

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219-8689
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

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. Submit a copy of Apprentice License
- c. 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.
- d. Embalmed at least 50 bodies.
- e. CORI (Criminal Offender Record Information) Acknowledgement Form
- f. Application fee of \$339. 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

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.

		YES	NO
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.	<input type="checkbox"/>	<input type="checkbox"/>
	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.	<input type="checkbox"/>	<input type="checkbox"/>
	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.	<input type="checkbox"/>	<input type="checkbox"/>
	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.	<input type="checkbox"/>	<input type="checkbox"/>
	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.	<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):

Embalming School Attended (Name and Address):

Date of Graduation from Embalming School: _____

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

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

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:

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

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.

TYPE 6 CERTIFICATION OF FULL TIME EMPLOYMENT

A Type 6 funeral director may not sign death certificates and may only perform other funeral services, such as the transport of bodies, when employed by a Type 3 Funeral Director at a properly licensed funeral home. Preneed work may only be performed after thirty days of employment with written authorization from the Type 3 Funeral Director. See 239 CMR 3.00.

A Type 6 Funeral Director may operate a funeral home in the absence of the Type 3 with notification to the Board and only for thirty days. Additional time would require special Board approval.

Name of Type 6 funeral director:

This applicant will be employed exclusively at:

Name of Funeral Home/Corporation

Address of Funeral Home

Certification of Type 3 Funeral Director:

I certify, under pains and penalties of perjury, that I am a Type 3 Funeral Director at this funeral home, that the information on this form is true and accurate, and that I will be held responsible for the actions of the above referenced Type 6 Funeral Director.

Sponsor (type 3) Name _____

Sponsor Signature _____ Date _____

Certification of Type 6 Funeral Director:

I certify, under pains and penalties of perjury, that I am a Type 6 Funeral Director at this funeral home, that the information on this form is true and accurate, and that I, as well as the above referenced Type 3 Funeral Director will be held responsible for my actions

Name (Type 6) _____

Signature _____ Date _____

Type 6 Funeral Director and Embalmer – means a funeral director and embalmer who does not hold a 10% ownership interest in a licensed funeral establishment but has been issued a type 6 registration by the Board pursuant to M.G.L. c. 112, § 83 and who meets the qualifications outlined in 239 CMR 3.02(2) and has been sworn in by the Board. Individuals holding this registration may practice embalming, but may otherwise only practice funeral directing when holding a license issued by a city or town pursuant to M.G.L. c. 114, § 49 and working as an employee in a licensed funeral establishment owned by one or more type 3 funeral directors and embalmers where, in said establishment, the registrant shall conduct, direct, and keep up said establishment. A type 6 Funeral Director and Embalmer who performs funeral services when not so employed shall be considered acting outside the scope of his/her licensure and shall face disciplinary action. Said registrants may not sign death certificates and may only utilize stationary, or other funeral related contracts or documents on behalf of an employing licensed funeral establishment and Type 3 Funeral Director and Embalmer. Type 6 Funeral Directors and Embalmers may only conduct preneed funeral arrangements pursuant to 239 CMR 3.04(5).

**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