

Application for Medical Exemption

2018-2020

Kentucky Board of Embalmers & Funeral Directors

To be completed and filed with the Board office by July 1, 2020.

Name [] Age [] Date/Time Field []
Address [] License # []
City [] State [] Zip Code [] Phone Number []

Are you presently affiliated with a Funeral Home? [] Yes [] No

If yes please list firm. []

Reason for exemption []

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

Text box for explanation of exemption reasons.

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 July 1, 2020. At that time I will need to reapply to obtain 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 stated reasons the above named person was or is unable to participate in any continuing education activity from August 1, 2018 to July 1, 2020.

Physician's Signature/Date

Physician's name printed

Business Phone []

Business Address []