

KANSAS

RECIPROCAL LICENSURE

APPLICATION

Reciprocal Fee: \$350
Funeral Director Examination Fee: \$200
 (if applying for a Reciprocal Funeral Director license.)
Rulebook: \$5 (also available on web site at no cost)
 Date mailed by KSBMA: _____
 Date received by KSBMA: _____
ALL FEES ARE NONREFUNDABLE

Please check the Reciprocal license(s) you are applying for: **EMBALMER** _____
FUNERAL DIRECTOR _____

Your full name: _____
(First Name) (Middle Initial) (Last Name)

Address: _____ City: _____

County: _____ State: _____ Extended zip code: _____ - _____

Daytime phone: (____) _____ - _____ Social Security Number: _____

E-mail address: _____ Cell phone: (____) _____

K.S.A. 74-139 states that upon request of the director of taxation, the board is required to provide a listing of all applicants, their social security numbers and addresses.

List your current state of licensure: _____
(Name of State)

Type of license: _____ Date issued by state: _____ # _____
(EXAMPLE: embalmer, funeral director...) (month, day, year) (license number)

Expiration date: _____

Type of license: _____ Date issued by state: _____ # _____
(EXAMPLE: embalmer, funeral director...) (month, day, year) (license number)

Expiration date: _____

Are these licenses current and active? Please check one: Yes _____ No _____

If you are currently licensed in another state(s) other than the above, please list name of state, date of licensure, type of license and license number:

(State) (Licensure Date) (Type of License: embalmer, funeral director...) (License Number)
 Expiration date: _____

(State) (Licensure Date) (Type of License: embalmer, funeral director...) (License Number)
 Expiration date: _____

(State) (Licensure Date) (Type of License: embalmer, funeral director...) (License Number)
 Expiration date: _____

board should any of the above mentioned situations occur during the time frame in which this document is submitted and up until/including your renewal due date or licensure eligibility date.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature of licensee/applicant County Social Security Number Date

***REMEMBER:* To include documentation (including proof of rehabilitation) if you have checked the above line.**

Failure to date and sign this document will result with the board being unable to complete processing of this application.

This application, appropriate fees (a \$350 reciprocal application fee and an additional \$200 examination fee if applying for a funeral director license), college transcripts, state board verification (a separate form that must be mailed **DIRECTLY** by your current state(s) of licensure to the Kansas state board) and (if applying for a reciprocal embalmer license) a copy of test results from the International Conference of Funeral Service Examining Boards must reach the Kansas State Board of Mortuary Arts by the 15th of the month **PRIOR** to a scheduled board meeting. Kansas meetings are held quarterly: January, April, July and October. Filing deadlines are December 15, March 15, June 15 and September 15. When applying for a reciprocal embalmer license if you did not take the Conference examination, then verification of state test results must be supplied by your current (preferably original) state of licensure. Kansas rulebooks are available for \$5.00 each or can be printed directly from our website at no cost.

The Kansas State Board of Mortuary Arts
700 SW Jackson St., Suite #904
Topeka, Kansas 66603-3733
Phone: (785) 296-3980
FAX: (785) 296-0891--original hard copies must also be provided
Email: boma1@ksbma.state.ks.us
Web site: www.Kansas.gov/ksbma/

ALL FEES PAID ARE NON-REFUNDABLE

Last Updated: **Tuesday, January 3, 2006**

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