

**APPLICATION FOR EMBALMER
AND FUNERAL DIRECTOR LICENSE**



**GEORGIA STATE BOARD OF FUNERAL SERVICE
237 COLISEUM DRIVE
MACON, GA 31217**

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

Embalmer and Funeral Director licenses expire on March 31 of even years; therefore, while the licenses are valid for two years, your initial license granted from this application may be valid for a shorter period of time due to the relation between the date the initial license is issued and the expiration date for all licenses.

Application fees are non-refundable.

The application is divided into three sections:

Section A is to be prepared by all applicants.

Section B is to be prepared by applicants for initial licensure as embalmer &/or funeral director.

Section C is to be prepared by applicants for reinstatement of lapsed license(s).

The Certificate of Embalming Education is to be mailed to the school where education was received by applicants for initial licensure only. The school will mail the completed certificate to the applicant in a sealed envelope. The sealed envelope must be submitted by the applicant with this application.

The Application for Georgia Laws & Rules Examination is included in this application package for applicants for initial licensure who have not taken the exam previously, and for applicants for reinstatement of license(s) that have expired for two licensing cycles, which is four (4) years or longer. The \$35.00 fee for the examination is not included in the application fee for the license(s).

If the applicant desires a decorative wall certificate for the license(s), an application for a decorative wall certificate is available on the Board website. The application may be submitted after the issuance of the license(s). Please see Fee Schedule for the appropriate fee.

All required sections of the application must be completed, signed and notarized in the appropriate places.

Applicants for initial licensure should not submit page 6 (Section C).

Applicants for reinstatement of licensure(s) should not submit page 5 (Section B).

Applicants for reinstatement of license(s) must submit a copy of their certificate of continuing education attendance within the previous two years, in order to be considered for reinstatement by the Georgia State Board of Funeral Service.

If any questions on page 4 of the application are answered "Yes," certified documentation must be included with the application. Failure to provide the certified documentation will result in delays in the processing of the application, and may result in denial of the application by the Georgia State Board of Funeral Service.

GEORGIA STATE BOARD OF FUNERAL SERVICE

FEE SCHEDULE

FUNERAL ESTABLISHMENT AND CREMATORY

INITIAL APPLICATION FEE - FUNERAL ESTABLISHMENT	\$150.00
INITIAL APPLICATION FEE - CREMATORY	\$150.00
RENEWAL - IF RECEIVED ON OR BEFORE JUNE 30 OF THE RENEWAL YEAR	\$140.00
LATE RENEWAL - RECEIVED BETWEEN JULY 1 AND JULY 31 OF THE RENEWAL YEAR	\$390.00
CHANGE ESTABLISHMENT NAME	\$150.00
CHANGE OF ESTABLISHMENT LOCATION/ADDRESS	\$150.00
CHANGE OF FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE	\$ 50.00
CHANGE OF OWNERSHIP	NO FEE
RE INSPECTION, IF INITIAL INSPECTION IS FAILED	\$100.00

APPRENTICESHIP REGISTRATION

INITIAL APPLICATION FEE	\$ 40.00
RENEWAL - IF RECEIVED ON OR BEFORE MARCH 31 OF THE RENEWAL YEAR	\$ 70.00
LATE RENEWAL - RECEIVED BETWEEN APRIL 1 AND APRIL 30 OF THE RENEWAL YEAR	\$140.00
REINSTATEMENT OF APPRENTICESHIP REGISTRATION (AT THE BOARD'S DISCRETION)	\$180.00
CHANGE OF LOCATION	\$ 20.00
CHANGE OF SUPERVISING EMBALMER &/ OR FUNERAL DIRECTOR	\$ 20.00
CERTIFICATION OF APPRENTICESHIP HOURS	\$ 25.00

