

Professional Credential Services, Inc.

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

**Type 6 Registration Application
(Transition from Type 3 to Type 6)
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 Type 6 (Transition from Type 3 to Type 6) Licensure applications. **Type 6 (Transition from Type 3 to 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

Local: (615) 880-4275

Email: mafd@pcshq.com

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

TYPE 6 APPLICATION PACKET

Included in this packet are the *Candidate Information Bulletin (CIB)*, *Type 6 (Transition from Type 3 to Type 6) Application* and *Acknowledgement Postcards*. All candidates must complete the Type 6 (Transition from Type 3 to Type 6) application, typewritten or printed in blue or black ink.

APPLICATION INSTRUCTIONS

PCS must receive the following to process your application:

- a.** A completed *Type 6 (Transition from Type 3 to Type 6) Application* including a 2x2 passport type photo and any supporting documentation.
- b.** List all the local cities and towns where you will be licensed
- c.** A copy of a current Registered Licensed Funeral Directors license (Type 3).
- d.** CORI (Criminal Offender Record Information) Acknowledgement Form
- e.** Total payment of \$339.00. 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 FD Coordinator
PO Box 198689
Nashville, TN 37219-8689

Overnight Courier Address:
Professional Credential Services, Inc.
Attn: MA FD Coordinator
150 4th Avenue North, Suite 800
Nashville, TN 37219

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219 (615) 880-4275

Type 6 Application (Transition from Type 3 to Type 6)

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.

***Social Security Number** must be disclosed per state and federal law. No license will be issued without a social security number. Your SSN will be used to ascertain whether you are in compliance with the tax laws of the Commonwealth.

*Pursuant to G.L. c. 112, s 8 Board is required to send a certified list of all funeral directors registered by the Board

First Name Middle Initial Last Name Other (Maiden)

Date of Birth Place of Birth Social Security Number*

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

Have you previously filed an application? ☐ Yes ☐ No

Current EM License #: _____

License Expiration Date: _____

Current FD License #: _____

License Expiration Date: _____

Please attach
a recent
2" x 2"
photograph
here

Print the city where you will be licensed

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. Disciplinary Questions.

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

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."

D. 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

Return Application to the following address:

Postal Address:

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

Overnight Courier Address:

**Professional Credential Services, Inc.
Attn: MA FD Coordinator
150 Fourth Avenue North, Suite 800
Nashville, TN 37219**

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

*Date of Birth	Place of Birth
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*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
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Street Number & Name	City/Town	State	Zip
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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

PAYMENT INFORMATION SHEET

Fees and Payment:
License Type 1 & Type 4
(Downgrade): \$339.00

Payment must be either a certified check or money order, (personal checks are not allowed) payable to PCS, or by credit card. If paying by credit card, complete the authorization section to the right of these directions. **Fees are non-refundable and non-transferable.**

Credit Card Payment Information: (if NOT submitting a certified check or money order)

Type of Credit Card: _____ **Visa** _____ **MasterCard**

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Cardholder's Name: _____

Cardholder's Signature: _____

Candidate Affidavit

I understand that fees are non-refundable and non-transferable.

Applicant's Signature

Date