

CFSB Certified Mortuary Science Practitioner (CMSP) Application 4/5/2013

Applications are subject to the CFSB Application Terms & Conditions found online at 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 Intern Activity Report 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. NATIONAL BOARD EXAM *Order an official copy of your exam results to be sent to CFSB - Contact the ICFSEB at theconferenceonline.org.*

I have taken the National Board Exam and received an overall passing score on both Arts and Sciences sections. <input type="checkbox"/> YES (required) <input type="checkbox"/> NO	Arts Examination date	Science Examination date
	Arts - Score	Science - Score

E. INTERNSHIP REQUIREMENTS

<input type="checkbox"/> I have served at least 12-months internship in Colorado under the supervision of a Certified Mortuary Science Practitioner. <i>Continue to section F(a) below</i>	<input type="checkbox"/> I have served at least 12-months internship under the supervision of a licensed funeral professional in another state. <i>Continue to section F(a) below</i>	<input type="checkbox"/> I am a licensed funeral professional in another state and I am applying for CFSB certification based on equivalency/reciprocity. <i>Continue to section F(b) below.</i>
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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 www.cofda.org

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F(a). Internship Attach Intern Activity Report 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		CMSP or License Number	License type
Name of Licensed Funeral Establishment/Crematory		City, State	
Internship start date (mm/yyyy)		Internship completed date (mm/yyyy)	

F(b). 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:

<p style="text-align: center;"><input type="checkbox"/></p> <p>¹I 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.</p> <p style="text-align: center;"><i>Attach to this application:</i></p> <ul style="list-style-type: none"> 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 directors in home state with equivalent licenses as evidence of five consecutive years of practical experience. 	<p style="text-align: center;"><input type="checkbox"/></p> <p>²I 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.</p> <p style="text-align: center;"><i>Attach to this application:</i></p> <ul style="list-style-type: none"> 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); Official Mortuary Science school transcripts (completion at an ABFSE accredited school)
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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 Mortuary Science Practitioner 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 Mortuary Science Practitioner 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
- