



# 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



## Application for Mortuary Jurisprudence Examination

Applications should be filed prior to the 1st day of the month in which the examination is held.  
This form may not be photocopied in blank or used by anyone else.

A nonrefundable application filing fee of \$125.00, 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 Board is to be immediately notified of any address change. It is recommended that you contact the Board office concerning your status if you have not received your admission credentials one week after the submission of the prescribed fee and the examination application.

I, the undersigned, hereby make application for admission to the Mortuary Jurisprudence Examination scheduled to be held \_\_\_\_\_, 20 \_\_\_\_.

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

Date of birth: \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Last name First name Middle initial Maiden name

Address \_\_\_\_\_  
Street City State ZIP code County

Telephone No. \_\_\_\_\_ E-mail address \_\_\_\_\_  
(include area code)

- Have you ever been on active duty with the Armed forces?  Yes  No  
If "Yes," attach "Discharge Papers" or "Notice of Separation Form."
- 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.)
- 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. \_\_\_\_\_

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. 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
5. 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

If the answer to any of the above questions, numbers 2 through 5, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

6. **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

Sworn and subscribed to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_\_\_  
Month Year

\_\_\_\_\_

Name of Notary Public (please print)

\_\_\_\_\_

Signature of Notary Public

