

**STATE OF MAINE**

**BOARD OF FUNERAL SERVICE**

**APPLICATION FOR LICENSURE**

- **PRACTITIONER TRAINEE**



Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
HEARING IMPAIRED (888) 577-6690  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine

## **APPLICANT INFORMATION GUIDE**

The application material you have requested from the Board of Funeral Service is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### **FURNISHED TO APPLICANT**

- Application Guide for Licensure
- Individual License Application
- Supervisor Approval Form
- Verification of Licensure

### **ADDITIONAL RESOURCES**

- Licensing Law for the Maine Board of Funeral Service

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch21sec0.html> or call (207) 624-8626

- Licensing Rules for the Maine Board of Funeral Service

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#331> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>  
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## **APPLICATION PROCEDURE**

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. Your application will be reviewed and processed in the order that it was received.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: [http://www.maine.gov/pfr/professionallicensing/license\\_search.htm](http://www.maine.gov/pfr/professionallicensing/license_search.htm). We appreciate your thoughtful attention to this request.

## **PRACTITIONER TRAINEE**

A practitioner trainee means a person who is engaged in preparing to become licensed for the practice of funeral service under the personal supervision and instruction of a person duly licensed for the practice of funeral service, and who is duly registered as such and approved by the board.

All applicants must submit the following:

- A completed and signed Application for Licensure;
- Payment of a Licensure Fee of \$80.00;
- Payment of a Criminal History Check Fee of \$21.00;

**Note: All fees can be in one payment.**

- Copy of Birth Certificate;
- Proof of completion of high school or its equivalent;
- Completed Supervisor Approval Form; and
- Verification of Licensure (if applicable).

Upon submission of the above documents, your application will be reviewed. Upon approval of your application, your Practitioner Trainee License will be issued and you will be entered into the Apprenticeship Council so that you may serve your 2000 on-the-job training hours at the licensed establishment. You will then be contacted by the Apprenticeship Council with more information regarding completion of your training.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: [www.maine.gov/professionallicensing/license\\_search.htm](http://www.maine.gov/professionallicensing/license_search.htm).
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
INDIVIDUAL LICENSE APPLICATION**

<b>APPLICANT INFORMATION</b> (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE (    )	FAX (    )	E-MAIL	

<b>CRIMINAL BACKGROUND DISCLOSURE</b>	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
1. <b>Have you ever been convicted by any court of any crime? (circle one)</b> <b>NO</b> <b>YES</b>	
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
2. <b>Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b> <b>NO</b> <b>YES</b>	
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
<b>SIGNATURE</b>	<b>DATE</b>

<b>Board of Funeral Service</b>	
<b>Please Select License Type:</b>  <input type="checkbox"/> Trainee (TR1421)  <b>Required Fee: \$101</b> <b>(includes Criminal History Records Check Fee)</b>	<b>Office Use Only:</b> 1421 - \$80.00 2619 - \$21.00
Rev. 2/2012	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____

<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD                      the following amount: \$_____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>	<b>DATE</b>		

**Education**

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Degree Granted:

Date Conferred:

**Establishment Information**

Workplace Name:

Mailing Address:

City:

State:

Zip Code:

**Credentialing History**

Have you ever held a professional license/certification/registration in this or any other state/country? [ ] YES [ ] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

**Affirmation**

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Paul R. LePage  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Funeral Service**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head  
Director

**SUPERVISOR APPROVAL FORM**

Name of applicant: \_\_\_\_\_

Type of license/registration being applied for:       Practitioner Trainee

Name of Funeral Establishment Employed By: \_\_\_\_\_

Address of Funeral Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License number of Funeral Establishment: \_\_\_\_\_

Telephone number of Funeral Establishment: \_\_\_\_\_

Practitioner responsible for the training/supervision of the applicant: \_\_\_\_\_

Practitioner's license number: \_\_\_\_\_

**If the above applicant is being registered as an attendant, please list the name(s) of all funeral establishments in which the attendant will be working:**

Name of Establishment	License Number
_____	_____
_____	_____
_____	_____
_____	_____

**THIS SECTION TO BE SIGNED BY THE PRACTITIONER RESPONSIBLE FOR THE PRACTITIONER TRAINEE/ATTENDANT.**

I hereby certify that I will be responsible for the Practitioner Trainee/Attendant.

Signature of Practitioner: \_\_\_\_\_

Printed Name of Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_



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OFFICE PHONE: (207)624-8626

(888) 577-6690 (HEARING IMPAIRED)  
OFFICES LOCATED AT: 76 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637



Paul R. LePage  
Governor

STATE OF MAINE  
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AND FINANCIAL REGULATION  
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35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head  
Director

**VERIFICATION OF LICENSURE FORM**  
**Page 1 of 2**

The applicant listed below is applying for licensure in the State of Maine. The Maine Board of Funeral Service requests written verification from each state that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

**The section below is to be completed by the applicant and forwarded with page 2 to the licensing or certifying authority. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.**

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

**The remaining portion is to be completed by the licensing or certifying authority where the applicant holds or has held a license, certification or credential. Upon completion, the licensing or certifying authority should mail the verification directly to the Board at the above address.**

Name of Licensee:	Type of License:
License Number:	Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired
Date Issued:	Expiration Date:



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GARDINER, MAINE

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**Maine Board of Funeral Service  
Verification of Licensure (Page 2 of 2)**

Exam taken: \_\_\_\_\_

Date exam passed:

If no examination was taken, how was licensure obtained?

- Grandfathered       Endorsement/Comity from which state: \_\_\_\_\_

What were the requirements for education at the time the license was issued?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any pending complaints against this licensee?      [ ] Yes    [ ] No  
If yes, please explain:

Have there been any other actions taken against this licensee?      [ ] Yes    [ ] No  
If yes, please explain:

Is the licensee considered to be in good standing in your state?      [ ] Yes    [ ] No  
If no, please explain:

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

State: \_\_\_\_\_ Phone Number \_\_\_\_\_

Date: \_\_\_\_\_

State Board Seal