EMBALMER AND FUNERAL DIRECTOR

EMBALMER APPLICATION FEE	\$ 50.00
FUNERAL DIRECTOR APPLICATION FEE	\$ 50.00
APPLICATION FEE – LICENSE BY ENDORSEMENT OR RECIPROCITY – FUNERAL DIRECTOR & EMBALMER (INCLUDES GA LAW & RULES EXAM FEE)	\$385.00
RENEWAL FEE – FUNERAL DIRECTOR - IF RECEIVED ON OR BEFORE MARCH 31 OF RENEWAL YEAR	\$100.00
LATE RENEWAL FEE – FUNERAL DIRECTOR - RECEIVED BETWEEN APRIL 1 AND APRIL 30 OF RENEWAL YEAR	\$200.00
REINSTATEMENT FEE - FUNERAL DIRECTOR – AT BOARD'S DISCRETION AFTER APRIL 30 OF RENEWAL YEAR	\$300.00
RENEWAL FEE – EMBALMER - IF RECEIVED ON OR BEFORE MARCH 31 OF RENEWAL YEAR	\$100.00
LATE RENEWAL FEE – EMBALMER - RECEIVED BETWEEN APRIL 1 AND APRIL 30 OF RENEWAL YEAR	\$200.00
REINSTATEMENT FEE – EMBALMER - AT BOARD'S DISCRETION AFTER APRIL 30 OF RENEWAL YEAR	\$300.00
CHANGE OF NAME/ADDRESS FEE	\$ 25.00
INACTIVE STATUS APPLICATION FEE FOR EACH LICENSE	\$ 35.00
APPLICATION FEE FOR REACTIVATION OF EACH LICENSE	\$100.00
RETAKE GEORGIA LAWS & RULES EXAMINATION & FEE	\$ 35.00
NATIONAL EXAMINATION & FEE: CONTACT THE CONFERENCE 1885 SHELBY LANE FAYETTEVILLE, AR 72704 TELEPHONE: 479.442.7076; FAX: 479.442.7090	
APPLICATION FOR DUPLICATE LICENSE IDENTIFICATION CARD & WALL CERTIFICATE	\$ 25.00
APPLICATION FOR DECORATIVE WALL CERTIFICATE, EACH LICENSE	\$ 50.00
APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER	\$250.00

NOTE: FEES PAYABLE BY CHECK OR MONEY ORDER TO GEORGIA STATE BOARD OF FUNERAL SERVICE. FEES MAY BE CHANGED AT THE DISCRETION OF THE BOARD WITHOUT NOTICE. REQUESTS FOR REFUND MUST BE IN WRITING. APPLICATION FEES ARE NON-REFUNDABLE. RETURNED CHECKS WILL BE DEALT WITH IN ACCORDANCE WITH CODE SECTION 16-9-20 OF THE CRIMINAL CODE OF GEORGIA.

GEORGIA STATE BOARD OF FUNERAL SERVICE
237 COLISEUM DRIVE
MACON, GA 31217
478.207.1460 FAX 478.207.1468
www.sos.state.ga.us/plb/funeral

DO NOT WRITE IN THIS SECTION	
RECEIPT # _____	
AMOUNT _____	
APPLICANT # _____	
INITIAL _____ DATE _____	

APPLICATION FOR EMBALMER AND FUNERAL DIRECTOR LICENSES

REASON FOR APPLICATION: *Make checks payable to: The GA State Board of Funeral Service*

<input type="checkbox"/> Initial Embalmer & Funeral Director Licenses		\$100.00 Non-refundable
<input type="checkbox"/> Initial Embalmer License Only		\$ 50.00 Non-refundable
<input type="checkbox"/> Initial Funeral Director License Only (Embalmer license # _____)		\$ 50.00 Non-refundable
<input type="checkbox"/> Reinstatement of Embalmer & Funeral Director Licenses	Embalmer License # _____ Funeral Director License # _____	\$600.00 Non-refundable
<input type="checkbox"/> Reinstatement of Embalmer License Only – License # _____		\$300.00 Non-refundable
<input type="checkbox"/> Reinstatement of Funeral Director License Only – License # _____ (Embalmer license # _____)		\$300.00 Non-refundable

