INSTRUCTION SHEET

FUNERAL DIRECTORS AND EMBALMERS

Acceptance of Examination
- **Endorsement**
Restoration

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed, then follow the instructions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT. All Illinois Funeral Director and Embalmer licenses expire on May 31 of every odd-numbered year.

Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.

NOTE: Effective June 1, 1991, all new licenses issued under the Illinois Funeral Director and Embalmer Act shall be combined licenses. Applicants must qualify to receive the combined Funeral Director and Embalmer license. In the event the applicant does not qualify, the application will be denied and the applicant will be informed of further requirements to be met in order to obtain licensure in Illinois.

Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.

NOTE:
a) Indicate all college/university level coursework in **PART III**, number 6, on the **Application for Licensure and/or Examination**.

b) Indicate Mortuary Science Program in **PART III**, number 7 on the **Application for Licensure and/or Examination**.

c) Indicate your Illinois Funeral Director and Embalmer Intern license number in **PART IV** of the **Application for Licensure and/or Examination** (if applicable).

d) Do **not** complete Part VII of the **Application for Licensure and/or Examination**.

Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in **PART I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.

NOTE:
a) The National Board Examination must be successfully passed prior to the issuance of a Funeral Director and Embalmer license on the basis of Acceptance of Examination.

For further information regarding the National Board Examination, contact the International Conference of Funeral Service Examining Boards, Inc., 1885 Shelby Lane, Fayetteville, Arkansas 72704, Phone: 479-442-7076; Fax: 479-442-7090.

b) All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Step 4. If needed, a telephone number for assistance in completing the Application Package is indicated on the **REFERENCE SHEET**.

ACCEPTANCE OF EXAMINATION

In order for your application to be processed,
<u>ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED</u>
with the application and required fee unless otherwise directed in the instructions.

SPECIAL NOTE: **ONLY THOSE PERSONS WHO HAVE SUCCESSFULLY COMPLETED A FUNERAL DIRECTOR AND EMBALMER INTERNSHIP IN ILLINOIS MAY APPLY FOR LICENSURE ON THE BASIS OF ACCEPTANCE OF EXAMINATION.**

1. Supporting Document **ED** must be submitted certifying your Associate's degree or Bachelor's degree in mortuary science from an approved mortuary science program. An authorized school official must complete **ED** in entirety and affix school seal;

or

   a) Official transcripts must be submitted showing proof of successful completion of at least 30 semester (45 quarter) hours of college credit which shall include at least 20 semester (30 quarter) hours of courses in liberal arts, physical, biological, and/or applied sciences;

and

   b) Supporting Document **ED** must be submitted certifying your graduation from a 12-month course of study in an approved program of mortuary science.

2. Supporting Document **HL** must be completed by a licensed physician attesting that you have been immunized against diptheria, Hepatitis B and tetanus.

3. Supporting Document **VE-FDE** must be completed by the licensed funeral director and embalmer under whose supervision your licensed internship was performed. Direct supervisor to return **VE-FDE** form to you in a sealed envelope. Please note that the start of your internship is the date your license was issued.

4. Verification of successful completion of the National Board Examination must be forwarded by the International Conference directly to the Division at the address indicated in number 6 below.

5. Fee payment is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.

6. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

If you have an Illinois Funeral Director and Embalmer Intern license that has been expired for less than five years, you are not required to submit documentation requested in Numbers 1 and 2 above.

ENDORSEMENT

In order for your application to be processed,
<u>ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED</u>
with the application and required fee unless otherwise directed in the instructions.

1. Supporting Document **ED** must be submitted certifying your Associate's degree or Bachelor's degree in mortuary science from an approved mortuary science program. An authorized school official must complete **ED** in entirety and affix school seal; ***or***

   a) Official transcripts must be submitted showing proof of successful completion of at least 30 semester (45 quarter) hours of college credit which shall include at least 20 semester (30 quarter) hours of courses in liberal arts, physical, biological, and/or applied sciences; ***and***

   b) Supporting Document **ED** must be submitted certifying your graduation from a 12-month course of study in an approved program of mortuary science.

2. Supporting Document **HL** must be completed by a licensed physician attesting that you have been immunized against diptheria, Hepatitis B and tetanus.

3. Supporting Document **CT** must be completed by the U.S. jurisdiction(s) of original and current licensure where you have most recently been practicing. **CT** must include a brief description of the licensing examination taken and the grades obtained. (SPECIAL NOTE: If the U. S. jurisdiction(s) of original licensure or of current licensure where you have most recently been practicing issue separate licenses for Funeral Directors and Embalmers, a separate Supporting Document **CT** must be completed for each profession. One form is provided. You are authorized to photocopy the form if necessary.)

4. Supporting Document **AFF-FDE** must be completed by two persons having personal knowledge of your active practice as a funeral director and embalmer. The persons completing the forms must have personal knowledge of at least one year of active practice.

