

# CFSB Certified Funeral Director (CFD) Application 4/5/2013

**Applications are subject to the CFSB Application Terms & Conditions found online at [www.cofda.org](http://www.cofda.org).**

Submit completed application form, supplemental materials, and \$100 non-refundable application fee (payable to the Colorado Funeral Service Board) to the address noted on this form. All applicant materials must be in English – foreign language translation is the responsibility of the applicant.

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION BELOW

## A. APPLICANT PERSONAL INFORMATION

First name	Middle name	Last	Suffix	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy)		Place of Birth		
Home Address		City, State, Postal Code		
Area Code and Phone		How long at current address?		
Email			May we contact you via email? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently certified as an Intern/Trainee (INT) with the Colorado Funeral Service Board? <input type="checkbox"/> NO <input type="checkbox"/> YES INT # _____		<i>Please attach completed CFD Intern Checklist with this application.</i>		

## B. PROFESSIONAL EMPLOYMENT *Please list your most current employment in the funeral service profession.*

Name of Licensed Funeral Establishment/Crematory		
Business Address		City, State and Postal Code
Business Area Code and Phone	Employment start date (mm/dd/yyyy)	Employment end date (mm/dd/yyyy)

## C. EDUCATION *Attach copy of high school transcript, diploma or GED, and official college transcripts with this application*

Highest level of education completed <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelors degree+		High school graduation date (month, year)	
High School Name		City, State	
College / University Name		City, State	
Start date (mm/yyyy)	Degree/Area of study	#hours/credits earned	Completion date (mm/yyyy)
Mortuary Science School Name		City, State	
Start date (mm/yyyy)	Completion date (mm/yyyy)	Graduation date (mm/yyyy)	#hours/credits earned

## D. CERTIFICATION OPTIONS *Indicate ONE option below based on the criteria for each option.*

**CFD, Option A**

- Completed at least 60 semester hours or 90 quarter hours of college credit; and
- Served an internship of at least 24 months under the supervision of a Certified Mortuary Science Practitioner or licensed funeral professional in another state; and
- Performed at least 50 funerals/memorials under the supervision of a Certified Mortuary Science Practitioner or licensed funeral professional in another state.

**CFD, Option B**

- Served an internship of at least 72 months under the supervision of a Certified Mortuary Science Practitioner or licensed funeral professional in another state; and
- Performed at least 150 funerals/memorials under the supervision of a current Certified Mortuary Science Practitioner or licensed funeral professional in another state.

**Equivalency/Reciprocity**

- You are licensed as a funeral professional in another state; and
- Have maintained your funeral service license for at least five (5) consecutive years; and
- Have actively practiced funeral service for at least five (5) consecutive years.  
*Continue to section F below.*

COLORADO FUNERAL SERVICE BOARD

*A Voluntary Professional Certification Agency for the Advancement of Professionalism in Funeral Service in Colorado*  
c/o Colorado Funeral Directors Association, P. O. Box 631664, Highlands Ranch, CO 80163-1664  
Phone 303-791-2336, Fax 303-395-2609, Email [mail@cofda.org](mailto:mail@cofda.org) [www.cofda.org](http://www.cofda.org)

# CFSB Certified Funeral Director (CFD) Application

**E. INTERNSHIP** Attach completed CFD Intern Checklist and affidavit form to verify internship requirements.

State in which Internship was served			
<input type="checkbox"/> Colorado		<input type="checkbox"/> Other (specify) _____	
Name of supervising CMSP or licensed funeral professional		CMSF or License Number	License type
Name of Licensed Funeral Establishment/Crematory		City, State	
Internship start date (mm/yyyy)		Internship completed date (mm/yyyy)	

**F. EQUIVALENCY/RECIPROCITY** Please list funeral service licenses and states in which they are held.

State	License Type	License Number	Date Issued	Date Expires

Answer ONE of the following questions and attach required documents to support:

<sup>1</sup>I have maintained my funeral service license for at least five (5) consecutive years and have actively practiced funeral service for at least five (5) consecutive years.

*Attach to this application:*

- Original letter or affidavit from State licensing authority to attesting to license status and good standing (for each state in which license is held).
- Copy of your current license(s) from other state(s).
- Original affidavits or original letters of recommendation from three (3) funeral professionals in home state with equivalent licenses as evidence of five consecutive years of practical experience.

<sup>2</sup>I have NOT held a funeral service license for five (5) consecutive years and/or have not been actively practicing in funeral service for five (5) consecutive years.

