



**Mortuary Science Program**  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550  
Email: [Morticians@Alaska.Gov](mailto:Morticians@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/Morticians](http://ProfessionalLicense.Alaska.Gov/Morticians)

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## Embalmer License Application Instructions

AS 08.42.020(a) states in part: "A person may not engage in the practice of mortuary science or hold out as being engaged in the practice unless licensed as an embalmer or funeral director by the department."

The funeral service exam sponsored by The International Conference of Funeral Service Examining Boards is offered on an as-needed basis in Alaska. Whether applying by education or reciprocity, upon approval of the application, an applicant must also take and pass the Alaska state law examination, which covers Alaska's vital statistics and mortuary science licensing statutes; the applicant will receive study material for the state exam from the division. Only one state exam is given to both embalmer and funeral director applicants. The exams are offered in Anchorage, Fairbanks, and Juneau only.

### LICENSURE BY EDUCATION

***The following must be received by the division before your application for Embalmer License by Education can be reviewed:***

#### 1. APPLICATION

A completed application, signed and notarized (#08-2529, pages 1-4).

#### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$150.00
License Fee:	\$185.00
State Law Exam Fee:	\$100.00
<hr/>	
Total Fees Due:	\$435.00

**Note:** Applicants for both embalmer and funeral director licenses need to pay the state exam fee only once, since there is only one exam for both areas.

#### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-2529a).

#### 4. EDUCATION

Official transcript from an accredited school or college of mortuary science.

#### 5. EXAMINATION

Official copy of examination scores; an average grade on all exams of at least 75 percent with no individual subject grade of less than 70 percent is required (AS 08.42.060(b)).

- State law examination. Once an application is complete you will be contacted by this office regarding scheduling.
- International Conference of Funeral Service Examination Boards (ICFSEB). Once an application is complete, individual information will be submitted to ICFSEB. ICFSEB will contact applicants for fee payment and scheduling.

#### 6. VERIFICATION OF TRAINING

A completed Affidavit of Embalmer Apprenticeship Training (#08-2529b) verifying one year of embalmer apprenticeship training under an embalmer licensed to practice in Alaska.

## LICENSURE BY RECIPROCITY

“(a) The department may recognize the license issued to an embalmer or funeral director from another state if the applicant (1) furnishes proof satisfactory to the department that the applicant (A) has complied, in the state in which the applicant is licensed, with requirements substantially equal to the requirements of this chapter; or (B) meets the applicable requirements for the license for which the applicant is applying except for the apprenticeship and examination provisions and that the applicant is licensed in another state and has practiced mortuary science for at least one year in a state where the applicant is licensed; and (2) takes and passes the [state law] examination . . .” AS 08.42.070(a).

***The following must be received by the division before your application for Embalmer License by Reciprocity can be reviewed:***

### 1. APPLICATION

A completed application, signed and notarized (#08-2529, pages 1-4).

### 2. FEES

Fees made payable to “State of Alaska.”

Nonrefundable Application Fee: \$150.00

License Fee: \$185.00

State Law Exam Fee: \$100.00

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Total Fees Due: \$435.00

**Note:** Applicants for both embalmer and funeral director licenses need to pay the state exam fee only once, since there is only one exam for both areas.

### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-2529a).

### 4. EDUCATION

Official transcript from an accredited school or college of mortuary science.

### 5. VERIFICATION OF WORK EXPERIENCE

A completed Embalmer Work Experience Verification form (#08-2529c) sent directly from one or more former employers as proof of at least one year of active licensed practice in a state where applicant is licensed.

– or –

#### VERIFICATION OF TRAINING

A completed Affidavit of Embalmer Apprenticeship Training (#08-2529b) verifying one year of embalmer apprenticeship training under an embalmer licensed to practice in Alaska.

### 6. VERIFICATION OF LICENSURE

A completed Verification of Embalmer Licensure form (#08-2529d) sent directly from each state in which you hold or have held a license as an embalmer. Applicant must be currently licensed in at least one state to qualify for licensure by reciprocity.

