

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

FUNERAL DIRECTORS EXAMINING BOARD

INFORMATION FOR COMPLETING FUNERAL DIRECTOR APPLICATION

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Initial Applicants

1. **Application for Funeral Director License (Form #403)**
2. **Initial Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Official Transcripts** – Evidence of completion of two (2) academic years of instruction in a recognized college or university meeting the requirements in Wis. Admin. Code § FD 1.04. Transcripts must be forwarded directly by the college to you. **Unofficial copies of transcripts are not acceptable.**
4. **Mortuary Science Course Completion** – Evidence of completion of nine (9) months or more instruction in a prescribed course in mortuary science meeting the requirements of Wis. Admin. Code § 1.05 after having completed one (1) year of college work or equivalent education.
5. **Apprenticeship Completion** – Evidence of completion of a one (1) year apprenticeship under Wis. Stats. § 445.095 after having completed one (1) year of college work or equivalent education.
6. **National Board Examination (NBE)** – All applicants for initial licensure must pass the NBE.
7. **Wisconsin State Laws Examination** – An applicant shall successfully complete an online examination on Wisconsin Statutes and Rules relating to the practice of funeral directing before a license can be issued in Wisconsin.

Reciprocal Applicants (currently licensed as a Funeral Director in another state)

1. **Application for Funeral Director License (Form #403)**
2. **Reciprocal Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Verification of Examination or Registration (Form #1576)** – Must be completed by each state licensing Board or agency in which you hold a credential. A photocopy of the credential is not acceptable.
4. **Wisconsin State Laws Examination** – Submit evidence of passage of the WI jurisprudence examination for Funeral Directors. The NBE is not required for reciprocal applicants.

Mortuary Schools/School Codes: list code of school attended on Page 2

00001 American Academy McAllister Institute of Funeral Service - New York, NY	00021 Milwaukee Area Technical College - Milwaukee, WI
00002 Catonsville Community College - Catonsville, MD	00022 Mt. Hood Community College - Gresham, OR
00003 Central State University - Edmond, OK	00023 New England Institute of Applied Arts & Sciences - Boston, MA
00004 Cincinnati College of Mortuary Science - Cincinnati, OH	00024 Northhampton County Area Community College - Bethlehem, PA
00005 Commonwealth College of Funeral Service - Houston, TX	00025 Northwest Mississippi Junior College - Southaven, MS
00006 Cypress College - Cypress, CA	00026 Pittsburgh Institute of Mortuary Science - Pittsburgh, PA
00007 Dallas Institute of Funeral Service - Dallas, TX	00027 St. Louis Community College - St. Louis, MO
00008 Delgado Community College - New Orleans, LA	00028 San Antonio College - St. Louis, MO
00009 East Mississippi Junior College - Cooba, MS	00029 San Francisco College of Mortuary Science - San Francisco, CA
00010 Fayetteville Technical Institute - Fayetteville, NC	00030 Simmons School of Mortuary Science - Syracuse, NY
00011 Gupton-Jones College of Funeral Service - Atlanta GA	00031 Southern Illinois University - Carbondale, IL
00012 Hudson Valley Community College - Troy, NY	00032 State University of New York - Canton, NY
00013 Jefferson State Junior College - Birmingham, AL	00033 State University of New York - Farmingdale, NY
00014 John A. Gupton College - Nashville, TN	00034 University of District of Columbia - Washington, DC
00015 John Tyler Community College - Chester, VA	00035 University of Minnesota - Minneapolis, MN
00016 Kansas City Community College - Kansas City, KS	00036 Vincennes University Junior College - Vincennes, IN
00017 McNeese State University - Lake Charles, LA	00037 Wayne State University - Detroit, MI
00018 Mercer County Community College - Trenton, NJ	00038 Worsham College of Mortuary Science - Skokie, IL
00019 Miami-Dade Community College - Miami, FL	00039 School not listed
00020 Mid-America College of Funeral Service - Jeffersonville, IN	00040 College of Boca Raton - Boca Raton, FL

#403 (Rev. 9/16)
Ch. 445, Stats.

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FUNERAL DIRECTORS EXAMINING BOARD APPLICATION FOR FUNERAL DIRECTOR LICENSE

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional.			
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Funeral Director?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>	
Have you ever been issued a WI Apprentice Permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the following:	
Name of Funeral Establishment <input type="text"/>		Address of Funeral Establishment (street, city, state, zip) <input type="text"/>	
Email Address <input type="text"/>			
Funeral Establishment Name <input type="text"/>		Funeral Establishment Permit # <input type="text"/>	
Funeral Establishment Address (street, city, state) <input type="text"/>			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)
- Initial Credential Fee
\$ 75.00 Total Fee Attached
- Reciprocal Credential Fee
\$ 170.00 Total Fee Attached

For Receiving Use Only (77)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

EDUCATION: Official Transcript(s) Required.	
Name of School <input style="width: 90%; height: 25px;" type="text"/>	
School Code (from page i) <input style="width: 95%; height: 25px;" type="text"/>	Date of Graduation <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 90%; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 90%; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:

Date: / /