

Licensing

New Licenses

Embalmer License Requirements

1. Have you passed the ARLRR exam?
2. Have you passed both sections of the NBE (Sciences and Arts)?
3. Have you completed a 12-month Apprenticeship?
4. Have you completed 50 embalming cases and been notified that you have completed them?
5. Have you graduated mortuary school and requested; an official transcript be sent to the Board?
6. If you answered **yes** to all of these questions, you may proceed with the application process.
7. Complete the **Embalmer License Application**.
8. Complete the **ASP-122 Background Request**.
9. Submit a cashier's check, money order, or business check in the amount of \$32.00.



**ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS**

EMBALMER – INITIAL LICENSE INSTRUCTIONS/CHECKLIST

PLEASE CHECK THAT ALL OF THE FOLLOWING ITEMS APPLY AND/OR ARE ENCLOSED:

- Have you passed the Arkansas Laws, Rules, and Regulations “ARLRR” Exam?
- Have you passed both sections of the NBE exam (Sciences and Arts)?
- Have you completed a 12-month apprenticeship? **(A.C.A. §17-29-301)**
- Have you completed 50 embalming cases and received an email by Board Staff notifying you they are completed?
- Have you graduated mortuary school and requested an official transcript be sent to the Board?
- If you have answered **yes** to all the above questions, you may proceed with the application process.

APPLICATION PROCESS

- Submit a completed **Embalmer Initial License application.**
- Enclose a **\$10.00 Application Fee** Business Check, Cashier’s Check, or Money Order – NO Cash or Personal Checks)
- Applicants must complete the Background Check Form (ASP-122) and **submit a payment in the amount of \$22.00** (Business Check, Cashier’s Check, or Money Order – NO Cash or Personal Checks)
- The total payment due of \$32.00 is payable to the Arkansas Insurance Department and should be mailed all together to address below.**

ELECTRONIC SUBMISSIONS ARE NOT ALLOWED.

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.

Return Application Paperwork and Fees 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

A.C.A. § 17-29-301

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

17-29-301. Embalmers -- Qualifications. [Effective July 1, 2018.]

(a) A person who desires to practice the science of embalming in this state shall:

- (1) Be at least eighteen (18) years of age;
- (2) Be a graduate of an accredited high school or the equivalent thereof;
- (3) Be a graduate of a school of mortuary science that is accredited by the American Board of Funeral Service Education or approved by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services;
- (4) Make a written application to the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services attaching the fee as prescribed by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services;
- (5) Have served as a registered apprentice embalmer for not less than twelve (12) months in the State of Arkansas under the direct personal supervision of an Arkansas-licensed embalmer and submit at least fifty (50) case reports to the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services;
- (6) Take and pass both parts of the National Board Examination, if required by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services;
- (7) (A) Take and pass an examination approved by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services that covers:
 - (i) Arkansas law; and
 - (ii) Rules deemed necessary by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services.(B) To be eligible to take the examination under subdivision (a)(7)(A) of this section, an applicant shall be an active apprentice who is currently registered with the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services; and
- (8)
 - (A) Undergo and pass a criminal background check conducted by the Department of Arkansas State Police.
 - (B) The State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services may charge and collect a processing fee in an amount necessary to recover the cost imposed by the department for the criminal background check under subdivision (a)(8)(A) of this section.
- (b)
 - (1) A person desiring to engage in the science of embalming in this state, in addition to graduating from an approved college of mortuary science recognized by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services, shall serve an apprenticeship of one (1) year in the State of Arkansas under an embalmer licensed by the State Board of Embalmers, Funeral Directors,

Cemeteries, and Burial Services and shall assist in the preparation of at least fifty (50) bodies under the direct supervision of an Arkansas-licensed embalmer.

(2)

(A) This apprenticeship shall be registered with the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services on applications provided by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services.

(B) Individual case reports shall be signed by both the apprentice and the licensed embalmer under whose supervision the work was done and filed with the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services by the tenth day of the following month.

(3)

(A) An apprenticeship under this subsection may begin not more than twelve (12) months before enrollment in an accredited college of mortuary science or by submitting proof of graduation from an accredited college of mortuary science.

(B) If an apprentice fails to enroll in an accredited college of mortuary science as required under subdivision (b)(3)(A) of this section, the apprenticeship shall be terminated for a period to be determined by rule of the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services.

(c) The State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services may suspend or revoke the apprenticeship of an applicant who violates a provision under this subchapter.

History

Acts 1983, No. 325, §§ 4, 5; A.S.A. 1947, §§ 71-904, 71-905; Acts 1997, No. 839, § 3; 1999, No. 1138, § 2; 2001, No. 792, § 1; 2003, No. 367, § 1; 2015, No. 1095, §§ 14, 15; 2017, No. 788, § 6.



**ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS**

EMBALMER LICENSE – APPLICATION

APPLICATION FEE DUE: \$10.00 (Due at time of application)

IMPORTANT: The way you list your **name, city, county,** and **state** in this section will be how those items will appear on your license.

Full Name (First, MI, Last): _____

City and State of Residence: _____ **County of Residence:** _____
City State

Have you been convicted of a felony, since the issuance of your last license or registration? YES NO. If "YES," please attach an explanation to this application form. Include the state, county, crime, approximate date of conviction, and your name at the time of conviction.

I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** to be licensed as an Embalmer. I submit the following information.

Gender: Male Female **DOB:** _____ **Soc. Sec. No.:** _____

Cell Phone: (____) _____ **Work Phone:** (____) _____
Funeral Home Phone No.

E-Mail Address: _____

Applicant's Physical Address:

Number/Street City State ZIP Code County

Applicant's Mailing Address: [If different from the Physical Address listed above]

Number/Street/P.O. Box City State ZIP Code County

I will be employed by: _____
Name of Funeral Home

Funeral Home Mailing Address:

Number/Street/P.O. Box City State ZIP Code

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 72202-2082
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov

