

# **Professional Credential Services, Inc.**

PO Box 198689 - Nashville, TN 37219-8689  
[www.pcshq.com](http://www.pcshq.com)

**Type 6 Funeral Director and Embalmer Application  
for the  
Commonwealth of Massachusetts  
Division of Professional Licensure  
Board of Embalming & Funeral Directing**

The Commonwealth of Massachusetts Division of Professional Licensure Board of Embalming and Funeral Directing has authorized Professional Credential Services (PCS) to process its Embalmer's & Funeral Director's Type 6 application. **Type 6 Applicants must submit all required information, as indicated in these instructions, directly to PCS.** The Commonwealth of Massachusetts Division of Professional Licensure Board of Embalming & Funeral Directing is the final authority with respect to approval.

#### REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Toll-free: (877) 887-9727

E-mail: [mafuneraldirector@pcshq.com](mailto:mafuneraldirector@pcshq.com)

PCS staff is available Monday through Friday, 8:00 am to 4:30 pm central time.

#### EMBALMER'S & FUNERAL DIRECTOR'S TYPE 6 APPLICATION PACKET

Included in this packet are the *Candidate Information Bulletin (CIB)*, *Type 6 Funeral Director and Embalmer Application*, *Certification of Completion* and *Certificate of Employment & Good Moral Character*. All candidates must complete the application, typewritten or printed in blue or black ink.

#### APPLICATION INSTRUCTIONS

PCS must receive the following to process your application:

- a. A completed *Embalmer's & Funeral Director's Type 6 Application* including a 2x2 passport type photo and any supporting documentation.
- b. A completed EM *Certificate of Completion* and a completed FD *Certificate of Completion* A completed *Certificate of Employment & Good Moral Character* from applicant's sponsor.
- c. Embalmed at least 50 bodies.
- d. Application fee of \$248. Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders payable to Professional Credential Services and include your SSN on the front of the payment. **Fees are non-refundable and non-transferable.**

PCS accepts applications on an on-going basis. Complete applications are processed on a first come first serve basis. Candidates sending incomplete applications will be notified of any deficiencies by PCS. Please retain copies of all paperwork submitted.

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#### MAIL COMPLETED APPLICATION MATERIALS TO:

**Postal Address:**  
**Professional Credential Services, Inc.**  
**Attn: MA Funeral Director**  
**PO Box 198689**  
**Nashville, TN 37219-8689**

**Overnight Courier Address:**  
**Professional Credential Services, Inc.**  
**Attn: MA Funeral Director**  
**150 Fourth Avenue North, Suite 800**  
**Nashville, TN 37219**

# Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219 (877) 887-9727

## Type 6 Funeral Director and Embalmer Application

### A. Biographical Information.

Provide your full name date of birth, social security number, 2x2 photo, and mailing address. It is very important that this section be completed in full.

First Name Middle Initial Last Name Other (Maiden)

Date of Birth Place of Birth

Are you a citizen of the United States? ☐ Yes ☐ No

Have you previously filed an application? ☐ Yes ☐ No

Current Apprentice License #: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Please attach  
a recent  
2" x 2"  
photograph  
here

Print your name as it should appear on your license

### ***Permanent Mailing Address and Contact Information***

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

### ***Business Name, Mailing Address and Contact Information***

Business Name

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

### B. License Verification.

Answer this section completely.

List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

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**C. Disciplinary Questions.**

Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.

1. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.
2. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.
3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.
4. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.
5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? If yes, please provide a detailed explanation on a separate sheet of paper.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records and other Federal and professional records may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

**D. Education, Examination, and Apprenticeship.**

High School (Name and Address):

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Embalming School Attended (Name and Address):

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Date of Graduation from Embalming School: \_\_\_\_\_

I have taken and passed the National Conference Examination for registration as a Funeral Director on

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I served my Apprenticeship in Embalming under the supervision of \_\_\_\_\_

Registration # \_\_\_\_\_ from \_\_\_\_\_

I also served under the supervision of \_\_\_\_\_ Registration # \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_

I have cared for and embalmed \_\_\_\_\_ dead human bodies under the direction of the above named individual(s). (Requirement: Minimum of 50 embalmed bodies)

I have taken and passed the National Conference Examination for registration as an Embalmer on \_\_\_\_\_ (attach certification from the Conference).