5. If you have taken the National Board Examination, verification of successful passage of the examination must be forwarded by the International Conference directly to the Division at the address indicated in number 7 below.

6. Fee payment is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.

7. Forward four-page application, supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

RESTORATION

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

NOTE: These Restoration Instructions apply only to those funeral director and embalmer whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420 for detailed instructions on how to restore it to active status.

SPECIAL NOTE: Persons who previously held only an Illinois Funeral Director license may apply for and restore only that license. Persons who previously held only an Illinois Embalmer license may apply for restoration of the license. However, upon fulfillment of all requirements for restoration, a combined Funeral Director and Embalmer license will be issued. Persons who previously held an Illinois Funeral Director license and an Illinois Embalmer license **MUST** restore both licenses. The fee indicated on Supporting Document **RS** will indicate the restoration fee which has been calculated for both licenses. Upon fulfillment of all requirements for restoration, a combined Funeral Director and Embalmer license will be issued.

1. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 1-800-560-6420.
2. Your application for restoration must be supported by one or more of the following:
   a) If restoring after active military service, submit a copy of military form DD214; ***or***
   b) Certification of licensure in another U.S. jurisdiction where you have been lawfully engaged in the practice of funeral directing and/or embalming during the time your Illinois license (s) was not renewed or on inactive status. Supporting Document **CT** must be completed by the licensing body of the U.S. jurisdiction where you have been practicing. (NOTE: If you are restoring a funeral director license and an embalmer license and the licensing body which is supplying the Certification issues separate licenses for funeral directing and embalming, a separate supporting document **CT** must be completed for each profession. One form is provided. You are authorized to photocopy this form if necessary); ***and***

      Two Supporting Documents **AFF-FDE** must be completed by individuals having personal knowledge of your active practice as a funeral director and/or embalmer; ***or***
   c) Evidence of other education or experience acceptable to the Division, within the 5 years preceeding restoration, of the licensee's fitness and competence in funeral directing and embalming. This evidence shall include, but not limited to:
      i) Verification of successful completion of the International Conference of Funeral Service Examining Boards Inc. examination to be forwarded by the International Conference directly to the Division. Submit a signed and dated statement, along with your restoration application to the Department indicating your intent to take the exam. Upon receipt and processing of your restoration application, the Department will mail you an approval letter authorizing you to take the exam.
      ii) Proof of completionof 6 credit hours of course work at an approved program of mortuary science, which shall be in addition to any continuing education hours. Funeral directors and embalmers seeking restoration shall complete 3 hours related to funeral directing and 3 hours related to embalming.
3. Verification of 24 hours of continuing education, which must have been acquired within the 24 months immediately preceding the application for restoration and must have been obtained from a sponsor approved by the Department. Verification must be in the form of certificates of attendance provided by approved sponsors of continuing education programs. Persons restoring only a funeral directors license must verify 12 hours of continuing education activities relevant to funeral directing. All other restoration applicants must verify 24 hours of continuing education that must include 3 hours of hands on embalming and 3 hours of Occupational Safety and Health Administration compliance. All continuing education must comply with section 1250.220 of the Administrative Rules.
4. Fee payment is indicated on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Department of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

After review of the application, it may be necessary for the applicant to appear for additional interview(s) before the Illinois Funeral Director and Embalmer Licensing and Disciplinary Board. If this is necessary, the applicant will be so notified. As well, the applicant may be required to complete additional training or education prior to the restoration of the license(s).

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods	Definition
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Grandfather/Waiver	Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966."**

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse."**

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

PROFESSION NAME	PROFESSION CODE	LICENSURE METHOD	APPLICATION FEE
Funeral Director and Embalmer	034	Acceptance of Examination	$100.00
Funeral Director	031	Restoration	See Supporting Document **RS**
Funeral Director and Embalmer	034	Restoration	See Supporting Document **RS**
Funeral Director and Embalmer	034	Endorsement	$200.00

CHART II - EXAMINATION CODES AND FEES

NOT APPLICABLE FOR FUNERAL DIRECTOR AND EMBALMER
ENTER N/A IN PART VII a) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

SEE STEP 3, NOTE a) ON THE INSTRUCTION SHEET FOR INFORMATION REGARDING NECESSITY OF EXAMINATION PRIOR TO LICENSURE AS FUNERAL DIRECTOR AND EMBALMER

CHART III - EXAMINATION DATES AND LOCATION

NOT APPLICABLE FOR FUNERAL DIRECTOR AND EMBALMER
ENTER N/A IN PART VII b) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

SEE STEP 3, NOTE a) ON THE INSTRUCTION SHEET FOR INFORMATION REGARDING NECESSITY OF EXAMINATION PRIOR TO LICENSURE AS FUNERAL DIRECTOR AND EMBALMER