SECTION A – ALL APPLICANTS

FIRST NAME			MIDDLE NAME			LAST NAME		
PHYSICAL ADDRESS (Your physical address is required. A P.O. Box is no acceptable.)								
STREET(INCLUDE APT/LOT #)			CITY	COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS):								
STREET (OR POST OFFICE BOX)			CITY	COUNTY	STATE	ZIP CODE		
SOCIAL SECURITY NO.*: _____ - ____ - _____ <small>*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.</small> U.S. CITIZEN : ____ YES ____ NO* <small>*LIST CITIZENSHIP: _____</small> & SUBMIT A COPY OF REGISTRATION CARD				PLACE OF BIRTH: _____ CITY _____ STATE OR COUNTRY _____ AGE: _____ DATE OF BIRTH : ____ / ____ / ____ GENDER : ____ MALE ____ FEMALE				
HEIGHT		WEIGHT		EYES		HAIR		

**SECTION A – ALL APPLICANTS (CONTINUED)
PROFESSIONAL BACKGROUND INFORMATION**

The Applicant must answer the following questions. If your answer is “Yes” to any of the following questions, provide explanation, including certified documentation. Such documentation includes, but is not limited to, court dispositions and disciplinary action by a licensing board. Attach additional sheets, if necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you now hold, or have you in the past held, a funeral director or embalmer license in any state? If “Yes,” submit an original notarized letter from the state of licensure.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had revoked, suspended, or otherwise sanctioned any license issued to you by any board, agency, or licensing authority in Georgia or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were you denied issuance of or, pursuant to any disciplinary proceedings, refused renewal of a license by any board, agency, or licensing authority in Georgia or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been arrested, charged or sentenced for the commission of a felony or any crime involving moral turpitude?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you unable to practice with reasonable skill and safety due to illness or use of alcohol, drugs, narcotics, chemicals or any other types of material, or as a result of any mental or physical condition? If so, attach notarized physician statement.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any suit filed against you related to the practice of a profession?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation), entered a plea of guilty or nolo contendere, or entered a plea under first offender provision? If “Yes,” attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation. DWI and DUI are not minor traffic violations.

AFFIDAVIT

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (See O.C.G.A. § 43-1-19.)

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____,

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Georgia State Board of Funeral Service to conduct a background investigation of me to determine my suitability for a licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board or authorized representatives, whether such records and information are of a public, private, or confidential nature, to include criminal history records.

Full Name Printed

Sex

Race

Social Security Number

Date of Birth

Street Address

Home Phone Number

City, State, Zip Code

Work Phone Number

Signature

Date

SECTION B – NEW APPLICANTS

EDUCATION			
MORTUARY SCHOOL/COLLEGE ATTENDED		GRADUATION DATE	

APPRENTICESHIP			
DATE OF REGISTRATION: _____		APPRENTICE REGISTRATION # _____	
LIST THE FOLLOWING INFORMATION CONCERNING YOUR APPRENTICESHIP:			
DATES OF SERVICE		NAME AND ADDRESS OF ESTABLISHMENT	SUPERVISING EMBALMER & DIRECTOR
FROM	TO		
		NAME	EMBALMER
M/D/Y	M/D/Y	ADDRESS	DIRECTOR
		NAME	EMBALMER
M/D/Y	M/D/Y	ADDRESS	DIRECTOR
		NAME	EMBALMER
M/D/Y	M/D/Y	ADDRESS	DIRECTOR
		NAME	EMBALMER
M/D/Y	M/D/Y	ADDRESS	DIRECTOR
		NAME	EMBALMER
M/D/Y	M/D/Y	ADDRESS	DIRECTOR

