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.
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.

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>LICENSE NUMBER</th>
<th>LICENSE STATUS</th>
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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.

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**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.

<table>
<thead>
<tr>
<th>BUSINESS WHERE PRACTICED</th>
<th>ADDRESS</th>
<th>EMPLOYMENT DATES</th>
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**DISCLOSURES** – *All* applicants complete this section.

11. 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 nay voluntary surrender of license? Yes ☐ No ☐ If yes, submit a letter explaining fully.

12. 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.

13. 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.

14. Have you ever been found mentally incompetent by a physician? Yes ☐ No ☐ If yes, submit a letter explaining fully.

15. 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.
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:

☐ Adult Entertainment
☐ Mental Health (LPCMH, LCDP, LMFT, LACMH, LAMFT, LPAT, LAAT)
☐ Physical Therapy/Athletic Trainer

☐ Charitable Gaming Vendor
☐ Nursing (RN, LPN, APRN)
☐ Podiatry
☐ Nursing Home Administrator
☐ Psychology

☐ Chiropractic
☐ Occupational Therapy
☐ Real Estate Appraiser (includes Appraisal Management Company)

☐ Dental
☐ Optometry
☐ Speech/Hearing

☐ Funeral
☐ Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy)
☐ Social Work

☐ Medical (Physicians (MD, DO and Administrative Medical), Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM))
☐ 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.

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NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification\(^1\) that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.\(^2\)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.\(^3\)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at [http://www.fbi.gov/about-us/cjis/background-checks](http://www.fbi.gov/about-us/cjis/background-checks).

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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\(^{1}\) Written notification includes electronic notification, but excludes oral notification.

\(^{2}\) See 28 CFR 50.12(b).

\(^{3}\) See 5 U.S.C. 552(a)(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(e), 20.33(d) and 906.21(d).