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR FUNERAL DIRECTOR AND EMBALMER
ENTER N/A IN PART VII c) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION

* * * * * REQUEST FOR ASSISTANCE * * * * *

If assistance is needed, direct your request to one of the following telephone numbers:

1-800-560-6420

TTY - 1-866-325-4949

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Funeral Directors and Embalmers

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW		COMPLETED
Part I.	Application Category Information	
Part II.	Applicant Identifying Information	
Part III.	Education Information	
Part IV.	Record of Licensure Information	
Part V.	Record of Examination	
Part VI.	Personal History Information	
Part VII.	Examination Coding Information (if applicable)	
Part VIII.	Child Support and/or Student Loan Information	
Part IX.	Certifying Statement--Signed and Dated	

SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
ED Form for Associate or Baccalaureate degree with seal and signature affixed; or Official Transcripts with seal affixed (if applicable)	
ED Form completed by mortuary science college with seal and signature affixed (if applicable)	
Certificate of Health	
VE-FDE Form (if applicable)	
VE Form (if applicable)	
CT Form (***original*** and ***current*** state)	
AFF-FDE Form (if applicable)	
Verification of exam scores requested (if applicable)	
Proof of name change (if applicable)	
RS Form (restoration method only)	
Certificates of Continuing Education	

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

A. Type or print legibly with black ink only.

B. **FEES ARE NOT REFUNDABLE.**

C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. **Check the box indicating the appropriate information regarding your application.** ☐ **Military** ☐ **Military Spouse** ☐ **Not Military** ☐ **Decline to Answer**

Military service member is defined as. "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE **REFERENCE SHEET, CHART I, OR INSTRUCTIONS** PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
	___ ___ ___		$

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ This is the first time I have made application for this profession in Illinois.

☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

☐ Other: _____

☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

☐ I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO.
		__ __ __ - __ __ - __ __ __ __

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

__ __ __ __ __ - __ __ __ __

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

__ __ __ __ __ - __ __ __ __

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME

8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH	10. AGE
	__ __ / __ __ / __ __ __ __ Month Day Year	____ ☐ Female ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (__ __ __) __ __ __ -- __ __ __ __ (Area Code)

Home: (__ __ __) __ __ __ - __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ - __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ -- __ __ __ __ (Area Code)

12. **REQUIRED** E-MAIL ADDRESS

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? ☐ Yes ☐ No Received OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ___ ___ / ___ ___ ___ ___ Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8 Graduated? ☐ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

NAME (Last, First, MI):

SS#:

Profession:

PART VI: Personal History Information *(This part must be completed by all applicants)*	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.*		
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

d) Record the number of times you have taken this exam in Illinois or any other state:

PART VIII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

   Are you more than 30 days delinquent in complying with a child support order? Yes ☐ No ☐
   (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

   Are you delinquent in the filing of state taxes? Yes ☐ No ☐

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant _____ Date _____

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ ___ ___ ___ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (___ ___ ___) ___ ___ ___ – ___ ___ ___ ___	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of
Name of Licensing Agency or Board
Financial and Professional Regulation or its designated testing service, the information requested below.

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant ☐ has written ☐ is scheduled to write the following examination:

_____ _____
Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD

- ☐ Examination (Administered in Your State)
  - ☐ National (Name) _____
  - ☐ State Constructed _____
  - ☐ Other (Name) _____
- ☐ Endorsement of License (State) _____
- Acceptance of Examination Results _____ (Administered in Another State)
- ☐ Reciprocity with (State) _____
- ☐ Waiver/Grandfather
- ☐ Credentials
- ☐ Other (Describe) _____

F. CURRENT LICENSURE STATUS

- ☐ Active
- ☐ Inactive
- ☐ Lapsed
- ☐ Other (Explain) _____

G. IF LICENSED BY EXAMINATION, RECORD SCORES

Type of Examination	Score
Written	_____
Practical	_____
Other (Describe) _____	
Received no Grade Below	_____

Examination Period _____ days _____ hours

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination — Date of Examination _____

(Record all available information)

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant? ☐ Yes ☐ No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** ☐ Yes ☐ No

PART V - RECIPROCAL REGISTRATION

This state ☐ does ☐ does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

Print Name _____

Title _____ Signature _____

Agency/Board Street Address _____ Date _____

City, State, ZIP Code _____ Area Code ( ) Telephone Number _____

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	**CERTIFICATION OF EDUCATION**	SUPPORTING DOCUMENT **ED**

APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.	
6. MAIDEN OR GIVEN SURNAME	_____ Profession Name	___ ___ ___ Profession Code
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION / COMPLETION __ __ / __ __ / __ __ __ __ Month Day Year	

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

_____ Date

_____ Signature of Applicant

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side. RETURN THE COMPLETED FORM TO THE APPLICANT.