**GEORGIA STATE BOARD OF FUNERAL SERVICE
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TELEPHONE: 478.207.1460 FAX: 478.207.1468
www.sos.state.ga.us/plb/funeral**

CERTIFICATE OF EMBALMING EDUCATION

EDUCATIONAL INSTITUTION:

Name of Mortuary School/College

Street Address City State Zip

APPLICANT

DATES OF ATTENDANCE

Beginning Date: _____
Month Day Year

Ending Date: _____
Month Day Year

Diploma
Received Date: _____
Month Day Year

I hereby certify that the information concerning the applicant for funeral director &/or embalmer license with the Georgia State Board of Funeral Service referenced in this Certificate of Embalming Education is true and accurate.

President, Dean, or Registrar

Date

Subscribed and sworn to before me
this ____ day of _____, _____

Notary Public
My Commis sion Expires _____

NOTARY SEAL

Please forward the completed Certificate of Embalming Education directly to the applicant in a sealed envelope.

**GEORGIA STATE BOARD OF FUNERAL SERVICE
APPLICATION FOR GEORGIA FUNERAL SERVICE LAW AND RULES EXAMINATION**

INSTRUCTIONS:

Please ensure that the following examination application materials are sent to Georgia State Board of Funeral Service at 237 Coliseum Drive, Macon, Georgia 31217-3858. Applications must be received by the application deadline.

APPLICATION MATERIALS:

Examination Application Form

Certified check, money order, personal or company check for \$35.00 (non-refundable). Payable to GA State Board of Funeral Service.

Copy of Veterans Preference Documentation – Form DD214 (if applicable)

APPLICATION DEADLINES AND EXAMINATION DATES:

Application deadlines and examination dates may be verified online from the Board website, www.sos.state.ga.us/plb/funeral, by accessing the Examination Information link.

Incomplete applications will be returned to the applicant with instructions for applying for a future examination. Applications received after the application deadline will be held for the next scheduled examination.

INSTRUCTION FOR APPLICANTS:

See Attached.

DISABILITY ACCOMMODATION:

If you have a disability and may require reasonable accommodations, you must refer to the “Request for Disability Guidelines.” The Board office must receive all examination application materials, including the information requested in the “Guidelines,” by the application deadline.

VETERANS:

If you have served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President, you may be eligible for Veterans’ Preference Points to be added to your examination scores. Submit a copy of your DD214 form with your application.

MAIL THIS FORM AND \$35.00 FEE TO:

**Georgia State Board of Funeral Service
237 Coliseum Drive
Macon, GA 31217-3858
(478) 207-1460, Fax (478) 207-1468
www.sos.state.ga.us/plb/funeral/**

Mail Application to:
GEORGIA STATE BOARD OF FUNERAL SERVICE
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-1460
www.sos.state.ga.us/plb/funeral

DO NOT WRITE IN THIS SECTION	
RECEIPT #	_____
AMOUNT	_____
APPLICANT #	_____
INITIAL	_____
DATE	_____

APPLICATION FOR GEORGIA FUNERAL SERVICE LAW AND RULES EXAMINATION
Application Fee \$35.00 (NON-REFUNDABLE)

Make checks payable to: The GA State Board of Funeral Service

Instructions for examination candidates are enclosed. They are also available on the Board's web site under *Download Forms*. Documentation showing you have met these requirements must accompany this application, together with the application fee, in accordance with the instructions contained herein.

