

MONTANA BOARD OF FUNERAL SERVICE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: (406) 841-2209
Email: dlibsdfnr@mt.gov Website: funeral.mt.gov

MORTICIAN INTERN LICENSE APPLICATION

I am applying for a:

mortician intern license – \$330

1. FULL NAME: _____
First Middle Last
2. OTHER NAME(S) KNOWN BY: _____
3. MAILING ADDRESS: _____
4. EMAIL ADDRESS: _____
5. TELEPHONE: _____
Business Home Cell
6. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____
7. DATE OF BIRTH: _____ 8. GENDER: FEMALE MALE
9. ***This question is only for applicants who took a state licensing exam instead of the national exam. ***
List all state exams taken.

State	Type of Exam (i.e. arts, science, or both)	Date Passed	Requested State Verification of Results	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

10. List academic degrees received from funeral service or mortuary science education programs. List the most current degree first.

Name of University or College	City and State/Province/Territory	Dates Attended	Type of Degree Earned (i.e. associate degree or bachelor's degree)	Total Number of Credits Earned

11. Applicants applying with an associate degree must complete the additional education requirements as described below.

Per the requirements of ARM 24.147.402, in addition to the credits from my associate's degree, I have obtained an additional 30 semester credits or 45 quarter credits from a college or university accredited by a recognized U.S. Department of Education accrediting agency in the following subjects: accounting, business, computer applications, communications/speech, English, history, mathematics, psychology, religion, sociology, education, biological sciences; or other subjects germane to the practice of mortuary science.

Yes

If answer is "yes", applicant must fill out the below table. Attach additional sheets as necessary.

No

Not Applicable – I have a baccalaureate degree in funeral service or mortuary science education.

Name of University or College	City and State/Province/Territory	Dates Attended	Quarter or Semester Credits	Total Number of Credits Earned
Total Credits Earned (from all universities or colleges)				

12. 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

Disciplinary Questions

Please read carefully and answer questions completely and truthfully. It may affect your licensure.

- | | | |
|---|-----|----|
| 1. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 2. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 3. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 4. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 5. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc.)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 6. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations, and consent and/or settlement agreements directly from the source. | Yes | No |
| 7. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 8. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 9. Have you ever been censured, expelled, denied membership, or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 10. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 11. Have any civil legal proceedings been filed against you by a (patient /client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |
| 12. Have you ever been convicted of a misdemeanor or felony crime, or do you | | |

have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.	Yes	No
13. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.	Yes	No
14. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.	Yes	No
15. Have you ever been court-martialed or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.	Yes	No

DECLARATION

I authorize the release of information concerning my 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 under penalty of perjury the information included in my 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.

Legal Signature of Applicant

Date

MORTICIAN INTERN SUPERVISOR

Instructions

This section must be completed and signed by both 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.

Section 1 – Applicant Information

1. Applicant Full Name: _____
First Middle Last
2. Applicant Mailing Address: _____
3. Applicant Email Address: _____
4. Name of Mortuary Where Applicant Employed: _____
5. Physical Address of Mortuary Facility: _____
6. Mortuary License Number: _____

Section 2 – Supervisor Information

7. Supervisor Full Name: _____
First Middle Last
8. Supervisor Montana License Number: _____
9. Name of Mortuary Where Supervisor Employed: _____
10. Physical Address of Mortuary Facility: _____
11. Mortuary License Number: _____

Section 3 – Declaration

I, the mortician intern applicant understand the requirements of a mortician internship per board statute and [ARM 24.147.504](#).

Legal Signature of Applicant

Date

I, the mortician intern supervisor understand the requirements of a mortician internship per board statute and [ARM 24.147.504](#).

Legal Signature of Supervisor

Date