

STAFF USE ONLY	
CE DATE	
TYPE	

Application for Medical Exemption
Requested Exemption Year: _____
Kentucky Board of Embalmers & Funeral Directors
Complete and file with the Board office by July 1

Name	<input type="text"/>	Age	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>		License #	<input type="text"/>	

City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	Phone Number	<input type="text"/>
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Are you presently affiliated with a Funeral Home? ☐ Yes ☐ No

If yes please list firm.

Reason for exemption _____ Type of Exemption: In Class _____ Webinar _____ Online _____

Give a brief explanation of the reason (s) for your request for exemption.

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I agree that if this exemption is granted, I will comply with all statutes and regulations governing the practice of embalming and funeral directing including payment of the annual renewal fee. I understand that if this exemption is granted, it will last until the end of the current CE timeframe. At that time, I will need to reapply if I require another exemption. I swear that the information given on this application is true and correct.

Signature

Date

Subscribed and sworn before me by _____
this the _____ day of _____ 20____

My Commission Expires: _____

Notary Public

To be completed by physician, in cases of physical disability or illness.

I certify that based upon the above information this license holder was or is unable to participate in any continuing education activity during the compliance period stated above.

Physician's Signature/Date

Physician's name printed/License #

Physician Phone

Physician Address _____