

IDAHO BOARD OF MORTICIANS
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg #4, Boise ID 83714 or
PO Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: mor@dopl.idaho.gov

APPLICATION INSTRUCTIONS FOR MORTICIAN LICENSURE

Please complete the application and required addendum by providing all of the requested information. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. Submit the completed form to the address noted above. To be considered by the Board, the Division must receive properly completed applications at least sixty (60) days prior to the date of the examination. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will not be processed and will be returned, which will delay licensure.**

Application Checklist for Licensure – Please keep a copy of this application for your records:

Please Note: The Idaho Board of Morticians has **two** license types (**Mortician** and **Funeral Director**) – *you can only hold one of the licenses at a time*. Please be sure you are using the application form for the license type you are seeking. The primary distinguishing factor between the two is that Funeral Directors are not allowed to care for, prepare or embalm a dead human body. Please see Idaho Code § 54-1102(19) (mortician) and Idaho Code § 54-1102(11) (Funeral Director) for more information on the scope of practice for each license type.

- Completed application
- Application fee of \$100.00 and Original license fee of \$85.00
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license
- Completion of endorsement requirements as defined in Idaho Code § 54-1109(4) or § 54-1109(5) if applying by endorsement
- License verification sent directly from the issuing authority if applying by endorsement
- Official transcripts showing completion of requirements as defined in Idaho Code § 54-1109 if applying by exam
- Scores for the National Board Exam given by The Conference sent directly to the Board if applying by exam

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Section Idaho Code § 54-1103, you must be licensed to practice. The Board’s Laws and Rules may be downloaded at: <https://dopl.idaho.gov> under the Morticians link.

The following links are useful to complete the attached exam:
<https://legislature.idaho.gov/statutesrules/idstat/Title54/T54CH11/>
<https://adminrules.idaho.gov/rules/current/24/240801.pdf>
<https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH2/>
<https://legislature.idaho.gov/statutesrules/idstat/Title31/T31CH28/>

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the accommodations being requested.

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APPLICATION FOR MORTICIAN LICENSE

Exam Applicant

Endorsement Applicant

I hereby submit my qualifications and make application for a license or permit to practice as a Mortician in the State of Idaho under the provisions of Title 54, Chapter 11, Idaho Code, as amended and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) _____
2. **Address of Record** _____
 (The above address is a public record.) Street City State Zip
3. **Mailing Address** _____
 (This will be used as address of record if none provided above.) Street/PO Box City State Zip
4. **Date of Birth** ____/____/____ **Social Security No.** ____/____/____
 mm dd yyyy (This is not a public record; required by I.C. § 73-122.)
 (Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)
5. **Business Phone** (____) _____ **Cell Phone** (____) _____ **E-mail** _____
 (The above phone number is a public record.) (The above phone number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)
6. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
 (To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) **Yes** **No**
7. **Are you currently or have you ever been licensed in another state?** _____ **Yes** **No**
 (If yes, list state(s). This office must receive certified documentation of said licensure directly from the licensing entity. If you are licensed in Idaho, please attach a photocopy of your current license.) If you answer NO to both 7 & 8, the Resident Trainee application must be submitted instead of this application.
8. **Have you practiced as a licensed resident trainee in Idaho for not less than 12 months?** **Yes** **No**
 (If you are not currently licensed in another state, documentation verifying compliance with § 54-1109(1)(b), Idaho Code & Rule 250 must be on file with the Board. If you answer NO to both 7 & 8, the Resident Trainee application must be submitted instead of this application.)
9. **Have you completed the college educational requirements outlined in § 54-1109(1)(a), Idaho Code?** **Yes** **No**
 (If Yes, this office must receive official certified transcripts directly from the university/college registrar.)
10. **Have you passed the required examination as listed in Idaho Code § 54-1109(1)(d)?** **Yes** **No**
 (If Yes, this office must receive official certified transcripts directly from the university/college registrar.)
11. **Have you ever had a license, certification, or registration denied, revoked or suspended?** **Yes** **No**
 (If yes, please attach a detailed statement, including a copy of the charges and the final order.)
12. **Have you ever been convicted of any State or Federal felony or crime of moral turpitude?** **Yes** **No**
 (If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

 Signature of Applicant

State of _____, County of _____, ss.
 Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

 Notary Public Official Signature
 My Commission Expires _____

APPLICATION FOR MORTICIAN LICENSE
ADDENDUM 1

List below the courses you completed that correspond to the educational requirements per Idaho Code § 54-1109(1)(c-d). This form will be presented to the Board and used as part of the review process. Please complete it in its entirety. If you need additional space you may make copies of this form. If you are applying by endorsement, this form is not required.

Year	Institution	Course Name	Hours Earned Semester	Hours Earned Quarter	Grade
Total Semester or Quarter Hours and GPA					

APPLICATION FOR MORTICIAN LICENSE (continued)
ADDENDUM II

A. CHARACTER REFERENCES: Please provide the names and addresses and phone numbers of three character references below.

B. PRACTICAL WORK EXPERIENCE: List your work experience including employer's names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS _____ EMPLOYER'S NAME _____

ADDRESS OF BUSINESS _____ PHONE NO. _____

DATES OF PRACTICE _____ TO _____

NAME OF BUSINESS _____ EMPLOYER'S NAME _____

ADDRESS OF BUSINESS _____ PHONE NO. _____

DATES OF PRACTICE _____ TO _____

NAME OF BUSINESS _____ EMPLOYER'S NAME _____

ADDRESS OF BUSINESS _____ PHONE NO. _____

DATES OF PRACTICE _____ TO _____

(If more space is needed, attach a separate sheet of paper)