

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219-8689
www.pcshq.com

**Funeral Assistant Licensure 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 Funeral Assistant Licensure applications. **Funeral Assistant 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

PCS staff is available Monday through Friday, 8:00 a.m. to 4:30 p.m. Central Standard Time.

FUNERAL ASSISTANT APPLICATION PACKET

Included in this packet are the *Candidate Information Bulletin (CIB)* and *Funeral Assistant Application*. All candidates must complete the Funeral Assistant application, typewritten or printed in blue or black ink.

APPLICATION INSTRUCTIONS

PCS must receive the following to process your application:

- a. A completed *Funeral Assistant Application* including a 2x2 passport type photo and any supporting documentation.
- b. A copy of OSHA Certificate showing class was completed within 30 days prior to applying.
- c. Complete *Registration Form as a Registered Funeral Assistant*
- d. Total payment of \$90. 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.

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

Funeral Assistant 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

Social Security Number (Mandatory)

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

Have you previously filed an application? ☐ Yes ☐ No

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 (MANDATORY)

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.

C. Registered as a Registered Funeral Home Assistant
(This section must be Complete).

239 CMR 3.06 states in part:

Have completed Board approved training in the following areas:

- (a) General Public Health;
- (b) Ergonomics; and
- (c) Funeral Service law and ethics.

I certify that _____ will be employed
Name of Applicant

As a Registered Funeral Home Assistant at

Name of Funeral Home / Corporation

I hereby certify that he/she has completed the required training (listed above):

Signature of Owner/CEO of Funeral Home

Name of Funeral Home

Date of Application

YES NO

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. ☐ ☐

"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."

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



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.

Return Application to the following address:

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

**EMBALMING AND FUNERAL DIRECTING
CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

| | | | |
|------------|-------------|-------------|--------|
| *Last Name | *First Name | Middle Name | Suffix |
|------------|-------------|-------------|--------|

*Maiden Name (or other name(s) by which you have been known)

| | |
|----------------|----------------|
| *Date of Birth | Place of Birth |
|----------------|----------------|

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

| | | | |
|----------------------|-----------|-------|-----|
| Street Number & Name | City/Town | State | Zip |
|----------------------|-----------|-------|-----|

| | | | |
|----------------------|-----------|-------|-----|
| Street Number & Name | City/Town | State | Zip |
|----------------------|-----------|-------|-----|

IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On