IDAHO BOARD OF MORTICIANS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: (208)-334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: mor@ibol.idaho.gov

APPLICATION FOR MORTICIAN LICENSURE INSTRUCTIONS

Please complete the application and required addendum by providing all of the requested information. All requested information and fees must be provided. Failure to provide a complete application will result in it not being reviewed by the Board. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above. To be considered by the Board, the Bureau must receive properly completed applications at least sixty (60) days prior to the date of the examination.

Application Checklist for licensure by exam:

An application for licensure by exam requires the following:

- ☐ Completed application.
- ☐ Application fee-$100.00.
- ☐ Original license fee-$85.00.
- ☐ Completion of educational requirements as defined in Idaho Code 54-1109(1)(a-g).
- ☐ Completion of examination requirements as defined in Rule 325.01.
- ☐ Passport style photo as per Rule.200.
- ☐ Once application is complete Board review for approval to schedule Idaho State Based Examination.

NOTE: All materials and supporting documentation must be on file with the Bureau before you are approved to sit for the Idaho State Based Examination administered by The Conference. The Conference must receive approval from the Board before you are allowed to sit for the Idaho State Based Examination. Following passage of Idaho State Based Examination or the National Based Examination given by The Conference, all applicants must also take and pass the Idaho Law and Rule exam. You will be notified by the Bureau of Occupational Licenses of the exam date.

Application Checklist for licensure by endorsement:

An application for licensure by endorsement requires the following:

- ☐ Completed application.
- ☐ Application fee-$100.00.
- ☐ Original license fee-$85.00.
- ☐ Completion of endorsement requirements as defined in Idaho Code 54-1109(3)(a-c) or 54-1109(4).
- ☐ Passport style photo as per Rule.200.
- ☐ Once application is complete Board review for approval to schedule Idaho State Based Examination.

Laws and Rules governing this occupation can be viewed at www.ibol.idaho.gov under the Morticians link. Please be sure to keep a copy of this application for your records. There is a $20 fee for all returned checks.

Please Note: The Idaho Board of Morticians has **two** license types (**Mortician** and **Funeral Director**), please be sure you are using the application form for the license type you are seeking. The primary distinguishing factor between the two is that Funeral Directors are not allowed to care for, prepare or embalm a dead human body. Please see Idaho Code 54-1102(19) and 54-1102(11) for more information on the scope of practice for each license type.

NOTE: ANY PRACTICE AS A MORTICIAN IN IDAHO PRIOR TO OBTAINING A VALID LICENSE OR PERMIT IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (§ 54-1103. & § 54-1116., I.C.)

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the accommodations being requested.

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APPLICATION FOR MORTICIAN LICENSE

☐ **Exam Applicant** ☐ **Endorsement Applicant**

I hereby submit my qualifications and make application for a license or permit to practice as a Mortician in the State of Idaho under the provisions of Title 54, Chapter 11, Idaho Code, as amended and provide the following:

1. **Full Name (Mr., Mrs., or Ms.)** _____

2. **Address of Record** _____
(This address is a public record) **Street** **City** **State** **Zip**

3. **Mailing address**_____
(Will be used as address of record if none provided above) **Street/PO Box** **City** **State** **Zip**

4. **Date of Birth** _____/_____/_____ **Place of Birth**_____ **Social Security No.** _____/_____/_____
month day year

(Proof of being 21 years of age must be attached – i.e. a copy of birth certificate, passport, military ID, or valid driver's license).

5. **Business phone (____)**_____ **Fax (____)**_____ **E-mail** _____
(The above phone number is public record)

6. **Are you currently or have you ever been licensed as a mortician or funeral director in any state?** ☐ **Yes** ☐ **No**
(If yes, this office must receive certified documentation of said licensure directly from the licensing entity. If you are licensed in Idaho, please attach a photocopy of your current license.) If you answer NO to both 5 & 6, the Resident Trainee application must be submitted instead of this application.

7. **Have you practiced as a licensed resident trainee in Idaho for not less than 12 months?** ☐ **Yes** ☐ **No**
(If you are not currently licensed in another state, documentation verifying compliance with § 54-1109(1)(e)., Idaho Code & Rule 250 must be on file with the Board. If you answer NO to both 5 & 6, the Resident Trainee application must be submitted instead of this application.)

8. **Have you completed the college educational requirements outlined in § 54-1109(1)(c), Idaho Code?** ☐ **Yes** ☐ **No**
(If Yes, this office must receive official certified transcripts directly from the university/college registrar.)

9. **Have you completed the embalming school educational requirements outlined in § 54-1109(1)(d), Idaho Code?**
(If Yes, this office must receive official certified transcripts directly from the university/college registrar.) ☐ **Yes** ☐ **No**

10. **Have you ever had a license, certification, or registration denied, revoked or suspended?** ☐ **Yes** ☐ **No**
(If yes, please attach a detailed statement, including a copy of the charges and the final order.)

11. **Have you ever been convicted of any State or Federal felony or crime of moral turpitude?** ☐ **Yes** ☐ **No**
(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided above and that all attached documentations are true and accurate to the best of my knowledge and belief and that I am of good moral character and temperate habits. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing my practice. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

_____
Signature of applicant

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

_____
Notary Public Official Signature
My Commission Expires_____

APPLICATION FOR MORTICIAN LICENSE

ADDENDUM 1

List below the courses you completed that correspond to the educational requirements per Idaho Code 54-1109(1)(c-d). This form will be presented to the Board and be used as part of the review process. Please complete it in its entirety. If you need additional space you may make copies of this form. If you are applying by endorsement, this form is not required.

Year	Institution	Course Name	Type and Number of Hours		
			Semester	Quarter	Grade

APPLICATION FOR MORTICIAN LICENSE (continued)
ADDENDUM II

A. CHARACTER REFERENCES: Please provide the names and addresses and phone numbers of three character references below.

_____ _____ _____

_____ _____ _____

_____ _____ _____

B. PRACTICAL WORK EXPERIENCE: List your work experience including employer's names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS _____ **EMPLOYERS NAME** _____

ADDRESS of BUSINESS _____ **PHONE NO.** _____

DATES of PRACTICE _____ **TO** _____

NAME OF BUSINESS _____ **EMPLOYERS NAME** _____

ADDRESS of BUSINESS _____ **PHONE NO.** _____

DATES of PRACTICE _____ **TO** _____

NAME OF BUSINESS _____ **EMPLOYERS NAME** _____

ADDRESS of BUSINESS _____ **PHONE NO.** _____

DATES of PRACTICE _____ **TO** _____

(If more space is needed, attach a separate sheet of paper)

C. PHOTOGRAPH: Attach below an original passport photograph of yourself taken within the preceding 3 months.

(Attach photograph here)