

License Requirements:

INITIAL AND RECIPROCITY LICENSE: To receive a license, an individual must submit a complete application, pay the appropriate fee, and meet the following:

1. **Age and Good Character:** Be at least 19 years old and of good character;
2. **Citizenship/Lawful Presence:** Meet the requirements set out in Neb. Rev. Stats. §38-129 AND §§4-108 through 4-111.
3. **General Education:** Have earned the equivalent of 60 semester hours of college credit, which includes:
 - a. 6 semester hours of English;
 - b. 6 semester hours of accounting;
 - c. 8 semester hours of chemistry;
 - d. 12 semester hours of biological science relating to the human body; and
 - e. 6 semester hours of psychology or counseling;

Reciprocity: If applying by reciprocity, an applicant must have the following:

- a. **Education/Practice:** Earned the equivalent of 60 semester hours of college credit and either coursework as listed in item 3 above or practice as follows:

At least 5 years of practice as a licensed or certified Funeral Director and Embalmer in another state. A year of apprenticeship does not constitute licensure or certification in this case. It must be 5 years of practice beyond the year of apprenticeship;
- b. **AND**
Continuing Education: Completed at least 16 hours of funeral directing and embalming continuing education within the previous 24 months immediately prior to application;
4. **Mortuary Science Education:** Have completed a full course of instruction in an accredited school of mortuary science. Hours earned in a school of mortuary science as part of the mortuary program may not be used for the 60 semester hours;
5. **Apprenticeship:** Have completed a 12-month apprenticeship under the supervision of a licensed Funeral Director and Embalmer practicing in the State of Nebraska. The apprenticeship must:
 - a. Be registered with the Department prior to the start date;
 - b. Be completed in one of the following ways:
 - (1) 6 months split as specified in 172 NAC 67-004.01 or
 - (2) Full 12 months; and
 - c. Consist of arterially embalming 25 bodies and assisting with 25 funerals.

Reciprocity: If the applicant has completed at least 1 year of funeral directing and embalming practice following licensure/certification in another jurisdiction, this practice is deemed equivalent to a 12-month apprenticeship.

6. **Examination:** Have successfully passed the national standardized examination developed and administered by The International Conference of Funeral Service Examining Boards **AND** receive at least a score of 75% on the Nebraska jurisprudence examination and Nebraska vital statistic forms examination.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

Nebraska Application Information – Continued

Checklist of Required Documents: Use the following checklist to help organize your application; **you must submit:**

1. **Age:** Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);

2. **Citizenship/Lawful Presence and Evidence of at least 19 years of age:**

If you ARE a U.S. Citizen, a photocopy of one of the following:

- Birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (**Hospital issued keepsake birth certificates cannot be accepted**);
- U.S. Passport (unexpired or expired);
- American Indian Card (I-872); the I-872 card is only issued to members of the Texas Band of Kickapoos;
- Certificate of Naturalization (N-550 or N-570);
- Certificate of Citizenship (N-560 or N-561);
- Certification of Report of Birth (DS-1350);
- Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- Certification of Birth Abroad (FS-545 or DS-1350);
- United States Citizen Identification Card (I-197 or I-179); or
- Northern Mariana Card (I-873).

If you ARE NOT a U.S. Citizen a photocopy of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States;
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

3. **Education:** You must submit the required official school/college/university transcript and mortuary school transcript;

4. **Examination:** A certified copy of your National Standardized Examination Scores must be sent directly from the International Conference of Funeral Service Examining Boards;

5. **Conviction Information:** If you have **EVER** had a misdemeanor or felony conviction, you must submit:

- (a) A copy of the court record;
- (b) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
- (c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries; and
- (d) If you are currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

You must list ALL misdemeanor and felony convictions (regardless of when they occurred). Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanors/felony convictions. **The following provides SOME examples of convictions; this is NOT an all-inclusive list:**

<ul style="list-style-type: none">• MIP• DUI / DWI• Controlled Substance• Open Container• Tobacco Use by Minor• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault• Disorderly Conduct / Disorderly House• Reckless Driving	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• Fail to Appear in Court• False Information or Reporting• Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Park Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks• Bad Check
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Nebraska Application Information – Continued

6. Other Licensing Information: If you current hold or have held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit verification of the license(s) (even if that license is no longer current).
- Disciplinary Action: If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.
7. License Fee: See the license application for a listing of fees. **Pay by check or money order (your cancelled check is your proof of receipt).** We are **unable to accept electronic payments.** Make payable to: Licensure Unit.
Please note: payment is processed upon receipt.

Application Processing: You can check the Licensure Unit's web site to verify receipt of your application at:
<https://www.nebraska.gov/LISSearch/search.cgi> If your record shows 'status pending' your application has been received by the Department but has not been approved.

All applications will be reviewed in date order received; you will receive an e-mail confirmation within approximately 10 days advising you that your license has been issued or that your application is deficient. If deficient, you will be informed of how to correct your application.

APPLICATION FOR A LICENSE TO PRACTICE FUNERAL DIRECTING and EMBALMING

SECTION A - PERSONAL INFORMATION			
1	You must provide your Legal Name below:		
	Legal Name	First:	Middle/MI:
	Last:		
	Maiden Name	Name:	Other Names you are known as (AKA):
2	Mailing Address	Street/PO/Route:	
		City:	State or Country:
			Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or Country):
4	Check the correct box(s) and provide your number #:	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	SSN# A# I-94 #
Neb. Rev. Stat. 38-123 mandates the disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Department of Revenue, the Department of Labor and for other Administrative purposes.			
5	Phone # (optional):	Fax # (optional):	E-Mail Address (optional):

SECTION B - LICENSE APPLICATION CATEGORY and FEES

Check the method of application below:

Initial License

Reciprocity (Licensed in Another Jurisdiction/State)

FEES:

Determine the month and year in which you plan to be licensed in Nebraska (keeping in mind application processing can take up to 3-4 weeks if you are scheduled to take the next examination)

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$25	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Odd Numbered Year	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$25	\$25	\$25	\$25	\$25

Make payable to: Licensure Unit

All Licenses expire February 1st of even numbered years

SECTION C - GENERAL EDUCATION (All applicants must complete this section)

INITIAL APPLICANTS COMPLETE THIS SECTION - COLLEGE HOURS: Applicants applying for initial licensure in Nebraska must have submitted the "Educational Review Form", and submit an official transcript verifying completion of all education. If this information is already on file, you are not required to resubmit the transcript.

<input type="checkbox"/>	Transcript already on File with the Department
<input type="checkbox"/>	Transcript Attached

The education must consist of at least 60 semester hours of college, and include the following coursework:

6 semester hours of English	6 semester hours of accounting
8 semester hours of chemistry	6 semester hours of psychology or counseling
12 semester hours of biology relating to the human body	

These hours must be earned independently from the courses/classes required for receipt of a certificate / diploma / degree in mortuary science.

RECIPROCITY APPLICANTS MUST COMPLETE SECTION D

SECTION D - RECIPROCITY

RECIPROCITY APPLICANTS – COLLEGE HOURS AND CONTINUING EDUCATION:

You must have at least 60 semester hours of college credit and be earned independently from the courses/classes required for receipt of a certificate / diploma / degree in mortuary science.

<input type="checkbox"/>	Transcript forwarded directly from the College
<input type="checkbox"/>	Transcript Attached

The education must consist of at least 60 semester hours of college, and include the following coursework:

6 semester hours of English	6 semester hours of accounting
8 semester hours of chemistry	6 semester hours of psychology or counseling
12 semester hours of biology relating to the human body	

Have you completed the specific coursework listed above: Yes No

If you have not completed the specific coursework areas, you may use 5 years of licensure experience in lieu of the specific semester hour break down, but you must still have a total of 60 semester hours of college.

RECIPROCITY APPLICANTS – PRACTICE INFORMATION:

Give location, address, and dates actively engaged in the practice of funeral directing and embalming.
(Use additional sheet if space is inadequate.)

