

Professional Credential Services, Inc.

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

**Type 3 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 Type 3 applications. **Type 3 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.

TYPE 3 LICENSURE APPLICATION PACKET

Included in this packet are the *Candidate Information Bulletin (CIB)*, *Type 3 Funeral Director and Embalmer Application*, and *Board Member List*. All candidates must complete the Type 3 application, typewritten or printed in blue or black ink.

APPLICATION INSTRUCTIONS

PCS must receive the following to process your application:

- a. A completed *Type 3 Application* including a 2x2 passport type photo and any supporting documentation.
- b. Original stock certificates showing 10% ownership.
- c. Copies of stock certificates for the Board files.
- d. Minutes of the Stockholder meeting approving transferal of ownership.
- e. A letter from legal counsel for the funeral home showing the new distribution of stock ownership resulting from the transaction.
- f. Mail one copy of your application to each Board Member (list enclosed)
- g. Total payment 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.

Once your completed application has been submitted to the Board office, please wait 5-7 days before calling to make an appointment to appear before the Board. There are no guarantees for placement on any meetings' agendas. Please be advised that the owner of the funeral home must accompany you to the Board meeting. If you have any further questions, please contact PCS at 877-887-9727.

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 3 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 EM License #: _____

License Expiration Date: _____

Current FD 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 (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.

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☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐

"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 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.

**BOARD OF REGISTRATION OF
EMBALMING AND FUNERAL DIRECTING**

BOARD MEMBER/STAFF

Thomas O'Donnell
46 Washington Square
Salem, MA 01970

Carolyn Lindsay
416 Commonwealth Ave #714
Boston, MA 02215

Morgan G. Mitchell
15 Park St
Easthampton, MA 01027

Peter Stefan
838 Main St
Worcester, MA 01610

Dahria Williams-Fernandes
490 Columbia Rd
Dorchester, MA 02125

Note: Mail one copy of your application with the required documentation to each Board Member.