ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

CREMATORY RETORT OPERATOR TRAINING - COMPLETION INSTRUCTIONS

PLEASE CHECK THAT ALL OF THE FOLLOWING ITEMS ARE ENCLOSED:

- ❑ **$50.00 Training Application Fee** (Business Check, Cashier's Check, or Money Order – NO CASH). You may pay by card over the phone or in the office, please contact us.
- ❑ **A color copy of your Driver's License or other Photo ID.** (Scan and e-mail to AID.EFD@arkansas.gov)
- ❑ A copy of your High School Diploma (from an accredited high school), or a certified transcript with the date of graduation, or certificate of equivalency issued by the public-school system or the military service, or a certified transcript from an accredited college or university.
- ❑ An **CRO application form** is to be completed for each location at which you are receiving training as a Crematory Retort Operator. The application must be fully completed, signed, and notarized.
- ❑ A **Statement of Training** form is to be completed for each location at which you are receiving training as a Crematory Retort Operator. The statement must be fully completed, signed, and notarized.
- ❑ **$22.00 Arkansas State Police Background Check Fee**. Applicants must complete the Background Check Form (ASP-122) and submit them with the application.

- ❑ **Make payments payable to the following: Arkansas Insurance Department and mail all together to address below. Please send Business Check, Cashier's Check, or Money Order for the total amount due. No personal checks accepted or call to pay by card.**

If you have any questions regarding the completion of these forms or the documentation requirements, you may e-mail us at AID.EFD@arkansas.gov.

If any of the above-referenced items are not enclosed with the application paperwork, it will result in a delay in the processing of your application. In some cases, it may result in your application being returned.

For more information, please visit our webpage on the Arkansas Insurance Department's website at:

https://insurance.arkansas.gov/industry-regulation/funeral-services/embalmers-funeral-directors/licensing/

Return Application Paperwork To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov

ARKANSAS INSURANCE DEPARTMENT
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CREMATORY RETORT OPERATOR – TRAINING REGISTRATION

FEE DUE:

Application Fee: $50.00 ◄ Due at time of application

Have you ever been convicted of a felony? ❑ YES ❑ NO
If "YES," please attach an explanation to this application form.

[For Office Use Only]
No.: _____
Date Issued: _____

I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** to be registered as a Crematory Retort Operator Trainee. I submit the following information.

Name: _____ **Soc. Sec. No.:** _____

Address: _____ **DOB:** _____
P.O. Box/Street City State Zip County

Gender: ❑ **Male** ❑ **Female** **Cell Phone:** (____)_____ **Work Phone:** (____)_____

E-Mail Address: _____

❑ **I have completed a High School course of education at:** _____
Name of School

******* Attach a photocopy of your High School Diploma or Equivalent *******

I will be employed by: _____
Name of Funeral Home

Mailing Address: _____
P.O. Box/Street City State Zip

I will be trained under the following licensed Crematory Retort Operators:

Name of CRO	Board ID # - CRO.	Address
Name of CRO	Board ID # - CRO	Address
Name of CRO	Board ID # - CRO.	Address
Name of CRO	Board ID # - CRO	Address

I hereby certify that all information and statements contained within this application are true, to the best of my knowledge and belief.

_____ _____
Applicant Signature Application Date

NOTARY PUBLIC: [Notary Stamp or Seal]

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

_____ _____
Notary Public Signature *Commission Expiration Date*

Mail Completed Application To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov

PLEASE READ INSTRUCTIONS SHEET AND INCLUDE ALL REQUIRED MATERIALS WITH THE APPLICATION.

ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

STATEMENT OF TRAINING

_____ Funeral Home/Crematory ("the Company"), Board ID # _____, certifies that _____ is a **crematory retort operator in training** for the Company. Both parties understand that one, or both, must inform the **State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** within thirty (30) days of termination of the above-named trainee, if his/her termination occurs prior to the completion of the training.

In accordance with **17 CAR § 30-207** the trainee shall be trained for a period not to exceed six (6) months.

