

Funeral Director/Embalmer License Application

Use this application to apply for a funeral director and/or embalmer license.

Mail your application and fee to:
Funeral and Cemetery Board
Department of Licensing
PO Box 3777
Seattle WA 98124-3777

Mail all other supporting documents to:
Funeral and Cemetery Board
Department of Licensing
PO Box 9012
Olympia WA 98507

Requirements

To qualify for a license as a funeral director or embalmer, you must:

- Be at least 18 years old.
- Meet at least **one** of the following requirements:
 - Have an Associate of Arts degree in Mortuary Science.
 - Meet the alternative education requirements below.
 - Have at least 5 years of active licensed experience in another state.
- Complete a funeral director and/or embalmer internship.
- Pass the licensing examination.

If you are not eligible but continue to apply there will be no refund.

Alternative education

Funeral director

- If you don't have an Associate of Arts degree in Mortuary Science, you must complete a course of at least 60 semester or 90 quarter hours of instruction in an accredited college or university.
- You must finish the instruction with a 2.0 grade point average or a grade of C or better.
- The required courses must include the following:
 - 1 course in psychology
 - 1 course in mathematics
 - 2 courses in English composition
 - 2 courses in social science
 - 3 courses in any combination of:
 - behavioral sciences
 - public speaking
 - counseling
 - business administration and management
 - computer science
 - first aid

Embalmer

If you don't have an Associate of Arts degree in Mortuary Science, you must complete a course of at least 60 semester or 90 quarter hours of instruction in an accredited mortuary science college program and other college courses. A diploma or certificate from a mortuary school whose curriculum does not equal at least 60 semester or 90 quarter hours of instruction does not meet Washington's education requirements.

How to apply

1. Apply online: <https://professions.dol.wa.gov> or mail a completed Funeral Director/Embalmer License Application with a check or money order payable to the Department of Licensing.
2. Request a certified copy of your transcript(s) be sent to our office. **Only sealed transcripts sent directly from the issuing college or university are accepted.** Educational equivalents are subject to approval and must be documented by providing a course syllabus, outline, or certificate of completion for non-academic courses.
3. Request an official copy of your National Board scores be sent to our office.
4. **Reciprocity applicants only:** Complete the applicant name and license number fields on the Funeral Directors/Embalmers Verification of Out-of-State License form and send it to the state where you are currently licensed. They will complete the Certification Verification section and return the form to our office.
 - If you have **less than 5 years of active licensed experience in another state**, you must meet the education requirements and complete steps 2 and 3.
 - If you have **at least 5 years of active licensed experience in another state**, skip steps 2 and 3.



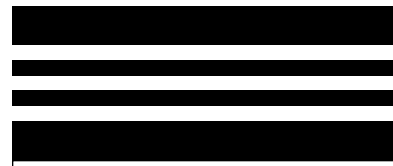
**Funeral Director/Embalmer
License Application**

Apply online: <https://professions.dol.wa.gov>

Or mail this completed form and a check or money order payable to the Department of Licensing to:

**Funeral and Cemetery Board
Department of Licensing
PO Box 3777
Seattle, WA 98124-3777**

For questions or language help call: (360) 664-1555



This application is for:

- Funeral director license—\$100
- Embalmer license—\$100

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

1. Personal information

TYPE or PRINT Name as you would like it to appear on your license		Former name (if applicable)	
Full legal name (First, Middle, Last)			
Social Security number* (or ITIN, Green Card, Canadian SIN)		Date of birth (mm/dd/yyyy)	
Mailing address			
City		State	ZIP code
City		State	ZIP code
County			
(Area code) Daytime phone number		Email	
Military? (check if applicable)			
Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
Would you like to be added to the Board's electronic mailing list?		Have you passed the National Board exams given by International Funeral Service Examining Boards?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Reciprocity only

Current state of licensure	Profession	Date of original registration	Registration number	State where qualifying exams taken
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Attach additional pages if necessary.

2. Educational background

Name of college, university, technical school	Location	Dates of attendance From - To	Degree
Applicable education and supplemental training	Location	Dates of attendance From - To	Certificate/Degree etc.

3. Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

4. Intern training –if applicable, list any intern training you have received

1	Name of establishment	Type of internship	From (m/d/yy)	To (m/d/yy)
Address (Street, city, state, and ZIP code)				
Name of licensed sponsor			Total hours of training	
2	Name of establishment	Type of internship	From (m/d/yy)	To (m/d/yy)
Address (Street, city, state, and ZIP code)				
Name of licensed sponsor			Total hours of training	
3	Name of establishment	Type of internship	From (m/d/yy)	To (m/d/yy)
Address (Street, city, state, and ZIP code)				
Name of licensed sponsor			Total hours of training	
4	Name of establishment	Type of internship	From (m/d/yy)	To (m/d/yy)
Address (Street, city, state, and ZIP code)				
Name of licensed sponsor			Total hours of training	

5. Declaration

Unsigned applications will not be accepted by the Board. Before signing the application, you must familiarize yourself with the funeral director and embalmer laws and rules.

Answer the following

1. Do you agree to abide by all the applicable laws and rules regarding the practice of funeral directing and embalming? Yes No
2. Do you authorize any business associates (past and present) and any governmental agencies (local, state, or federal) to release to the Department of Licensing any information, files, or records which may be required for a background investigation? Yes No
3. Do you understand that if you provide any false information in this application we may deny, suspend, or revoke your license to practice in Washington? Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place

TYPE or PRINT Name
X
Applicant signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.