**E. Affidavit.**

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Embalming & Funeral Directing to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to GL c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

## EXAMINATION SCHEDULING INFORMATION SHEET

### F. Special Accommodations.

In accordance with the Americans with Disabilities Act, special accommodations will be provided at the examination site for applicants who qualify.

Candidates requiring special accommodations in the examination administration due to a disability must check the box below, submit a completed ADA Accommodations Request Form (please contact PCS for a form) and provide the required supporting documentation as stated in the Disability Documentation Guidelines.

☐

Check here only if you are applying for special accommodations.

### G. Candidate Affidavit

The contents of the examination are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken to reveal the contents of examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement and that I will not discuss nor divulge any information regarding this examination. I also agree that in the event my examination is lost, or if the examination is not held for any reason, any claim I may have will be limited to the fee paid by me. I also understand that fees are non-refundable and non-transferable.

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

\_\_\_\_\_  
Date

# Professional Credential Services, Inc.

Attn: MA Embalming & FD Coordinator  
PO Box 198689 - Nashville, TN 37219 (877) 887-9727

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## Certifications

### Dean's Information (Embalming School):

I, \_\_\_\_\_ Dean of \_\_\_\_\_  
*Name* *Name and Address of Embalming School*

hereby certify that \_\_\_\_\_ has attended a course in instruction in Embalming  
*Applicant's Name*

from \_\_\_\_\_ to \_\_\_\_\_ and graduated on \_\_\_\_\_ with \_\_\_\_\_  
*month/day/year* *month/day/year* *date* *number of hours*

semester hours.

Signature: \_\_\_\_\_  
*Dean of School of Embalming*

School Seal:

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### Dean's Information (Funeral Directing School):

I, \_\_\_\_\_ Dean of \_\_\_\_\_  
*Name* *Name and Address of Funeral Directing School*

hereby certify that \_\_\_\_\_ has graduated from a course in instruction in  
*Applicant's Name*

Funeral Directing from \_\_\_\_\_ to \_\_\_\_\_ and has completed \_\_\_\_\_  
*month/day/year* *month/day/year* *number of hours*

semester hours.

Signature: \_\_\_\_\_  
*Dean of School of Funeral Directing*

School Seal:

Professional Credential Services, Inc.  
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## Certifications

### Sponsor's Information:

I hereby certify that \_\_\_\_\_ has been in my employ as a Registered Apprentice from:  
*Name of Applicant*

\_\_\_\_\_  
*Date to Date*

\_\_\_\_\_  
*Name of Embalmer*

\_\_\_\_\_  
*Date to Date*

\_\_\_\_\_  
*Name of Embalmer*

and has embalmed \_\_\_\_\_ human dead bodies under my direction and training. I hereby certify that he/she is of good moral character and recommend him/her as an applicant for Registration in Embalming.

(Signed) \_\_\_\_\_  
*Name of Embalmer*

(Signed) \_\_\_\_\_  
*Name of Embalmer*

### Return Application to the following address:

**Postal Address:**  
**Professional Credential Services, Inc.**  
**Attn: MA Funeral Director**  
**PO Box 198689**  
**Nashville, TN 37219-8689**

**Overnight Courier Address:**  
**Professional Credential Services, Inc.**  
**Attn: MA Funeral Director**  
**150 Fourth Avenue North, Suite 800**  
**Nashville, TN 37219**

## Payment Form

**Applicant Name:** \_\_\_\_\_

**Social Security Number (Mandatory):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Three payment options are available: Company/Corporate/Certified Check, Money Order or Credit Card. If paying by Company/Corporate/Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form. **Fees are non-refundable and non-transferable.**

Please check form of payment below:

- ☐ Certified Check *(Please ensure the applicant's name is on the payment).*
- ☐ Money Order *(Please ensure the applicant's name is on the payment).*
- ☐ Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one: ☐ Visa ☐ MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application/Scheduling Form**

*Note: This page will be shredded after payment is processed.*