

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222

Office: 502-426-4589 Email: KBEFD@ky.gov

APPLICATION FOR LICENSURE INSTRUCTIONS

LICENSURE FROM APPRENTICESHIP: Please Submit with Application:

1. TYPED APPLICATION PAGES 1-3
2. Official SEALED copy of transcripts if not already received.
3. Photograph
4. Check or money order for the fee as directed on application page.

LICENSURE FROM RECIPROCAL

1. TYPED APPLICATION PAGES 1, 3-6
2. Copy of high school transcripts/diploma
3. Official SEALED copy of college transcripts and/or Mortuary School Transcripts
4. Photograph
5. FBI Background Report
6. Check or money order for fee as directed on application page 1
7. State Verification may come directly from State

agency

RETEST FROM APPRENTICESHIP

1. TYPED APPLICATION PAGES 1, 3
2. Check or money order for fee as directed on application page.

RETEST FROM RECIPROCAL

1. TYPED APPLICATION PAGES 1, 3

DO NOT SEND THIS PAGE WITH YOUR APPLICATION

Kentucky Board of Embalmers and Funeral Directors

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FOR OFFICE USE ONLY
Exam

Fee: _____
B c e m p #: _____
Note: _____
Meeting: _____
Exam Date: _____
W / O F E L
Lic #: _____

Application for Licensure

This form must be typed

Name: _____ Social Security #: _____

Birth Date: _____ Personal Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

I am applying to take the following exam(s):

Initial

☐ Funeral Director (\$100)

☐ Embalmer (100)

☐ Laws (\$100)

Reciprocal

☐ Funeral Director (\$125)

☐ Embalmer (\$125)

☐ Laws (\$125)

Retest

☐ Funeral Director (\$100)

☐ Embalmer (\$100)

☐ Laws (\$100)

National Boards: ☐ Have been taken ☐ Will not be taken ☐ Are scheduled for _____

If one is not already on file in the Board office, please have an Official **SEALED** transcript sent from the college or university you attended.

Are you currently under indictment? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense (other than a minor traffic violation)? ☐ Yes ☐ No

The Kentucky Board of Embalmers and Funeral Directors will provide reasonable accommodations in the administration of all licensure exams for qualified individuals with disabilities. The applicant shall submit to the Board a request for accommodation with this application.

I certify that I have completed the requirements for licensure according to KRS 316.030. I understand that any license granted to me may be revoked by the Board for non-compliance of the Statutes and Regulations of the Commonwealth of Kentucky, the Orders of the Board or any false statement in my application.

Signature of Applicant

Date

Subscribed and sworn to before me by _____

STATE OF _____ COUNTY OF _____, TO WIT:

Taken, subscribed, and sworn to before me this _____ day of _____, 20____

My commission expires: _____

Signature of Notary Public

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Kentucky Apprenticeship Completion Certification (To be completed by Apprentice Supervisor)

Re: _____ Level II # (if applicable) _____

Apprentice Name

Apprenticeship Start Date _____ Apprenticeship End Date _____

Embalmer Supervisor _____ License _____

Funeral Director Supervisor _____ License _____

Establishment Name _____ License _____

Employment Date Start Date: _____

Per 201 KAR 15:050, I certify that the above-name apprentice has completed 25 removals and 25 funerals, and/ or 25 bodies embalmed and completed the following tasks during their apprenticeship:

Funeral Director

- ☐ Driving/Parking Funeral Cars
- ☐ Caring for Equipment/Supplies
- ☐ Arrangement with Families
- ☐ Pre-Need Arrangements
- ☐ Checking & Arranging Flowers
- ☐ Preparing Death Certificates
- ☐ Preparing Obituary Notices
- ☐ Receiving Visitors at Funerals
- ☐ Arrangements with Clergy
- ☐ Assisting with Funeral Services
- ☐ Assisting with Interment

Embalmer

- ☐ Bathing Bodies
- ☐ Posing Body & Features
- ☐ Embalming Room Requirements
- ☐ Mixing Fluid
- ☐ Injecting Fluid
- ☐ Dressing & Casketing
- ☐ Incisions & Suturing
- ☐ Raising Vessels/Insert Tubes
- ☐ Trocar Cavity Treatment
- ☐ Preparation of Autopsied Bodies
- ☐ Restorative Art Treatment