_____ _____ _____

Funeral Home/Crematory Manager Signature *Crematory Retort Trainee Signature* *Date*

NOTARY PUBLIC: [Notary Stamp or Seal]

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

_____ _____

Notary Public Signature *Commission Expiration Date*

Return To: Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov

Fee $22.00

ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

Identification Bureau
Individual Record Check Request Form

Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter ☐

Full Name: _____
Last name *First name* *Middle name* *Jr/Sr/III*

_____ Daytime Phone #: (____) _____
*List **ALL** other names ever used (married, maiden, shortened, etc)*

Date of Birth: _____ State of Birth: _____Race: _____Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Physical Address: _____
Street

_____
City *State* *ZIP*

Mailing Address: _____
Street or P.O. Box

_____
City *State* *ZIP*

APPLICANT RECORD NOTIFICATION

Change, Correction, or Updating: *Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code §12-12-1013.*

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ Date: _____
(First/MI/Last Name) *Month/Day/Year*

Release to: **Arkansas Insurance Department | Funeral Services Division**
(First/MI/Last Name) or Full Name of Agency

Mailing Address: **1 Commerce Way, Suite 502**
Street

Little Rock **Arkansas** **72202**
City *State* *ZIP*

Daytime Phone #: (**501**) **682-0574**

THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

_____
Notary Public

☐ 82005 State Record Check

A.C.A. § 17-29-314

Current through all laws of the 2018 Fiscal Session and 2018 Second Extraordinary Session, including changes and corrections by the Arkansas Code Revision Commission.

- Arkansas Code Annotated
- Title 17 Professions, Occupations, and Businesses
- Subtitle 2. Nonmedical Professions
- Chapter 29 Embalmers, Funeral Directors, and Funeral Establishments
- Subchapter 3-- Embalmers and Funeral Directors Law -- Licensing

Notice

Second of 2. This section has more than one version with varying effective dates.

Second of 2 versions of this section

17-29-314. Crematory retort operator -- Qualifications. [Effective July 1, 2018.]

(a) A person who desires to have a license as a crematory retort operator in this state shall:
(1) Be at least eighteen (18) years of age;
(2) Have received a high school diploma or a Certificate of General Educational Development;
(3) Make written application to the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services and attach the fee prescribed by the board;
(4) Take and pass the appropriate exams as determined by the board; and
(5) Provide the information required by the board.
(b) Application for a crematory retort operator license shall be made on forms furnished by the board.
(c) Each crematory retort operator shall be required to submit initial United States Occupational Safety and Health Administration blood-borne pathogen training.
(d) (1) The board shall grant the application if the board finds that the applicant:
(A) Possesses a knowledge of the operation of a crematorium retort; and
(B) Meets the qualifications under this section.
(e)
(1) The board may require an applicant for licensure as a crematory retort operator to successfully complete up to twenty (20) hours of classroom instruction in crematory operation practices and ethics, and laws and rules affecting cremations and operating a crematory retort.
(2) The board shall approve all courses that satisfy this requirement.
(f) Within a reasonable amount of time after the effective date of this subchapter, a crematory retort operator who is operating a crematory retort in this state shall be licensed as determined by rules of the board.

History

Acts 2015, No. 1095, § 38; 2017, No. 788, § 24.

17 CAR § 30-207. Crematory retort operator.

(a) Any person desiring to become licensed as a crematory retort operator in this state shall be at least eighteen (18) years of age and have received a high school diploma or a Certificate of General Educational Development.

(b)(1) The applicant shall make written application to the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services on forms provided by the board.

(2) The application shall be accompanied by the required fee.

(c) The applicant shall also take and pass the appropriate examinations as determined by the board, and provide any additional information required by the board.

(d) The license shall be granted to the applicant if he or she possesses a knowledge of the operation of a crematory retort and meets the qualifications for the licensing thereof.

(e) At least thirty (30) days prior to the operation of a crematory, any person intending to own or operate a crematory shall apply for a crematory retort operator license by submitting an application accompanied by the required fee.

(f) All persons who operate the retort in a crematory shall have received certification by one (1) of the following:

(1) Cremation Association of North America;

(2) The International Cemetery, Cremation, and Funeral Association;

(3) National Funeral Directors Association; or

(4) Any other certification approved by the board.

(g)(1) Prior to operating a retort, the operator shall become licensed.

(2) Every crematory retort operator shall obtain training from an approved provider and a certificate of initial training by the retort manufacturer, when applicable.

(3) A copy of the certificate of training shall be submitted to the board upon completion of the training.

(4) A copy of the certificate shall also be maintained on-site at the crematory, and it shall be subject to inspection by the board.

(h) The initial certification for a retort operator must be completed on-site by the manufacturer or another licensed retort operator.

(i)(1) Persons receiving training toward certification to operate a retort shall be allowed to work under the supervision of an operator who holds a certification and license.

(2) The length of time the person receiving training can work under the supervision of an operator shall not exceed six (6) months.

(j) All persons applying for licensure must submit Occupational Safety and Health Administration bloodborne pathogen training with their initial application.

(k) Crematory operation certifications must be posted in the crematory and available for inspection at any time.

(l) Any employees of a crematory required to be certified under this section and retained prior to the effective date of this part shall be certified within one (1) year of such effective date.