

Licensing

New Licenses

Funeral Director License Requirements


1. Have you passed the ARLRR exam?
2. Have you completed an 18-month Apprenticeship?
3. Have you completed 50 funeral directing cases and been notified that you have completed them?
4. Have you completed 6 hours of education from the approved list? **A.C.A. §17-29-302 Approved Courses**
5. If you answered **yes** to all of these questions, you may proceed with the application process.
6. Complete the **Funeral Director License Application**.
7. Complete the **ASP-122 Background Request**.
8. Submit a cashier's check, money order, or business check in the amount of \$32.00.
9. Submit your certificates of education completion.

A.C.A. § 17-29-302

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

17-29-302. Funeral directors -- Qualifications. [Effective July 1, 2018.]

- (a) A person who desires to engage in the business of funeral directing 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)
 - (A) Have served as an apprentice funeral director for not less than eighteen (18) months in the State of Arkansas under the direct personal supervision of an Arkansas-licensed funeral director.
 - (B) Completion of the requirement to be a graduate of a school of embalmers as set forth in § 17-29-301(a)(3) may be substituted for six (6) of the eighteen (18) months' apprenticeship established in this section;
 - (4) Make application to the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services and attach the fee;
 - (5)
 - (A) Take and pass all examinations approved and required by the board.
 - (B) To be eligible to take the examination under subdivision (a)(5)(A) of this section, an applicant shall be an active apprentice who is currently registered with the board; and
 - (6)

(A) Undergo and pass a criminal background check conducted by the Department of Arkansas State Police.

(B) The board 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)(6)(A) of this section.

(b) (1) (A) A person desiring to engage in the business of funeral directing in this state shall serve an apprenticeship in this state for at least eighteen (18) months.

(B) An apprentice shall:

(i) Register with the board on forms provided by the board and by attaching the fee as prescribed by the board;

(ii) Upon registration with the board, be supervised by a funeral director licensed by the board;

(iii) Actively assist in arranging fifty (50) services as determined by rule of the board; and

(iv)

(a) By the tenth day of the following month, file with the board individual case reports of services arranged by the apprentice.

(b) A case report under subdivision (b)(1)(B)(iv)(a) of this section shall be signed by the apprentice and the licensed funeral director under whose supervision the work was performed.

(2) Before an apprenticeship under this section begins, a licensed funeral director who is supervising an apprenticeship shall record a notice of the apprenticeship with the board.

(3) The board may suspend or revoke an apprenticeship under this section for a violation of this subchapter or § 23-61-1101 et seq.

(4) A person who is currently in an apprenticeship under this section shall be subject to the provisions in this section concerning an apprenticeship as determined by rules of the board.

(c)

(1) The board shall require applicants for licensure as funeral directors to successfully complete up to twenty (20) hours of classroom instruction in funeral service practices and ethics, laws, and rules affecting funeral service.

(2) Only courses of instruction approved by the board shall satisfy the requirement under subdivision (c)(1) of this section.

History



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

**FUNERAL DIRECTOR – 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 completed an 18-month Apprenticeship? (A.C.A. §17-29-302)
[https://insurance.arkansas.gov/uploads/pages/a.c.a.17-29-302_funeral_directors -
_qualifications_revised_2022_01.pdf](https://insurance.arkansas.gov/uploads/pages/a.c.a.17-29-302_funeral_directors_-_qualifications_revised_2022_01.pdf)
- Have you completed 50 funeral directing cases and received an email by Board Staff notifying you they are completed?
- Have you completed six (6) hours of education from the approved list?

- If you have answered **yes** to all the above questions, you may proceed with the application process.

APPLICATION PROCESS

- Submit a completed **Funeral Director Initial License application**.

- Enclose a **\$10.00 Initial 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) _____
- Submit copies of your certificates of completion (6 Hours) in Funeral Service practices and ethics, laws, and rules affecting funeral service.
- 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



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

INITIAL FUNERAL DIRECTOR 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 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

