



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

**APPLICATION FOR INITIAL LICENSE: EMBALMER APPRENTICE**

Profession for which application is being filed: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Suffix, such as "Jr." or "III", if any

Other name(s) in which applicant holds or has held a professional license: \_\_\_\_\_  
\_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_ Gender\*:  Female  Male  
\* To be used solely for purpose of workforce data analysis by  
New Hampshire Employment Security

Place of Birth: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_

\*The OPLC is required by 42 U.S.C. 666(a)(13) and RSA 161-B:11, VI-a to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support.

Home Physical Address: \_\_\_\_\_  
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address:  Check if same as physical address

IF DIFFERENT: \_\_\_\_\_  
Street name & number or PO Box number Town/City State Zip Code Country if not US

Home/Personal Telephone Number: ( ) -

Designated email address\*: \_\_\_\_\_  
\* Email address to which notices, license will be sent

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street name & number Municipality State Zip Code Country if not US

Telephone number: ( ) -

Applicant's primary language:  English  Other (specify): \_\_\_\_\_ Other Languages: \_\_\_\_\_

Applicant is (check if applicable):  Applying for facilitated licensure  
 Currently on active military duty\*  
 Legally married to an individual who is currently on active military duty\*  
\* "On active military duty" means on active duty in the U.S. armed forces.

Does applicant intend to practice in New Hampshire more than 50% of the time, whether in-person or by telehealth?  
 Yes  No

**Education:**

1. Name of High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**\*Be sure to attach a copy of your official transcript with this application\***

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2. Name of College Attended (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Type of Diploma/Degree:

- Diploma
- Associate
- Baccalaureate
- Masters

**\*Be sure to attach a copy of your official transcript with this application\***

**Information on Current or Past Licensure\* in Other Jurisdictions:**

Jurisdiction	License Number	Date initially licensed	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

\* Includes licenses, certificates, registrations, or other form of approval required to practice

**If applying based on reciprocity**, identify which of the above jurisdictions you believe has requirements for licensure that are equivalent to or greater than those in New Hampshire: \_\_\_\_\_

**Background/Character Questions (“you” means the applicant):**

Questions:	Yes	No
Are you now or do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement agreement, or consent decree undertaken or issued by a professional licensing board of any jurisdiction?		
Has any malpractice claim been made against you within the past 10 years?		
Have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended, or revoked in any professional setting within the past 10 years?		
Have you been denied the privilege of taking an examination required for any professional licensure within the past 10 years?		
Have you committed any act(s) within the past 10 years that would violate the laws or rules that govern the profession for which the application is being filed?		
Have you ever been found guilty or entered a plea of no contest to any felony that is related to professional practice?		
Have you been found guilty of or entered a plea of no contest to, within the past 10 years, any felony that is <b>not</b> related to professional practice, or any misdemeanor?		
Have you ever been the subject of any disciplinary action by any professional licensing authority within the past 10 years?		
Have you, within the past 10 years, been denied a license or other authorization to practice in any jurisdiction?		
Have you, within the past 10 years, surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		
Are you mentally or physically competent to practice funeral directing and/or embalming?		
Have you ever been previously or currently impaired by or diverted any chemical substance?		

**For applicants in any health care profession (information required by RSA 125:25-c):**

Do you have an ownership interest in any diagnostic or therapeutic service(s) or company(ies)?  No  Yes

If yes, provide the following for each service or company:

Name	Address	Specific Diagnostic/Therapeutic Services Offered

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**Disclosure of Contact Information\*:**

**For individuals:** Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		
Home mailing address (if different from home address)		

**Required Documentation**

**Each applicant must provide the following with this application:**

A clear explanation of the relevant circumstances of:

- (1) Any license sanctions, including fines or penalties, imposed administratively or via a court proceeding in a jurisdiction listed above; and
- (2) Any “yes” answer provided to a background and character question that is not covered by (1)

**Each applicant required to take one or more examinations** (including the English proficiency score if required by applicable law) must arrange to have the applicant’s examination scores sent directly to the OPLC Licensing Bureau by the third party testing organization.

**Each applicant required to be registered or certified by a regional or national credentialing organization must provide** proof that the requisite credential has been obtained, or if applicable law allows an application for initial licensure to be filed prior to obtaining the credential, proof that the applicant has met the requirements for obtaining the credential.

**Each applicant for reciprocity must provide:**

- Either:** (1) An official letter of verification sent directly to the licensing bureau at [customersupport@oplc.nh.gov](mailto:customersupport@oplc.nh.gov), or if the information cannot be sent electronically, at the mailing address for the OPLC specified in Plc 102.03, from each state that has issued the applicant a license or other authorization to practice the profession for which application is being made, that states:
- a. Whether the license or other authorization is or was, during its period of validity, in good standing; and
  - b. Whether any disciplinary action is pending or was taken against the license or other authorization to practice, whether administratively or via a court proceeding;

**OR:** If the information required by (1), above, is available on a website and is considered by the issuing jurisdiction to be a primary source verification, the URL of each such website.

**Each applicant on active military duty must provide** proof of service status in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>.

**Each applicant for facilitated licensure as a military spouse must provide:**

- (1) Proof of the spouse’s service status as stated above, and
- (2) Proof of marriage in the form of either:
  - a. A copy of the front and back of the applicant’s current military spouse identification card; or
  - b. A copy of the applicant’s official marriage certificate, and, if the certificate is not in English, an English translation of the certificate that is certified by the translator as being an accurate translation;

**Fee**

Application Processing Fee - as stated in Plc 1002, except no fee is required for facilitated licensure

If fee is paid by check or money order, the check or money order should be made payable to “Treasurer, State of New Hampshire.” If your application is denied, the Application Processing Fee will not be refunded.

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**Signature and Attestation**

By signing below, the applicant attests that:

- The applicant is not under investigation by any professional licensing board and the applicant's credentials have not been suspended or revoked by any professional licensing board, unless a written explanation of each such occurrence is being submitted with this application;
- The information and documentation provided are true, complete, and not misleading to the best of the applicant's knowledge and belief;
- The applicant understands that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- The applicant understands that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**(AFFIDAVITS ON FOLLOWING PAGE)**

**Affidavit of Applicant**

STATE OF NEW HAMPSHIRE County of \_\_\_\_\_ SS.

\_\_\_\_\_ being duly sworn, says that he/she is the person referred to in the above application for a license as apprentice in the State of New Hampshire; that he/she has read the statutes and Administrative Rules of the Board as adopted for license as apprentice embalmer; that he/she agrees to comply with the regulations; and that all statements herein contained or attached hereto are each and all true in every respect.

\_\_\_\_\_  
(Signature of Sponsor)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
[SEAL]

**Affidavit of NH Licensed Embalmer (Employer of Apprentice)**

STATE OF NEW HAMPSHIRE County of \_\_\_\_\_ SS.

\_\_\_\_\_, of \_\_\_\_\_ licensed in the State of New Hampshire, License Number \_\_\_\_\_, being duly sworn, says that he/she has accepted \_\_\_\_\_ to serve as apprentice for a term of six months or one year, and it is his knowledge that said applicant intends to comply with the regulations of the Board.

\_\_\_\_\_  
(Signature of Sponsor)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
[SEAL]