LICENSE/ REGISTRATION INFORMATION:

- () Yes () No Are you currently a licensed embalmer in GA?
If "Yes," please provide your Embalmer License No. _____
- () Yes () No Are you currently registered as an Apprentice in GA?
If "Yes," please provide your Apprentice Registration No. _____
- () Yes () No Are you applying by reciprocity? **Application for License by Reciprocity must be received prior to acceptance of this application for exam.**

APPLICANT INFORMATION: (Please print or type)

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
Number and Street

CITY/STATE/ZIP: _____

DAY TIME TELEPHONE : () _____ - _____ SS# _____ -- _____ -- _____

DATE OF BIRTH: _____

AFFIDAVIT OF APPLICANT:

I, THE UNDERSIGNED, DO HEREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I CONSENT TO A THOROUGH INVESTIGATION OF MY EMPLOYMENT RECORD AND ANY OTHER ACTIVITIES THAT MAY BE NECESSARY TO VERIFY MY QUALIFICATIONS FOR THE CERTIFICATE REQUESTED.

Signature of Applicant _____ / _____ / _____
Date

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

NOTARY SEAL

Signature of Notary Public
My Commission Expires _____

GEORGIA STATE BOARD OF FUNERAL SERVICE
237 Coliseum Drive Macon, GA 31217-3858
Phone (478) 207-1460 Fax (478) 207-1468 www.sos.state.ga.us/plb/funeral

GEORGIA FUNERAL SERVICE LAWS AND RULES EXAMINATION
Instructions for Applicants

1. **Georgia licensure requires passing the National Conference Examination and Georgia Laws and Rules Examination.** Every candidate for licensure in Georgia must pass the National Conference Examination. In addition, every candidate for licensure as a Funeral Director and candidates from outside of Georgia for licensure by endorsement as an Embalmer/Funeral Director must pass a written examination on the Georgia laws and rules that govern funeral service.

2. **Application Required** All candidates for licensure must complete and submit to the Board office an Application for the Georgia Funeral Service Laws and Rules Examination.

3. **Examination Fee Required.** All applications must be accompanied with \$35.00 exam fee.

4. **Application Deadline.** Applications and all fees must be submitted to the Board office no later than 45 days prior to the date of the examination.

5. **Apprentices.** Apprentices may take the Georgia Laws and Rules Examination after registration with the Board office as an apprentice.

6. **Examination Contents.** The Georgia Laws and Rules Examination consist of 50 multiple choice questions that are based upon the laws and rules that govern the practice of funeral service in Georgia. Questions also come from the Rules of the Department of Human Resources (including Vital Records, Dead Bodies and others), Motor Vehicle and Traffic Laws, Banking and Finance Regulations, and several other departments and agencies.

The Examination Development and Testing Section of the Professional Licensing Boards Division of the Office of the Secretary of State developed the test with expert help from a panel of Georgia licensed funeral service embalmers and funeral directors and experts in other fields.

7. **Passing Score.** To pass the Georgia Laws and Rules Examination, a candidate must make a scaled score of 75. Once the examination has been scored, candidates eligible for Veterans' Preference Points may have additional points added which may make up a scaled score of 75. Candidates may request information on an Application for Veterans' Preference Points from the Board office.

8. **Approval to Sit for the Examination.** Candidates for licensure must satisfy all the requirements for licensure before they can sit for the Georgia Laws and Rules Examination. However, candidates may sit for both the Georgia Laws and Rules Examination and National Conference Examination on the same examination administration date.

9. **Breakdown of Subjects and Questions.** See Attached.

10. **Complete Set of Laws and Regulations.** You may obtain a copy of each law and regulation from the relevant state agency or you may obtain a complete set of the laws and regulations for a nominal fee from **KINKOS, 4805-A Briarcliff Road, Atlanta, Georgia at (770) 270-1544.**

GEORGIA FUNERAL SERVICE LAWS AND RULES EXAMINATION

Breakdown of Subject Areas

Below is an outline of the content areas that will be covered on the examination and the approximate number of questions that will come from each area. The actual number of questions may vary by one or two questions per area on any examination, but there will always be 50 questions.