A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE
C. DEPARTMENT OF INSTITUTION	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT
E. MAJOR AREA OF STUDY OF THE APPLICANT	F. APPLICANT WAS (CHECK ONE): ☐ Full-time ☐ Part-time ☐ Co-op
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE) ☐ _____ Semester Hours ☐ _____ Quarter Hours ☐ _____ Course Hours	H. DATES OF ATTENDANCE From __ __ / __ __ / __ __ __ __ Month Day Year To __ __ / __ __ / __ __ __ __ Month Day Year
I. Total academic years attended _____ Years _____ Months _____ Days **OR** Total calendar years attended _____ Years _____ Months _____ Days	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET __ __ / __ __ / __ __ __ __ Month Day Year	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED __ __ / __ __ / __ __ __ __ Month Day Year

M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE

☐ Applicant has graduated on __ __ / __ __ / __ __ __ __ Month Day Year

☐ Applicant has completed program on __ __ / __ __ / __ __ __ __ Month Day Year

☐ Applicant will graduate on __ __ / __ __ / __ __ __ __ Month Day Year

☐ Applicant will complete program on __ __ / __ __ / __ __ __ __ Month Day Year

N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _____ , 20____.

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 2/1 et.seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

AFFIDAVIT OF EXPERIENCE

SUPPORTING DOCUMENT

AFF-FDE

APPLICANT: Complete the applicant section of this form. Forward the form to two individuals who will attest to personal knowledge of your active practice of funeral directing and embalming for at least one year. The completed form must be returned to you for inclusion with your Application for Licensure/Examination. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE

2. DATE OF BIRTH
__ __ / __ __ / __ __ __ __
Month Day Year

3. SOCIAL SECURITY NUMBER
__ __ __ - __ __ - __ __ __ __

4. OUT-OF-STATE BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

Funeral Director and Embalmer **0 3 4**
Profession Name Profession Code

6. MAIDEN OR GIVEN SURNAME

7. DATES OF PRACTICE (Use exact dates, not "present.")
FROM __ __ / __ __ / __ __ __ __ TO __ __ / __ __ / __ __ __ __
Month Day Year Month Day Year

REFERENT: Complete the remainder of this form. Return the completed form to the applicant. Please type or print legibly.

PART I - COLLEAGUE INFORMATION

A. NAME/ADDRESS

B.
BUSINESS TELEPHONE:_____
(Area Code)
HOME TELEPHONE:_____
(Area Code)

C. YOUR RELATIONSHIP TO APPLICANT

☐ EMPLOYER ☐ CO-WORKER ☐ CLIENT

D. TIME DURING WHICH YOU KNEW APPLICANT TO BE PRACTICING

FROM __ __ / __ __ / __ __ __ __ TO __ __ / __ __ / __ __ __ __
Month Day Year Month Day Year

RECORD PROFESSIONAL SERVICES PERFORMED BY APPLICANT:

I do hereby declare that the information I have recorded hereon is true and correct.

_____
Signature of Colleague

_____
Print Signature

_____
Date

NOTARY SEAL

Subscribed and sworn before me this _____ day of _____ , 20____.

_____
Date of Expiration

_____
Signature of Notary Public

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	**CERTIFICATE OF HEALTH**	SUPPORTING DOCUMENT **HL**

APPLICANT: **Complete the applicant section of this form. The physician who examines you MUST hold an active license in the jurisdiction in which he/she practices. Direct the physician to complete the Examining Physician Section of this form and <u>return the completed form to you for inclusion with your Application for Licensure and/or Examination</u>.**

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.	
6. MAIDEN OR GIVEN SURNAME	_____ Profession Name	__ __ __ Profession Code

EXAMINING PHYSICIAN: **Complete the remainder of this form. Reference the above profession name to determine the appropriate statement to check-off. RETURN THE COMPLETED FORM TO THE APPLICANT. Physical examination must have occurred within the preceeding 12 months.**

A. PHYSICIAN NAME FIRST MIDDLE LAST	B. PHYSICIAN LICENSE NUMBER
C. STREET ADDRESS	D. STATE OR TERRITORY OF LICENSURE
E. CITY, STATE, ZIP CODE	F. DATES OF APPLICANT'S PHYSICAL EXAMINATION OR IMMUNIZATION

STATEMENT I: COMPLETE THIS STATEMENT FOR THE PROFESSION OF:

NURSING HOME ADMINISTRATOR

The above-named applicant is of sound physical and mental health. ☐ Yes ☐ No

STATEMENT II: COMPLETE THIS STATEMENT FOR THE PROFESSION OF:

FUNERAL DIRECTOR AND EMBALMER

The above-named applicant received the following:
1)Diptheria-Tetanus (adult type) immunizations ☐ Series ☐ Booster
2)Hepatitis B ☐ Series

I hereby declare that the above information is true and correct.

_____ Signature

_____ Date