*Attach to this application:*

- Original letter or affidavit from State licensing authority to attesting to license status and good standing (for each state in which license is held).
- Copy of your current license(s) from other state(s).
- High school transcript or copy of high school diploma or GED equivalency certificate;
- Official college transcripts – 60 semester hours or 90 quarter hours (mortuary science or other college credit).

**G. APPLICANT COMPLETION**

I, \_\_\_\_\_, have completed the above information to the best of my ability and further state that all is a true and lawful account of the same and on the date indicated above do hereby apply to the Colorado Funeral Service Board for certification as a Certified Funeral Director in the State of Colorado.

If accepted for certification, I hereby declare that I have read and agree to abide by the recommended standards of practice Colorado funeral service professionals as adopted by the Colorado Funeral Service Board and will continue to adhere to the specific standards, criteria and requirements necessary to hold a Certified Funeral Director Certification.

I further agree to abide by the laws, rules and regulations and statutes governing the practice of funeral service in the State of Colorado now existing or which may be adopted in the future.

I further realize that the application fee enclosed herewith is not refundable and desire that the governing board and administrators of the Colorado Funeral Service Board will look favorably upon my application to become a recognized part of the funeral service profession in the State of Colorado.

Signature of Applicant	Date
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**ITEMS TO INCLUDE WITH THIS APPLICATION**

- Application form (2 pages), completed and signed
- Notarized affidavit to verify internship and case requirements
- CFD Internship Checklist, completed and signed
- Payment of \$100 non-refundable application fee, payable to the "CFSB"
- <sup>2</sup>Copy of high school transcript, diploma or GED equivalency
- <sup>2</sup>Official college transcripts including mortuary science school
- <sup>1,2</sup>Equivalency/Reciprocity documents (if applicable) - copy of license, letter from state board, recommendation letters, etc.

CFSB Certified Funeral Director (CFD) Application

Affidavit for Verification of Internship as Certified Funeral Director

I, (print CMSP name) \_\_\_\_\_,
Certified Mortuary Science Practitioner # \_\_\_\_\_ (or licensed funeral professional # \_\_\_\_\_ in State of \_\_\_\_\_\*)
being duly sworn and deposed, say that I have known (applicant) \_\_\_\_\_,
for \_\_\_\_\_ years. The applicant was trained under my direct supervision at the following location:

Name of Licensed Funeral Establishment/Crematory
Business Address City, State, Postal code

The applicant served continuously under my direct and general supervision during the internship period:

Table with 3 columns: Internship start date (mm/dd/yyyy), Internship end date (mm/dd/yyyy), Total number of months

During such time, the applicant directed # \_\_\_\_\_ funerals/memorials under my direction as shown by records upon case reports filed.

I further state that this applicant is of good moral character and that I believe his/her statements as made in this application to be true in every respect and I recommend him/her favorably to said Board.

By my signature below, I attest to the completeness and accuracy of the information contained above. I am aware that a false statement or dishonest answer may be grounds for disciplinary action against my certification.

Signed by CMSP \_\_\_\_\_ CMSP Number \_\_\_\_\_ Date \_\_\_\_\_

\*For internships served outside the State of Colorado, please include a copy of supervisor's current license with this document.

THIS PORTION TO BE COMPLETED BY NOTARY PUBLIC

Before me personally appeared (name of supervising CMSP or licensee) \_\_\_\_\_

and made oath and says that all of the foregoing statements are true.

Sworn and subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

\_\_\_\_\_, a Notary Public in and for

\_\_\_\_\_ County, State of \_\_\_\_\_.



Affidavits submitted with certification applications must be original, unaltered documents and must contain original notary authorization. Photocopies of notarized affidavits or documents with corrections, white-out, scribble-outs, etc., will not be accepted.

# CFSB Internship Checklist - Certified Funeral Director

The original form must accompany certification application for Certified Funeral Director; photocopies or faxes not acceptable.

**Applicant Information** *print legibly below*

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last name \_\_\_\_\_

***This applicant is applying for CFD certification under the following option:***

**CFD, Option A**

- Completed at least 60 semester hours or 90 quarter hours of college credit; and
- Completed a supervised internship of at least 24 months; and
- Performed at least 50 funerals/memorials under the general supervision of a current Certified Mortuary Science Practitioner or equivalently licensed funeral professional in another state; and
- Performed at least 25 funerals/memorials under the direct supervision of a current Certified Mortuary Science Practitioner or equivalently licensed funeral professional in another state.

