



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

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: _____

Date of Naturalization: _____ Place of Naturalization: _____

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

If known, anticipated place of business name: _____

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: _____

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7 Eagle Square - Concord, New Hampshire 03301
(603) 271-2152**

2. Name of College Attended: _____
Address: _____ Graduation Date: _____

Type of Diploma/Degree:

- Diploma
- Associate
- Baccalaureate
- Masters

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

3. Name of Mortuary School Attended: _____
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 not 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?		

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7 Eagle Square - Concord, New Hampshire 03301
(603) 271-2152**

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

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, 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

**Office of Professional Licensing and Certification
7 Eagle Square - Concord, New Hampshire 03301
(603) 271-2152**

(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.

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)

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Affidavit of Apprenticeship (*Apprentice Sponsor*)

STATE OF NEW HAMPSHIRE County of _____ SS.

I, _____ being duly sworn, do hereby certify: First, that I am a funeral director and/or embalmer located at _____ and that I am actively engaged in embalming in New Hampshire; second, that _____ has been engaged in embalming as an apprentice under my instruction and supervision at least 12 months from _____ to _____ and third, that said apprentice has embalmed or actively assisted at the embalming of not less than 50 dead human bodies under my direction and supervision. License Number _____

(Signature of Sponsor)

Sworn to before me this _____ day of _____, 20____

Notary Public
[SEAL]

Affidavit of NH Licensed Funeral Director or Embalmer

STATE OF NEW HAMPSHIRE County of _____ SS.

I, _____, of _____ being duly sworn do hereby certify: First, that I am acquainted with the applicant and have known him/her for _____ years; Second, that I hold license number _____ to practice funeral directing and/or embalming in the State of New Hampshire ; and third, that I know the applicant personally to be of good professional character and in good professional standing.

(Signature)

Sworn to before me this _____ day of _____, 20____

Notary Public
[SEAL]

Affidavit of NH Licensed Funeral Director or Embalmer – Other than Employer

STATE OF NEW HAMPSHIRE

County of _____ SS.

I, _____, of _____ being duly sworn do hereby certify: First, that I am acquainted with the applicant and have known him/her for _____ years; Second, that I hold license number _____ to practice funeral directing and/or embalming in the State of New Hampshire; and third, that I know the applicant personally to be of good professional character and in good professional standing.

(Signature)

Sworn to before me this _____ day of _____, 20_____

Notary Public
[SEAL]