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 in accordance with (**A.C.A. §17-29-301 (a)(5)**?
- ❑ Have you completed 50 embalming cases and received an email by Board Staff notifying you they are completed?
- ❑ Have you graduated from 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.**
- ❑ Applicants must complete an Arkansas State Police Background Check Form (ASP-122).
- ❑ **The total payment due of $32.00 is payable to the Arkansas Insurance Department with a business check, cashier's check, or money order. We can accept a credit or debit card over the phone or in the office. Please contact us for information.**

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

ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

EMBALMER LICENSE – APPLICATION

[For Office Use Only

License No. _____

Date Issued: _____

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 a Funeral Director. 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 72202-2087
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. § 17-29-301

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.