**Sec. 08.42.200. Definitions.** In this chapter,

(1) “department” means the Department of Commerce, Community, and Economic Development;

(2) “funeral establishment” means every place devoted to or used in the care and preparation for disposition of dead human bodies, or as the office or place for carrying on the profession of mortuary science, or for any combination of these;

(3) “mortuary science” means embalming of dead human bodies, taking charge of the remains of those dead of a communicable disease, or preparing dead human bodies for shipment, directing or supervising funerals;

(4) “trainee” means a person who has met the qualifications set out in AS 08.42.085(a) and is engaged in learning the practice of embalming under the direction and control of a person properly licensed to practice embalming, or a person who has met the qualifications set out in AS 08.42.085(b) and is engaged in learning the practice of funeral directing under the direction and control of a person properly licensed to practice funeral directing

## General Information

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### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **LICENSE TERM:**

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

### **PROFESSIONAL FITNESS QUESTIONS:**

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **RANDOM AUDIT:**

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### **BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

**STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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**Embalmer License Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$150.00</b>
	<input type="checkbox"/> License Fee	<b>\$185.00</b>
	<input type="checkbox"/> State Law Exam Fee	<b>\$100.00</b>

**PART II Personal Information**

<b>Full Legal Name:</b>			
<p><b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>	<b>Date of Birth:</b>		
<p><b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
<b>Email Address:</b>	<b>Select One:</b> <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail		
<p><b>Note: If both boxes are selected above, you will receive correspondence electronically.</b></p>			
<p><b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

### PART III Educational History

List accredited school or college where mortuary science training was received; have official transcripts sent directly to the Division of Corporations, Business and Professional Licensing.

Name of School	Location	Attended From (mm/yyyy)	Attended To (mm/yyyy)	Degree/Year or Number of Hours

### PART IV Professional License(s)

Please list all current and previous embalmer licenses held in any state, territory, or country; have verifications completed by issuing agencies and sent directly to the Division of Corporations, Business and Professional Licensing.

Check here if none.

State or Jurisdiction	License Number	Issue Date	Status (Active, Lapsed)	Issued By (Exam, Reciprocity)

### PART V Practice/Apprenticeship History

List employment and/or private practice work experience as an embalmer since first being licensed anywhere; if applying by "education," the apprenticeship training must have been at least one year of training under the supervision of an embalmer licensed in Alaska (verification required).

Employer/Associate	Address	Dates of Employment	Position	Full or Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

## PART VI Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

1. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  Yes  No

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2. Are you aware of any investigations against you, in any state, jurisdiction or in Canada?  Yes  No

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3. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No

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4. Are your rights to obtain or exercise the privileges granted by an embalmer license currently revoked or suspended in this state, another state, or Canada?  Yes  No

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5. Have you ever secured or attempted to secure a permit/license through deceit, fraud, or intentional misrepresentation?  Yes  No

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6. Have you ever failed to comply with a Board or Division order?  Yes  No

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7. Have you ever engaged in misrepresentation or fraud in the practice of mortuary science?  Yes  No

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8. Have you ever engaged in false or misleading advertising?  Yes  No

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9. Have you aided and abetted an unlicensed person to practice mortuary science?  Yes  No

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10. Have you used a casket or part of a casket which has been previously used as a receptacle for the burial or other final disposition of another dead human body?  Yes  No

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11. Have you refused to promptly surrender the custody of a dead human body upon the order of the person lawfully entitled to custody?  Yes  No

**PART VI Professional Fitness Questions (continued)**

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

**When in doubt, disclose and explain.**

12. Have you ever engaged in the solicitation of a dead human body after death, or while death is impending? This does not prohibit advertising or sales made on a pre-need basis.  Yes  No

13. Have you employed any person for the purpose of calling upon individuals or institutions to influence them to turn over a dead human body to a particular licensee before an impending death or after death?  Yes  No

