

Applicant must submit the following in order for application to be processed:

- 1. Submit official university transcripts**
- 2. Submit National Exam Scores**
- 3. Submit final "Embalming and Resident Trainee Rating Report"**

Applicant's Certification:

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Department's discretion.

Applicant's Signature

Date

ALL REQUIREMENTS FOR LICENSURE MUST BE COMPLETED WITHIN 1 YEAR OF FILING THIS APPLICATION.

NOTE:

It is the applicant's responsibility to be aware of and comply with all regulations pertinent to the application process, licensure and practice.

Allow approximately 4 weeks for processing of a properly submitted application.

All requirements for licensure must be completed within 1 year of filing this application.

Keep a completed copy of the application for your records.

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
MORTUARY SCIENCE
P.O. Box 30018, Lansing, MI 48909
517-373-8376; Fax 517-373-2162
www.michigan.gov/mortuaryscience

CERTIFICATION OF LICENSURE BY RECIPROCITY

Applicant's Name (Last, First, Middle)		Social Security Number	Date of Birth
Address (Number and Street)		City	
State	ZIP	Daytime Telephone Number ()	

If you are applying for Reciprocity, you must have the following information completed by the State which issued your original license.

Applicants for a reciprocal mortuary science license are required to meet Michigan's education and examination requirements for a license. These requirements include having completed 2 years of liberal arts (60 semester hours or 90 quarter hours) at an accredited college or university (specific courses are listed in Administrative Rule 339.18921); having completed 1 year of mortuary school; having passed the National examination and having passed the Michigan examination.

It is also **YOUR RESPONSIBILITY TO FILE OFFICIAL TRANSCRIPTS OF YOUR LIBERAL ARTS AND MORTUARY SCHOOL CREDITS WITH THE DEPARTMENT.** All required liberal arts courses must be undergraduate courses numbers 100 level or above.

A copy of the law governing the practice of mortuary science and the Administrative Rules may be obtained from the department at the address shown on the front of this application or downloaded at www.michigan.gov/mortuaryscience.

CERTIFICATION OF LICENSURE IN ANOTHER STATE

THIS IS TO CERTIFY that the person named on this application was issued a license as a _____
in the State of _____ on _____ License Number _____
was last renewed on _____ and is dated to expire on _____

PLEASE LIST THE NATIONAL BOARD EXAMINATION RESULTS:

National Examination → Score: _____ Date: _____

THIS WILL FURTHER CERTIFY that this agency (check one): HAS HAS NOT taken disciplinary action against the license referred to in this Certification.

DETAILS OF DISCIPLINARY ACTION (attach additional sheets as necessary):

(State Seal)

Agency Name _____

Signature _____

Title _____ Date _____ Telephone Number _____

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 GMC Review
 PO Box 30094, Lansing, MI 48909

OFFICE USE ONLY		
<input type="checkbox"/> Request Court Docs	<input type="checkbox"/> Process	<input type="checkbox"/> Deny
By:	By:	
Date:	Date:	

REQUEST FOR CONVICTION HISTORY OF APPLICANT

(Applicant: Please return this form with your application or mail to the Department at the above address)

Applicant's Name (Last, First, Middle)	Date of Birth	Social Security Number
Mailing Address (Number and Street)	City	State/ZIP
License Type (current or for which applying)		

Purpose of this form/instructions: If you have been convicted of a felony, you are required to complete this form as part of your application for licensure/registration. List all felony convictions on this form. Attach a separate sheet of paper, if needed. If you are unsure of exact details, respond to the best of your knowledge. Failure to provide the information may result in the delay or denial of your application. In accordance with the Occupational License for Former Offenders Act, 1974 P.A. 381, as amended, you are being given an opportunity to provide information regarding your felony conviction(s). Applicants/licensees/registrants are required to possess good moral character. While convictions alone cannot be used as the sole determining factor, the information on this form is one way the department gathers information to review applicants' eligibility. Applicants' qualifications are reviewed on a case-by-case basis.

Felony Conviction	Year	Name and Location of the Court	Current Inmate?	Currently on Probation?	Currently on Parole?	Date completed or anticipating release (incarceration, probation or parole) mm/dd/yyyy
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Provide any other name(s) you used when convicted:

I hereby certify that the statements and facts provided are true and accurate to the best of my knowledge.

Signature	Date
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Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 P.O. Box 30018, Lansing, MI 48909
 517-241-9288
 Fax 517-373-3085

BOARD OFFICE USE ONLY

- Process
 Refer to Enforcement

Date:

By:

REQUEST FOR DISCIPLINARY ACTION INFORMATION

Applicant's Name (Last, First, Middle)		Date of Birth	Social Security Number	
Mailing Address (Number and Street)		City	State	Zip Code
Occupation		License Type		

The following information is required in conjunction with your application for licensure/registration. This is to provide you with an opportunity to explain your affirmative response to the question on your application which asked if you ever had any disciplinary action taken against any license, registration or permit you now hold or have ever held.

REPORT ALL DISCIPLINARY ACTION. Use the back of this form or an attachment if you need additional space. If you are unsure of exact details, respond to the best of your knowledge. Failure to provide the information requested may result in the denial of your application.

Your name at the time of the disciplinary action.	Name of state in which action took place.	Date(s) of disciplinary action.
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Please describe in detail the action that took place and why.

I hereby certify that the statements and facts provided are true and accurate to the best of my knowledge.

Signature	Date
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