I – Funeral Service Board Law and Rules (15 – 20 Questions)

- A. Law
 - 1. Board Composition and Powers
 - 2. Funeral Director in Full and Continuous Charge
 - 3. Preneed
 - a. Handling of Funds
 - b. Reports to Insurance Commissioner
 - c. Revocability
 - d. Replacement of Merchandise
 - e. Keeping of Records
 - f. Owner of Contract
 - g. Taxes on Preneed Trusts
- B. Rules
 - 1. Apprenticeship
 - a. Registration
 - b. Service
 - 2. Embalmer Licensure
 - 3. Establishment License and Regulations
 - 4. Crematory Licensure and Regulations
 - 5. Disciplinary Procedures

II – Vital Records (7 – 10 Questions)

- A. Filing Death Certificates
 - 1. Ordinary Filing
 - 2. Fetal Death
 - 3. Infant Less than One Year Old
 - 4. Coroner Cases
- B. Amending Death Certificates
- C. Funeral Director's Records
 - 1. Keeping Records
 - 2. Disclosing Records
 - 3. Obtaining Copies of Records
- D. Permits for Disinterment/Reinterment
- F. Permits for Transporting Remains
 - 1. Transporting Across State Lines
 - 2. Transporting to Offsite Crematorium

III – Dead Bodies (7 – 10 Questions)

- A. Pronouncement of Death
- B. Coroner Cases
- C. Hospice Cases
- D. Military
- E. Unclaimed Bodies
- F. Liability for Personal Effects
- G. Permission to Embalm
- H. Trafficking in Bodies Illegal
- I. HIV Tests
- J. Communicable Diseases

IV – Insurance (4 – 5 Questions)

- A. Assignment of Benefits
 - 1. Beneficiaries May Assign Benefits
 - 2. Minor Beneficiaries
- B. Who May Be Beneficiaries
 - 1. Insurable Interest
 - 2. Funeral Homes Prohibited
- C. Legality of Insurance Contracts with Funeral Directors

V – Other (7 – 10 Questions)

- A. Funeral Processions
 - 1. Requirements
 - 2. Right of Way
- B. Next of Kin's Right to Make Arrangements
- C. (Reserved for Future Development)
- D. Cemeteries May Have Requirements
- E. Private Plots
- F. Social Security Burial Benefits
- G. Veteran's Administration Burial Benefits
- H. Claiming Burial Funds from Depositories

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REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES

You have indicated that you may require an accommodation, under the American with Disabilities Act of 1990 as amended (Public Law 101-336), to take the examination and/or meet licensure requirements. In order for the Board to consider your request for accommodation, you must submit acceptable documentation of your disability and proposal for accommodation to the Board. The application and all requested disability accommodation material must be mailed to the above address and received by the Board by the application deadline 45 days prior to the date of the examination.

Complete this form, provide a current statement of disability and a specific proposal for accommodation as it relates to your disability, and have the professional who documents your disability return this form to the Board office.

Please note that:

- Your documentation **must** be from a physician, mental health professional, or other professional with expertise directly related to your disability.
- The professional **must** have proper credentials to properly diagnose your disability.
- The professional's statement **must** be on the professional's letterhead, including the address and phone number of the professional.
- The specific proposal for accommodation **must** relate directly to your disability.

Please include any information regarding accommodation(s) for your disability that you may have received in the past.

Note: If you are reapplying to take the examination, have previously submitted the documentation and proposal for accommodation, **and** are requesting the same accommodations as on your previous application you will only need to complete and submit this form.

APPLICANT INFORMATION: (Please print or type)

NAME: _____, _____, _____
LAST FIRST MIDDLE

ADDRESS: _____
Number and Street City, State, Zip Code

DAY TIME TELEPHONE: (____) _____ - _____ SS# ____--____--_____

LICENSE APPLIED FOR: _____

PROFESSIONAL SUBMITTING DOCUMENTATION OF DISABILITY INFORMATION:

NAME: _____, _____, _____
LAST FIRST MIDDLE

ADDRESS: _____
Number and Street City, State, Zip Code

DAY TIME TELEPHONE: (____) _____ - _____