

Attach two clear, full-face pass-
port-style photographs (2"x 2")
of your head and shoulders, taken
within the past six months.

Two photographs are required
with each application.

Do not use staples to attach the
photographs.



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Mortuary Science of New Jersey
124 Halsey Street, 6th Floor, P.O. Box 45009
Newark, New Jersey 07101
(973) 504-6425

Photo #2

Application for Licensure

Date: _____

For Office Use Only

Applicant #: _____

Licensing state: _____

Board approval: _____

A nonrefundable application filing fee of \$50.00, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. You are, however, required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name Mr. _____
 Mrs. _____ (_____)
 Ms. _____
Last name First name Middle initial Maiden name

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of licensure.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation? Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d may result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

6. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No
7. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
8. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____

		Last name	First name	Middle initial
_____	Type of license or certificate	_____	Number	_____
_____	Type of license or certificate	_____	Number	_____
_____	Type of license or certificate	_____	Number	_____
_____	Type of license or certificate	_____	Number	_____
_____	Type of license or certificate	_____	Number	_____

9. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
10. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
12. Have you ever been named as a defendant in any litigation related to the practice of mortuary science or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
13. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
14. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
15. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of mortuary science or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 10 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

16. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer this question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous 365 days, whichever is longer.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, “currently” is defined as “recently enough... [to] have an ongoing impact...” or “within the previous 365 days,” whichever is longer.)

Yes No

If you answered “Yes,” are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

Yes No

Applicant’s signature

Date

Education

1. Undergraduate education _____
(College or university)

Credits obtained _____ Degree obtained _____

2. Please fill out this section if you have completed, or if you are currently attending, mortuary school.

a. _____
School name Street address

_____ City State ZIP code Telephone number (include area code)

_____ Type of program (one-year, associate degree or other) Date of enrollment Number of credits in program

_____ Date of graduation Name of certificate or degree

b. _____
Employer's name Street address

_____ City State ZIP code Telephone number (include area code)

_____ Type of program (one-year, associate degree or other) Date of enrollment Number of credits in program

_____ Date of graduation Name of certificate or degree

3. Please have each college or university forward to the Board the official transcript(s).

National Board Examination

4. Have you taken the National Board Examination given by the International Conference of Funeral Service Examining Boards Inc.? Yes No

If "Yes," complete the following:

Date(s) taken	Score(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Professional Experience

1. List in chronological order any employment you have acquired or participated in since your graduation from mortuary school. (Please account for all of the years since graduation and include addresses and dates. Use additional sheets of paper if necessary.)

a.

Employer's name _____ Street address _____

City _____ State _____ ZIP code _____ Telephone number (include area code) _____

Job title _____ Job description _____

Hours worked _____ Date of employment _____ Manager's name _____

b.

Employer's name _____ Street address _____

City _____ State _____ ZIP code _____ Telephone number (include area code) _____

Job title _____ Job description _____

Hours worked _____ Date of employment _____ Manager's name _____

c.

Employer's name _____ Street address _____

City _____ State _____ ZIP code _____ Telephone number (include area code) _____

Job title _____ Job description _____

Hours worked _____ Date of employment _____ Manager's name _____

d.

Employer's name _____ Street address _____

City _____ State _____ ZIP code _____ Telephone number (include area code) _____

Job title _____ Job description _____

Hours worked _____ Date of employment _____ Manager's name _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

} ss.

County of: _____

I, _____, in making this application to the State Board of Mortuary Science of New Jersey for licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Mortuary Science of New Jersey, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or to withhold renewal of or suspend or revoke a license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:7-32 et seq., together with the Rules and Regulations of the State Board of Mortuary Science of New Jersey, N.J.A.C. 13:36-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, 20_____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