Signature of Embalmer Supervisor

Date

Signature of Funeral Director Supervisor

Date

Subscribed and sworn to before me by _____

STATE OF _____ COUNTY OF _____, TO WIT:

Taken, subscribed, and sworn to before me this _____ day of _____, 20 _____

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Required Reference for Licensure

TWO SEPARATE REFERENCES ARE REQUIRED REGARDLESS OF WHICH EXAMINATION IS BEING TAKEN; ONE MUST BE FROM A FUNERAL DIRECTOR; ONE MUST BE FROM AN EMBALMER. THE REFERENCES MAY NOT BE FROM THE SAME PERSON

I, _____

Licensed Funeral Director (shall not be the same as the Embalmer reference)

Hereby certify that I am personally acquainted with _____

the applicant named herein, and know them to be of good moral character, of good repute in the community in which they live and that we have read the forgoing statements of the applicant and know that they are true.

Licensed Funeral Director Signature

Required Reference for Licensure

TWO SEPARATE REFERENCES ARE REQUIRED REGARDLESS OF WHICH EXAMINATION IS BEING TAKEN; ONE MUST BE FROM A FUNERAL DIRECTOR; ONE MUST BE FROM AN EMBALMER. THE REFERENCES MAY NOT BE FROM THE SAME PERSON

I, _____

Licensed Embalmer (shall not be the same as the Funeral Director reference)

Hereby certify that I am personally acquainted with _____

the applicant named herein, and know them to be of good moral character, of good repute in the community in which they live and that we have read the forgoing statements of the applicant and know that they are true.

Licensed Embalmer Signature

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Application Addendum for Licensing by Reciprocity

_____ Embalming (\$125.00) _____ Funeral Directing (\$125.00) _____ Dual (\$250.00)

I, _____, hereby make application for licenses to practice funeral directing and/or embalming in the state of Kentucky on the basis of holding a valid, unrevoked and current license as funeral director and/or embalmer in the state of _____, license # _____.

Full Name: _____

Are you currently working at a funeral establishment in the state of Kentucky? Yes ___ No ___

If yes, how long have you been working there? _____

Kentucky Establishment: _____
Name Address City

Kentucky License Holder Who Supervises: _____
Name License Number

Education

High School: _____
Name City, State Year of Graduation

Mortuary College: _____
Name City, State Year of Graduation

College: _____
Name City, State Year of Graduation

References

List three references of licensed funeral directors and/or embalmers. Give names and addresses.

1. _____
Name Address City, State License Number

2. _____
Name Address City, State License Number

3. _____
Name Address City, State License Number

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Job History

Please list below information regarding the funeral service establishments you have worked for the last five years.

1.

Name	City, State	Year Employed	Reason for leaving
2.

Name	City, State	Year Employed	Reason for leaving
3.

Name	City, State	Year Employed	Reason for leaving

Have you ever been charged with violation of any federal, state, or local statute? ☐ No ☐ Yes

Are you under indictment? ☐ No ☐ Yes

If yes, give details including dates, place, and disposition of matter.

Affidavit of Applicant

In submitting the above information, its agreed by me if any part of it is false or fraudulent; I forfeit any rights to be considered for Kentucky licenses.

I hereby state under oath that my funeral director and/or embalmer license has never been canceled, suspended, revoked, or placed on probation, and at the present time said license is in full force and effect. I further state there is no prosecution pending against me in any state or federal court for any felonious offense or misdemeanor involving moral turpitude as defined under Kentucky law; that I am the identical person to whom the license was originally issued; and that the statements contained herein are true and correct to the best of my knowledge.

Signature: _____

Subscribed and sworn to before me this _____ Day of _____.

Notary Public

My Commission Expires	County	State
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State Verification

(Send to your current State Board for certification) (Have your
State submit completed form directly to the Kentucky Board
office)

I _____ of the
Name Title

_____, certify that
Name of Board

_____ was granted Funeral Director license number
Applicant

_____ on this date and Embalmer license

number _____ on this date:

I certify that the said certificates/licenses have never been revoked, canceled, suspended
or placed on probation, and that said certificates/licenses have been renewed for the
year ending on

I further certify that the aforesaid in his/her written examination before this Board, obtained
a score of _____ on the Funeral Director examination,

_____ on the Embalmer examination.

Acting on behalf of the _____, I certify that the above
Name of Board

information is true and correct based on the records of this Board.

Signature

Title

State Board Seal