



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR FUNERAL DIRECTOR LICENSURE INSTRUCTION SHEET

When to Apply

Use this form and instructions when you are applying for Delaware licensure as a Funeral Director. To apply for licensure, you *must* meet one of the following requirements:

- To apply by resident internship, you must *complete* a Delaware Resident Internship.
- To apply by reciprocity, you must hold a *current* Funeral Director license in another jurisdiction (state, U.S. territory or District of Columbia) **and** have practiced as a funeral director at least three of the past five years.

If you meet neither of the requirements above, you must serve a one-year internship in a Delaware-licensed funeral establishment under the sponsorship of a Delaware-licensed Funeral Director. To apply for an internship, file the [Application for Resident Intern Registration](#).

Requirements for *All* Applicants

The following requirements apply to all persons filing for Funeral Director licensure, regardless of whether or not you have completed a Delaware Resident Internship.

- Submit a completed, signed and notarized [Application for Funeral Director Licensure](#).
- Enclose the non-refundable [processing fee](#) for Funeral Director by check or money order made payable to "State of Delaware."
- Complete the *Authorization for Release of Information* form to request a State of Delaware and Federal Bureau of Investigation criminal background check. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - This is required *even if* you recently had a criminal background check done for some other reason.
- If you have ever held a funeral license of any kind in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive a letter of good standing from *each* jurisdiction where you are now (or have ever been) licensed, sent *directly* from each jurisdiction to the Board office.
 - If the jurisdiction issues separate licenses for funeral directors and embalmers, letters of good standing for **both** licenses are required.
- If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirements for Applicants by Resident Internship

If you have served a Delaware Resident Internship, you must also meet these requirements.

- If you have not already done so, submit the required 25 embalming reports and four quarterly reports.

- If you have not already done so, arrange for the Board office to receive your official National Board Examination score report sent directly from the International Conference of Funeral Service Examining Boards. To request a score report, see [Official Scores](#).
- Your sponsor must submit a **notarized** letter from your sponsor confirming that you successfully completed your internship.

State Examination Requirement

All applicants, whether applying for licensure by resident internship or by reciprocity, must pass an examination on Delaware law, rules and regulations with a minimum score of 70%.

- The Board must review your [Application for Funeral Director Licensure](#) and all other required documentation, listed above, *before* you can schedule the examination.
- When the Board has approved your application contingent on your passing the exam, the Board office will notify you to schedule the examination.
- For complete information about the examination, see the [Delaware Laws, Rule & Regulations Examination Candidate Handbook](#). To register online for the examination, see the [LRR Registration Form](#).
- The testing service will send your examination results directly to the Board office. Allow two business days for the Board office to receive your results.
- The Board office will issue your license when it receives your examination results.



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APPLICATION FOR FUNERAL DIRECTOR LICENSURE

TYPE OF APPLICATION – All applicants complete this section.

1. Select the situation that applies to you (check one):

- Resident Internship** – I have completed one-year Delaware Resident Internship in a Delaware-licensed Funeral Establishment under the supervision of a Delaware-licensed Funeral Director. My Resident Intern registration number is K3-_____.
- Reciprocity** – I hold a *current* license as a Funeral Director in another jurisdiction (state, U.S. territory or District of Columbia) and have practiced as a funeral director at least three of the past five years.
- Reapplication** – I am reapplying for licensure because I previously held a Delaware Funeral Director license that is now lapsed. My Funeral Director license number was K1-_____.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

2. Name: _____
Last/Family Name First Middle

3. Other Name(s) Used: None _____

4. Date of Birth (month/day/year): _____ Gender: Male Female

5. Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

6. Mailing Address: _____

City State Zip

7. Phone: _____ Email: None _____

LICENSURE HISTORY – All applicants complete this section.

8. Has any jurisdiction ever rejected or denied your application for licensure? Yes No **If yes, submit a letter explaining fully.**
9. Have you ever held a license to practice funeral services in any jurisdiction? Yes No **If yes, give the following about *each* license you have ever held. If you need more room, enclose a separate sheet.**

JURISDICTION	LICENSE NUMBER	LICENSE STATUS

Arrange for the Board office to receive a license verification (also called a letter of good standing) sent *directly* to the Board office from each jurisdiction listed above.

PRACTICE HISTORY – Complete this section *only if applying by reciprocity*.

10. Have you practiced funeral service in at least three of the past five years? Yes No If yes, enter the following information about your practice over the past five years. If you need more space, enclose a separate sheet.

BUSINESS WHERE PRACTICED	ADDRESS	EMPLOYMENT DATES

DISCLOSURES – All applicants complete this section.

11. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes No

Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.

12. Are criminal charges against you pending in any jurisdiction? Yes No **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
13. Have you received any administrative and/or disciplinary penalties regarding your practice of funeral services including, but not limited to, fines, formal reprimands, license suspensions or revocations (except for license revocation for non-payment of renewal fees), probationary limitations, and/or have you entered into any consent agreements which contain conditions placed by a Board on your professional conduct and practice, including any voluntary surrender of license? Yes No **If yes, submit a letter explaining fully.**
14. Are you currently under investigation or are any complaints pending against you in any other jurisdiction? Yes No **If yes, submit a letter explaining fully.**
15. Do you currently have, or have you ever had, an impairment related to drugs or alcohol? Yes No **If yes, submit a letter explaining fully.**
16. Have you ever been found mentally incompetent by a physician? Yes No **If yes, submit a letter explaining fully.**
17. Do you have any impairment that would limit your ability to undertake the practice of funeral services in a manner consistent with the safety of the public? Yes No **If yes, submit a letter explaining fully.**

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

Signature of Applicant: _____ Date: _____

State of _____ County or City of _____

The applicant named above, being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____ 2 _____

Signature of Notary Public: _____

SEAL

My commission expires _____

APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name

First Name

Middle Initial

Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.