

STATE BOARD OF FUNERAL DIRECTORS

Telephone: 717-783-3397
 Fax: 717-705-5540
 E-mail: st-funeral@state.pa.us
 Website: www.dos.pa.gov/funeral

Mailing Address:
 State Board of Funeral Directors
 PO Box 2649
 Harrisburg, PA 17105-2649

Courier Address:
 State Board of Funeral Directors
 2601 North Third Street
 Harrisburg, PA 17110

APPLICATION FOR FUNERAL TEMPORARY SUPERVISOR LICENSE

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.

SECTION 1: PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE FUNERAL ESTABLISHMENT YOU ARE APPLYING TO SUPERVISE.

1	YOUR NAME:		
2	YOUR FUNERAL DIRECTOR'S LICENSE NUMBER:		
3	SOCIAL SECURITY NUMBER:		
4	FUNERAL HOME NAME:		
5	FUNERAL HOME ADDRESS:		
6	FUNERAL HOME TELEPHONE NUMBER:		
7	FUNERAL HOME LICENSE NUMBER:		
8	MAY WE CONTACT YOU VIA EMAIL?	YES _____	NO _____
		IF YES, EMAIL ADDRESS: _____	
9	CURRENT FUNERAL SUPERVISOR'S NAME AND LICENSE NUMBER:	NAME:	LICENSE NUMBER:

SECTION 2: PLEASE COMPLETE ALL QUESTIONS

ANSWER THE FOLLOWING		YES	NO
1	<p>IS THIS APPLICATION FOR A TEMPORARY SUPERVISOR FOR A NEW WIDOW/WIDOWER OR ESTATE ESTABLISHMENT? IF YES, PLEASE BE ADVISED THAT A TEMPORARY SUPERVISOR CAN ONLY BE APPROVED FOR 6 MONTHS. A PERMANENT SUPERVISOR MUST BE APPLIED FOR AND ISSUED PRIOR TO THE END OF THE APPROVED 6 MONTHS.</p> <p>IF NO, PLEASE BE ADVISED THAT A TEMPORARY SUPERVISOR CAN ONLY BE APPROVED FOR A 30 DAY PERIOD. A 30 DAY EXTENSION CAN BE GRANTED UPON FILING OF A WRITTEN REQUEST AND APPROVAL BY THE BOARD.</p>		
2	<p>HAVE YOU EVER BEEN ISSUED A FUNERAL SUPERVISOR LICENSE?</p>		
	<p>A) IF YES, IS YOUR FUNERAL SUPERVISOR LICENSE CURRENT?</p>		
	<p>B) IF YES, INDICATE YOUR FUNERAL SUPERVISORS LICENSE NUMBER?</p>		
	<p>C) IF YES, INDICATE LICENSE NUMBER OF FUNERAL ENTITY WHERE LICENSED</p>		
3	<p>IF APPLYING FOR A NEW WIDOW, WIDOWER OR ESTATE ESTABLISHMENT, ANSWER THE FOLLOWING. IF NOT, PROCEED TO SECTION 5</p>		
	<p>A) DO YOU HAVE ANY OTHER EMPLOYMENT OUTSIDE THE FUNERAL HOME?</p>		
	<p>IF THE ANSWER IS "YES", PROVIDE THE FOLLOWING THREE (3) LETTERS:</p> <ul style="list-style-type: none"> • YOUR LETTER EXPLAINING THE DETAILS OF YOUR OTHER EMPLOYMENT, INCLUDING YOUR WORK SCHEDULE. • A LETTER FROM YOUR OUTSIDE EMPLOYER CONFIRMING YOUR WORK SCHEDULE AND STATING WHETHER OR NOT THEY ARE ABLE TO RELEASE YOU WHEN YOU ARE NEEDED AT THE FUNERAL BUSINESS. • A LETTER FROM THE OWNER OF THE FUNERAL ESTABLISHMENT STATING THEY ARE AWARE OF YOUR OUTSIDE EMPLOYMENT AND HOW MANY CALLS THE FUNERAL HOME RECEIVES DURING THE YEAR. 		
	<p>B) WHILE YOU ARE A TEMPORARY FUNERAL SUPERVISOR WILL YOU BE ASSISTING IN THE PRACTICE OF FUNERAL DIRECTING AT AN ESTABLISHMENT OTHER THAN THE ESTABLISHMENT LISTED IN SECTION 1?</p>		
	<p>IF THE ANSWER IS "YES", PLEASE ATTACH THE FOLLOWING:</p> <ul style="list-style-type: none"> • A LETTER SIGNED BY YOU EXPLAINING THE DETAILS OF YOUR OTHER EMPLOYMENT OR BUSINESS, INCLUDING YOUR SCHEDULE AND THE NAME, ADDRESS AND SUPERVISOR OF ANY FUNERAL ESTABLISHMENT AT WHICH YOU WILL ASSIST. • A LETTER SIGNED BY AN AUTHORIZED REPRESENTATIVE OF EACH EMPLOYER OR BUSINESS, OR, IF APPLICABLE, THE SUPERVISOR OF THE OTHER FUNERAL ESTABLISHMENT IN WHICH YOU WILL ASSIST, CONFIRMING YOUR WORK SCHEDULE AND ACKNOWLEDGING THAT YOU WILL BE RELEASED WHEN YOU MUST FULFILL YOUR RESPONSIBILITY TO SUPERVISE THE ESTABLISHMENT LISTED IN SECTION 1. • A LETTER SIGNED BY THE OWNER OR PRESIDENT OF THE ESTABLISHMENT LISTED IN SECTION 1 ACKNOWLEDGING AND AUTHORIZING YOUR OTHER EMPLOYMENT OR BUSINESS. <p>FAILURE TO PROVIDE ANY OF THE INFORMATION REQUIRED BY THIS QUESTION WILL RESULT IN A DELAY IN APPROVAL OR DENIAL OF YOUR APPLICATION.</p>		

SECTION 3: 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 4: 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. §4911.

SOCIAL SECURITY STATEMENT:

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.

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 5: SUBMIT THE FOLLOWING IF APPLYING TO TEMPORARY SUPERVISOR A WIDOW, WIDOWER OR ESTATE ESTABLISHMENT:

	ITEM	CHECK IF ENCLOSED
1	PROPOSED FUNERAL ESTABLISHMENT LETTERHEAD. THE NAME OF THE FUNERAL TEMPORARY SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, TEMPORARY SUPERVISOR</i>	
2	PROPOSED STATEMENT OF GOODS AND SERVICES. THE NAME OF THE FUNERAL TEMPORARY SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, TEMPORARY SUPERVISOR</i>	