Name and Address:	Name of Establishment:		
	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed:	From (month/day/year):	To (month/day/year):	

RECIPROCITY APPLICANTS - CONTINUING EDUCATION:

All reciprocity applicants must have completed at least 16 hours of funeral directing and embalming continuing education within the previous 24 months immediately prior to this application.

Indicate if you have completed these hours: Yes No

SECTION E - MORTUARY SCIENCE PROGRAM

MORTUARY SCIENCE PROGRAM

All applicants must complete this section and submit an Official transcript of graduation from an accredited School of Mortuary Science.

NOTE: If your official transcript is on file with our Department, you are not required to submit another transcript.

INSTITUTION Name and Address:	Name:		
	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:	Check one of the following: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree		

SECTION F - EXAMINATION

Date of National Examination:	
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SECTION G – APPRENTICESHIP

You must submit:

- Attachment 1 to verify completion of 12 months of apprenticeship.
- Attachment 2 (or have previously submitted), documenting case reports evidencing completion of at least 25 arterially embalmed bodies.
- Attachment 3, an affidavit of completion of at least 25 funeral assists.

NOTE:
Reciprocity applicants who have at least 1 year of practice following licensure in another state are not required to complete these Attachments or provides dates of apprenticeship.

Dates of 12 Month (FULL) Apprenticeship:

From: (month/day/year)	To: (month/day/year)
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Dates of 6 Month (SPLIT) Apprenticeship:

1 st 6 months	From: (month/day/year)	To: (month/day/year)
Final 6 months	From: (month/day/year)	To: (month/day/year)

SECTION H – CONVICTION AND LICENSURE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred or whether you previously listed them on a prior application); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	If YES, Type of Crime	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE:

If you have any criminal charges or license disciplinary actions pending that result in a conviction or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at: http://dhhs.ne.gov/Pages/reg_investi.aspx or by phone 402-471-0175.

LICENSURE INFORMATION: The following questions relate to a credential that you currently **hold or have held** to provide health related services in a state/jurisdiction **other** than Nebraska.

2	Do you hold or have you held an active or inactive credential in any other state(s) or jurisdiction?	If yes, what state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES, has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	Have you ever been denied the right to take a license examination?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE:

If our license has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

SECTION I - PRACTICE PRIOR TO LICENSURE

An individual who practices prior to issuance of a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000 and/or other action as provided in the statutes and regulations governing mental health practice.

1	<input type="checkbox"/> No. I have NOT practiced funeral directing and/or embalming in Nebraska without a license, apprentice license or as a student before submitting this application.	
	<input type="checkbox"/> Yes. I have practiced funeral directing and/or embalming in Nebraska without a license, apprentice license or as a student before submitting this application.	
2	If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	Number of days: Name of Business: City: Telephone #:

SECTION J – ATTESTATION

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check ONE of the boxes below*):

I attest that:

- I am a citizen of the United States;
- OR**
- I am a qualified alien under the Federal Immigration and Nationality Act.
- I am a nonimmigrant lawfully present in the United States.
- Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

Application Attestation: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
 Telephone: 402-471-4918 / FAX: 402-471-3577 / E-Mail: DDHS.Licensure2117@nebraska.gov cindy.l.kelley@nebraska.gov

NOTE: Pursuant to the Licensure Unit's record retention schedule, application materials are retained for 5 years from the date of issuance of the license and then they are destroyed; therefore, we encourage you to keep a copy of your application materials for your files.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health – Licensure Unit
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986

NOTE: Reciprocity Applicants applying for licensure in Nebraska based upon licensure in another state are **not** required to complete this form.

