STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Embalmer / Funeral Director Application

For Office Use Only
License # _____
Issue Date _____
Exp. Date _____

Check One: ☐ Embalmer ☐ Funeral Director Fee for both professions: $210.00

Check One: ☐ Examination ☐ Endorsement ☐ Reinstatement: CT Lic. No: _____

First Name: _____ MI: ____ Last Name: _____ Maiden Name: _____

Social Security No.: _____-_____-_____ Email: _____

Name and Mailing Address: This will be how your name and address will appear on official documents, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: _____

Address: _____

_____

City, State, Zip: _____

Phone Number: (_____) _____ Date of Birth: _____/_____/_____ Gender: _____

Mortuary College: _____ Date Graduated ____/____/_____

Degree Completed: Associate Degree ☐ Diploma ☐

OTHER COLLEGE(S)	DATES ATTENDED	MAJOR	DEGREE

DATE CONFERENCE EXAM: _____/_____/_____

Have you ever been licensed/certified in any other state(s) YES ☐ NO ☐ If yes, please list states:

_____

AT THE EXAM, WILL YOU REQUIRE AN ACCOMMODATION FOR A DISABILITY? YES ☐ NO ☐ IF YES, ATTACH A SEPARATE WRITTEN STATEMENT, BRIEFLY DESCRIBING THE NATURE OF THE DISABILITY AND THE ACCOMMODATION YOU ARE SEEKING. UPON REVIEW OF YOUR REQUEST, THIS OFFICE WILL CONTACT YOU FOR APPROPRIATE DOCUMENTATION.

STATEMENT OF PROFESSIONAL HISTORY: If you answer yes to any question, please refer to the instructions.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following:

YES☐ NO☐

-Any hospital, nursing home, clinic, or similar institution;
-Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
-Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
-Any third party reimbursement program, whether governmental or private?

If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement.

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? **YES☐ NO☐**

If "YES", give name of professional society or association, dates and reasons your membership was suspended or revoked on a separate NOTARIZED statement.

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? **YES☐ NO☐**

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? **YES☐ NO☐**

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. **YES☐ NO☐**

If "YES", to any of the above questions (3-5) give full details, names, addresses, etc. on separate NOTARIZED statement.

6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? **YES☐ NO☐**

If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement.

7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? **YES☐ NO☐**

If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement and furnish a Certified Court copy (with court seal affixed) of the original judgement, the settlement, and/or the disposition of the case.

PHOTOGRAPH:

Tape a recent photograph of applicant here.

DO NOT STAPLE

NOTARIZATION:

On this _____ day of _____ of 200 ____,

_____ (**applicant's name)**
personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

_____
SIGNATURE OF APPLICANT

Sworn to before me this _____ day of _____ of 200 ____.

_____ ***My commission expires*** _____
SIGNATURE OF NOTARY PUBLIC

Please return this application and fee for $210.00 in the form of a certified check or money order made payable to, "Treasurer, State of Connecticut" to:

Department of Public Health
Embalmer Licensure-Remittance Unit
410 Capitol Ave., MS **#12MQA**
P.O. Box 340308
Hartford, CT 06134-0308