14. Have you made direct or indirect payment, or offer of payment, for the purpose of obtaining a dead human body immediately before an impending death or after death?  Yes  No

15. Have you engaged in solicitation or acceptance of any payment for recommending or causing a dead human body to be disposed of in a specific crematory, mausoleum or cemetery immediately before an impending death or after death? This does not prevent the recommendation or solicitation for sales of space or merchandise in a specific crematory, mausoleum or cemetery, if the licensee has an ownership interest in the specific crematory, mausoleum or cemetery and the ownership interest is disclosed at the time of the solicitation, recommendation or sale.  Yes  No

16. Have you violated any state law or regulation, municipal ordinance or regulation, federal law or regulation affecting the disposition of a dead human body, or contracts relating to the disposition of a dead human body?  Yes  No

17. Have you violated any provisions of AS 08.42?  Yes  No

18. Have you been or are you currently being treated for bipolar disorder, schizophrenia, paranoia, Psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness?  Yes  No

19. Have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates or habit-forming drugs?  Yes  No

20. Have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to provide mortuary services?  Yes  No

"Yes" Answers

If you answered "yes" to questions 18, 19, or 20, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely provide mortuary services. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.





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**Notary Signature Page**

**PART VII Notarized Signature**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of an Embalmer License.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>		<b>Date of Birth:</b>	
<b>Email:</b>			
<b>Signature:</b>		<b>Date Signed:</b>	



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## Affidavit of Embalmer Apprenticeship Training

This form must be completed and signed by the licensed embalmer who supervised the training. Please type or print the requested information. Training verified by the supervisor must have been done within the time frame of a valid trainee permit and in accordance with 12 AAC 50.200.

### PART I Training Information

<b>Trainee Full Name:</b>			
<b>Trainee Permit Number:</b>		<b>Permit Issue Date:</b>	
<b>Establishment Where Training Was Received:</b>			
<b>Address:</b>	Street	City	State Zip
<b>Supervisor Name:</b>		<b>Supervisor License Number:</b>	
<b>Training Begin Date:</b>		<b>Training End Date:</b>	
<b>Actual training completed (you must state type and number of embalmings, removals, or other duties performed):</b>			

### PART II Notarized Signature

I certify that the aforementioned trainee was under my direct supervision and satisfactorily completed the embalmer apprenticeship requirements of AS 08.42 and 12 AAC 50. I further certify that s/he completed at least 24 embalmings of dead human beings during the period specified above (dates - minimum one year) and that the apprentice-ship consisted of at least 30 hours of training per week, excluding up to 30 days of leave time allowed under 12 AAC 50.200(e).

- OR -

The apprenticeship training was terminated before completion of the full period; I supervised training from the above dates and listed above are the requirements the trainee completed during that period.

Notary Stamp	<b>Supervisor Signature:</b>		<b>Date Signed:</b>	
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	

**12 AAC 50.200. APPRENTICESHIP TRAINING.**

(a) Apprenticeship training must be provided by a sponsor approved under 12 AAC 50.100.

(b) A funeral director trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

- (1) assisting or participating in the preparation of at least 24 funerals, including all necessary documentation required by law;
- (2) assisting in the arrangement of a selection room, including buying, pricing, and providing a description of each casket.

(c) An embalmer trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

- (1) assisting in the preparation and embalming of at least 24 deceased human bodies, including cosmetic application, dressing, and casket preparation;
- (2) making removals of human bodies.

(d) Each embalmer and funeral director trainee shall submit case reports on forms provided by the department, for each of the 24 funerals or embalming required in (b) or (c) of this section. Unless the department finds good cause to grant an extension under this subsection, six case reports shall be submitted every three months and shall be signed by the trainee and the sponsor. If a trainee is unable to complete six case reports in a three-month period, the trainee shall submit the case reports that were completed and a written request for an extension explaining why the trainee was unable to complete all six cases within the time period specified under this section. The department will grant the request for an extension if it finds good cause outside of the control of the trainee.