AFFIDAVIT OF APPRENTICESHIP AND COMPLETION OF SUPERVISED EMBALMINGS

(Print or Type)

SECTION A - PERSONAL INFORMATION

1.	Apprentice Name:	First:	Middle/MI:	Last:
2.	Funeral Establishment where Apprenticeship was completed:	Name:		
		Street/PO/Route:		
		City:	State:	Zip:
3.	Dates of Apprenticeship:	From: (month/day/year)		To: (month/day/year)
4.	Name of Supervisor:	First:	Last:	License #:

SECTION B - ATTESTATION

Supervisor must complete this section

I am the person referred to on this form as supervisor and that the statements herein are true and complete. I further verify that the attached case reports (Attachment A2) for arterially embalmed bodies were completed by the above named apprentice, under my direct supervision.

_____ (Signature of Supervisor)
 _____ date

Apprentice must complete this section

I am the person referred to on this form as an apprentice and that the statements herein are true and complete. I further verify that the attached case reports for arterially embalmed bodies, and the attached affidavit of completion of 25 funeral assists were verified by the above named supervisor, and completed by me under his/her supervision by direct oversight.

_____ (Signature of Apprentice)
 _____ date

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health – Licensure Unit

P.O. Box 94986

Lincoln, Nebraska 68509-4986

NOTE: Reciprocity Applicants applying for licensure in Nebraska based upon licensure in another state are **not** required to complete this form.

**REPORT OF ARTERIALLY EMBALMED BODY
FUNERAL DIRECTING AND EMBALMING**
Apprentices are required to complete 25 arterially embalmed bodies

(Print or Type)

SECTION A – APPRENTICE INFORMATION			
Apprentice Name:	First:	Middle/MI:	Last:
Funeral Establishment Name:			
Establishment Address:	Street/PO/Route:		
	City:	State:	Zip:

SECTION B - EMBALMING INFORMATION				
Name of Deceased:	Age:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Infant: <input type="checkbox"/>
Cause of Death:			Natural: <input type="checkbox"/>	Accidental: <input type="checkbox"/>
Condition of Body: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Mangled			Was the body shown: <input type="checkbox"/> yes <input type="checkbox"/> no	
If an Autopsy was performed, was Autopsy: <input type="checkbox"/> Complete <input type="checkbox"/> Abdominal <input type="checkbox"/> Thoracic <input type="checkbox"/> Cranial				
If death was due to contagion, how did you prepare the body for removal to the funeral establishment:				
How much actual time was spent on preparation of this body:				
Which artery(ies) did you raise:				
Which vein(s) did you raise:				

Check all services below that you completed for this embalming; date embalming completed: _____

Transported the deceased body	<input type="checkbox"/>	Bathed the body	<input type="checkbox"/>	Shampooed the Hair	<input type="checkbox"/>
Did cavity work	<input type="checkbox"/>	If male, shaved him	<input type="checkbox"/>	Posed the body	<input type="checkbox"/>
Manicured the finger nails	<input type="checkbox"/>	Dressed the body	<input type="checkbox"/>	Closed the mouth and eyes	<input type="checkbox"/>
Did the cosmetic work	<input type="checkbox"/>	Placed body in casket	<input type="checkbox"/>	Assisted with funeral	<input type="checkbox"/>

SECTION C - SIGNATURES (Apprentice and Supervisor must sign below)

Signature of Apprentice

Signature of Supervisor

License Number

Division of Public Health – Licensure Unit
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986

NOTE: Reciprocity Applicants applying for licensure in Nebraska based upon licensure in another state are **not** required to complete this form.

**AFFIDAVIT OF COMPLETION 25
 FUNERAL ASSISTS**

(Print or Type)

SECTION A - PERSONAL INFORMATION					
1.	Apprentice Name:	First:	Middle/MI:	Last:	
2.	Funeral Establishment where Apprenticeship was completed:	Name:			
		Street/PO/Route:			
		City:	State:	Zip:	
3.	Dates of Apprenticeship:	From: (month/day/year)		To: (month/day/year)	
4.	Name of Supervisor:	First:	Middle:	Last:	License #:

SECTION B - ATTESTATION

I am the person referred to on this form as supervisor and that the statements herein are true and complete.

I further verify that _____ (apprentice's name), has assisted in conducting at least 25 funerals under my supervision during the dates identified above.

Signature of Supervisor _____
 License Number

date