discipline against a licensee. A. This statement is TRUE. B. This statement is FALSE. 21. An 80 year—old man with extensive history of heart disease has severe pain and shortness of breath and is admitted to a hospital at 8:00 P.M. on a Sunday evening. He is treated by his physician for a clearly diagnosed myocardial infarction, but dies in the hospital at 6:00 A.M. Monday (the morning after admission). Which one of the following statements is true? A. This death must be reported to the coroner since the patient died less than 24 hours after admission to a medical care facility. B. Since the diagnosis is scientifically indisputable and the physician is
 - willing to sign the death certificate, he/she may certify the death without further report or inquiry.
 - C. Either the attending physician or licensed mortician may authorize the removal of the body.
 - D. The body may be cremated immediately on order of the next-of-kin.

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END OF EXAMINATION