(e) An apprenticeship must consist of training of a minimum of 30 hours per week, excluding up to 30 days of leave time per year for the trainee.

(f) Apprenticeship training as a funeral director or embalmer may be earned concurrently. If the training is not completed within one year, the trainee may apply for renewal of the permit for one year under AS 08.42.085(c).

(g) Upon completion of the apprenticeship training, the sponsor shall complete an affidavit on a form provided by the department, stating that the trainee has satisfactorily completed the apprenticeship requirements of AS 08.42 and this chapter under the sponsor's direct supervision. If the apprenticeship training is terminated before completion of the apprenticeship, the sponsor shall complete an affidavit on a form provided by the department, stating what requirements of AS 08.42 and this chapter that the trainee completed under the sponsor's direct supervision.



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## Embalmer Work Experience Verification (Reciprocity Applicants Only)



**Applicant:**

Please complete the identifying information below and forward a copy of this form to a current or former employer(s) who supervised you in a funeral home or other mortuary establishment. The information requested below must be verified by the supervising employer. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>		<b>Social Security Number:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Employment Begin Date:</b>		<b>Employment End Date:</b>	
<b>Applicant Signature:</b>		<b>Date Signed:</b>	



**Employer:**

Please complete this bottom part for the applicant identified above and return the form directly to the Mortuary Science Program at the letterhead address. The verification is not to be returned to the applicant.

<b>Employee Position:</b>			
<b>Supervised Employee from Date:</b>		<b>Supervised Employee to Date:</b>	
<b>Funeral Establishment Name:</b>		<b>Location Where You Supervised Employee:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip

You must provide details regarding the employee's responsibilities or other pertinent information, including disciplinary information, if any. AS 08.42.070(a)(1) requires documentation of a minimum of one year of active, licensed practice in mortuary science in a state where the applicant is/was licensed.

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## Notarized Signature

Notary Stamp	<b>Supervisor Printed Name:</b>		<b>Title:</b>	
	<b>Supervisor Signature:</b>		<b>Date Signed:</b>	
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



THE STATE  
of

**ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**Mortuary Science Program**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [Morticians@Alaska.Gov](mailto:Morticians@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/Morticians](http://ProfessionalLicense.Alaska.Gov/Morticians)

## Verification of Embalmer Licensure



### Applicant:

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed as an embalmer. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	



### Licensing Agency or State Board:

Please complete this bottom part for the applicant identified above and return the form directly to the Mortuary Science Program at the letterhead address or email the completed form to [morticians@alaska.gov](mailto:morticians@alaska.gov). The verification is not to be returned to the applicant. In lieu of this form, the State of Alaska will accept a standard computer verification that provides approximately the same information.

<b>Licensee Name:</b> (As Shown in Your Records)		<b>State or Jurisdiction:</b>	
<b>License Number:</b>		<b>License Status:</b>	
<b>Issued By:</b>	<input type="checkbox"/> Exam (Date: _____) <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Please Specify): _____		
<b>Status:</b>	<input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Please Specify): _____		
<b>Original Issue Date:</b>		<b>Expiration Date:</b>	

1. If licensed by examination, was the examination provided by the International Conference of Funeral Service Examining Boards (ICFSEB)?     Yes     No

2. If yes to #1 above, Alaska requires a passing score of 75%. Please provide the score for the following sections:

Arts: \_\_\_\_\_      Sciences: \_\_\_\_\_

3. If no to #1 above, was the examination a state examination or provided by another testing service?     Yes     No

Title of Exam: \_\_\_\_\_

Board Seal	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b>			
<b>When in doubt, disclose and explain.</b> <b>Make copies as necessary.</b>			

**Did you attach all applicable documents associated with this incident?**

- Court orders     
  Consent agreements     
  Disciplinary actions     
  Charging documents  
 Court records     
  Fitness to practice     
  All other documentation related to this incident  
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>PL Code:</b>	
<b>Signature:</b>		<b>Date:</b>	

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**





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FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>