



STATE BOARD OF FUNERAL DIRECTORS

P.O. Box 2649
Harrisburg, PA 17105-2649

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

E-mail: st-funeral@pa.gov
Website: www.dos.pa.gov/funeral

Telephone: 717-783-4866
Fax: 717-705-5540

FUNERAL DIRECTOR RECIPROCAL APPLICATION *WITHOUT EXAMINATION*

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found on our website www.dos.pa.gov

BACKGROUND CHECK INSTRUCTIONS:

Applicant must submit a request for a criminal record from the state police or equivalent law enforcement agency in the state or jurisdiction in which the individual has resided for the five-year period immediately preceding the date of application. The report returned by the State Police or equivalent agencies shall be attached to your application and dated within 90 days of the date this application is received in the Board office.

- The background check must contain each individual's date of birth and social security number.
- The background check must either state "No Record" or "Record Exists." Background checks that reflect "Pending" "Under Review," or "Under Request" will not be accepted. Questions regarding the status of a background check must be directed to the Pennsylvania State Police or the equivalent agency receiving the request for criminal record check.

If "Record Exists"—applicant must submit true and correct copies of the following for EACH criminal matter:

- A. The conviction summary information provided by the State Police or equivalent agency;
- B. Copies of criminal complaint, affidavit of probable cause and sentencing order;
- C. Letter from Probation Officer, Correctional Officer or other person responsible for supervision of the defendant, dated within 90 days, indicating current probationary status and completion date.
- D. Detailed description (in applicant's words) of the circumstances surrounding the conviction, the basis for the conviction and the disposition of the conviction.

In addition, the applicant may, but is not required, to provide evidence in support of the application, such as, age at the time of conviction, or release from sentence; evidence that the applicant performed the same type of work, post-conviction, with the same or a different employer, with no known incidents of criminal or disciplinary conduct; the length and consistency of employment history before and after the offense or conduct; rehabilitation efforts, e.g., education/training; employment or character references and any other information regarding fitness for the particular position; and whether the individual is bonded under a federal, state, or local bonding program.

****If the required documents are not available, please provide an original letter on business letterhead, from the proper authority confirming documents are not available. The letter must be signed and dated within 90 days of receipt in the Board office.**

- Pennsylvania background checks may be obtained at: <https://epatch.state.pa.us> or from the Pennsylvania State Police Central Repository, 1800 Elmerton Ave, Harrisburg, PA 17110-9758, (717) 783-5593.
- If you reside outside the state of Pennsylvania, you must obtain a background check from the State Police in that state.
- For applicants residing in California, Ohio and/or Arizona: Due to the laws of these states, the Board is not an eligible recipient of a Criminal History Records Check ("CHRC") from California, Ohio and/or Arizona. Please go to <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> and obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check in lieu of obtaining a CHRC from California, Ohio and/or Arizona.



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FEE: \$25.00 NON-REFUNDABLE APPLICATION FEE. CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." THERE IS A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT.

As of October 1998, the Pennsylvania State Board of Funeral Directors signed a reciprocity agreement with West Virginia. On March 2, 2011, the Pennsylvania State Board of Funeral Directors signed a reciprocity agreement with Maryland. Must have practiced continuously in the state of Maryland as a mortician for 5 years. If you are licensed in any other state do not complete this application. Contact the board office for the correct application.

SECTION 1: APPLICANT INFORMATION

LAST NAME:		
FIRST NAME:		
MIDDLE NAME:		
MAIDEN NAME (IF APPLICABLE)		
PERSONAL INFORMATION	SOCIAL SECURITY NUMBER	DATE OF BIRTH
	TELEPHONE NUMBER	EMAIL ADDRESS
NAME AND ADDRESS OF THE FUNERAL ESTABLISHMENT TO WHICH LICENSE IS TO BE ISSUED: NOTE: LICENSE MUST BE ISSUED TO A PA FUNERAL ESTABLISHMENT		
STATE WHERE YOU ARE CURRENTLY LICENSED:	WEST VIRGINIA MARYLAND IF ANY OTHER STATE DO NOT COMPLETE THIS APPLICATION.	
EMAIL ADDRESS:		

SECTION 2: CRIMINAL AND DISCIPLINARY INFORMATION

IF ANY OF THE ANSWERS IS "YES" ATTACH A FULL EXPLANATION AND SUBMIT A CERTIFIED COPY OF ALL RELEVANT COURT AND/OR LEGAL DOCUMENTS. **NOTE: ANSWERING "YES" TO ANY OF THE FOLLOWING QUESTIONS WILL NOT RESULT IN THE AUTOMATIC DENIAL OF YOUR APPLICATION.**

ANSWER THE FOLLOWING	YES	NO
1. DO YOU HOLD, OR HAVE YOU EVER HELD, A LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION IN ANY STATE OR JURISDICTION?		
2. IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE PROFESSION AND STATE OR JURISDICTION. PLEASE DO NOT ABBREVIATE THE PROFESSION.		
3. HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION ISSUED TO YOU IN ANY STATE OR JURISDICTION OR HAVE YOU AGREED TO VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE?		
4. DO YOU CURRENTLY HAVE ANY DISCIPLINARY CHARGES PENDING AGAINST YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
5. HAVE YOU WITHDRAWN AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION, HAD AN APPLICATION DENIED OR REFUSED, OR FOR DISCIPLINARY REASONS AGREED NOT TO APPLY OR REAPPLY FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
6. HAVE YOU BEEN CONVICTED (FOUND GUILTY, PLED GUILTY OR PLED NOLO CONTENDERE), RECEIVED PROBATION WITHOUT VERDICT OR ACCELERATED REHABILITATIVE DISPOSITION (ARD), AS TO ANY CRIMINAL CHARGES, FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS? NOTE: YOU ARE NOT REQUIRED TO DISCLOSE ANY ARD OR OTHER CRIMINAL MATTER THAT HAS BEEN EXPUNGED BY ORDER OF A COURT.		
7. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?		

SECTION 3: CERTIFICATION STATEMENT

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. §49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

APPLICANT'S SIGNATURE _____ DATE _____

SECTION 4: REQUIRED DOCUMENTS

LETTER OF GOOD STANDING	<p>ATTACH AN <u>ORIGINAL "LETTER OF GOOD STANDING" OR OTHER SIMILAR DOCUMENT ISSUED BY LICENSING/CERTIFYING JURISDICTION. THIS "LETTER OF GOOD STANDING" MUST BE SUBMITTED WITH THIS APPLICATION AND MUST HAVE BEEN ISSUED WITHIN THE PAST 90 DAYS.</u></p> <p>DOCUMENT MUST:</p> <p>LIST EXPIRATION DATE AND TYPE OF LICENSE/CERTIFICATION and STATE WHETHER THERE IS ANY RESTRICTION ON PRACTICE AND WHETHER THERE HAS BEEN OR IS PENDING ANY DISCIPLINARY ACTION AGAINST THE LICENSEE</p> <p><u>ORIGINAL (OR COPY OF) LICENSE OR CERTIFICATE WILL NOT BE ACCEPTED IN LIEU OF DOCUMENT FROM LICENSING/CERTIFYING JURISDICTION</u></p>
SOCIAL SECURITY ACT CERTIFICATION	<p>CERTIFICATION MUST BE SIGNED AND RETURNED WITH THIS APPLICATION</p>

SOCIAL SECURITY ACT CERTIFICATION

In order to comply with federal law, the State Board of Funeral Directors is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the social security number.

Signature

Date