**CFD, Option B**

- Completed a supervised internship of at least 72 months; and
- Performed at least 150 funerals/memorials under the general supervision of a current Certified Mortuary Science Practitioner or equivalently licensed funeral professional in another state; and
- Performed at least 75 funerals/memorials under the direct supervision of a current Certified Mortuary Science Practitioner or equivalently licensed funeral professional in another state

**Equivalency/Reciprocity**

- You are licensed as a funeral professional in another state; and
- Have maintained your funeral service license for at least five (5) consecutive years; and
- Have actively practiced funeral service for at least five (5) consecutive years.
- If you answered "No" to any of the questions above, you must apply according to Option A or Option B requirements.

**Direct Supervision:** This portion must be completed by CMSP or equivalently licensed funeral professional in another state.

Print name of Direct Supervisor \_\_\_\_\_

CFSB Number \_\_\_\_\_ or License State/No. \_\_\_\_\_

**Applicant Internship Period & Location**

The applicant began internship under my direct supervision on (start date) \_\_\_\_/\_\_\_\_/\_\_\_\_

The applicant completed or terminated internship on (end date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Internship was performed at the following location:

Funeral Establishment Name \_\_\_\_\_

Location address \_\_\_\_\_

**Indicate the number of cases below in which functions were satisfactorily performed by the applicant under your direct supervision:**

- # \_\_\_\_\_ Removing remains from the place of death
- # \_\_\_\_\_ Applying cosmetics and arranging hair of deceased
- # \_\_\_\_\_ Arranging the receiving/transferring of human remains by common carrier
- # \_\_\_\_\_ Performing restorative work
- # \_\_\_\_\_ Assisting in making funeral arrangements
- # \_\_\_\_\_ Securing information for death certificate and newspapers
- # \_\_\_\_\_ Assisting in selling funeral merchandise
- # \_\_\_\_\_ Receiving visitors

- # \_\_\_\_\_ Assisting at the funeral
- # \_\_\_\_\_ Checking/placing flowers
- # \_\_\_\_\_ Filing death certificate/obtaining burial transit permit
- # \_\_\_\_\_ Contacting newspapers for placement of death notice
- # \_\_\_\_\_ Arranging for clergy
- # \_\_\_\_\_ Arranging cemetery details
- # \_\_\_\_\_ Arranging for or providing music
- # \_\_\_\_\_ Completing and filing social security forms
- # \_\_\_\_\_ Completing and filing veterans' forms
- # \_\_\_\_\_ Contacting the deceased's lodge, club, or place of employment concerning the death

# CFSB Internship Checklist - Certified Funeral Director

The original form must accompany certification application for Certified Funeral Director; photocopies or faxes not acceptable.

**Applicant Information** *print legibly below*

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last name \_\_\_\_\_

**General Supervision:** This portion may be completed by CFD or equivalently licensed funeral professional in another state.

**General Supervisor<sup>1</sup>**

Name \_\_\_\_\_  
 CFSB Number \_\_\_\_\_ License State/No. \_\_\_\_\_

**General Supervisor<sup>2</sup>**

Name \_\_\_\_\_  
 CFSB Number \_\_\_\_\_ License State/No. \_\_\_\_\_

**Indicate the number of cases below in which functions were satisfactorily performed by the applicant under general supervision:**

- # \_\_\_\_\_ Removing remains from the place of death
- # \_\_\_\_\_ Applying cosmetics and arranging hair of deceased
- # \_\_\_\_\_ Arranging the receiving/transferring of human remains by common carrier
- # \_\_\_\_\_ Performing restorative work
- # \_\_\_\_\_ Assisting in making funeral arrangements
- # \_\_\_\_\_ Securing information for death certificate and newspapers
- # \_\_\_\_\_ Assisting in selling funeral merchandise
- # \_\_\_\_\_ Receiving visitors

- # \_\_\_\_\_ Assisting at the funeral
- # \_\_\_\_\_ Checking/placing flowers
- # \_\_\_\_\_ Filing death certificate/obtaining burial transit permit
- # \_\_\_\_\_ Contacting newspapers for placement of death notice
- # \_\_\_\_\_ Arranging for clergy
- # \_\_\_\_\_ Arranging cemetery details
- # \_\_\_\_\_ Arranging for or providing music
- # \_\_\_\_\_ Completing and filing social security forms
- # \_\_\_\_\_ Completing and filing veterans' forms
- # \_\_\_\_\_ Contacting the deceased's lodge, club, or place of employment concerning the death

**This portion must be completed by the Direct Supervisor**

I attest that the above named Intern/Trainee satisfactorily performed the number of funeral/memorial cases indicated above, and that said Intern/Trainee served under my direct and general supervision during the entire period of internship period indicated above.

I attest to the completeness and accuracy of the information contained on this report. I am aware that a false statement or dishonest answer may be grounds for terminating internship, denial or revocation of certification.

Name of Direct Supervisor (print) \_\_\_\_\_

Direct Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_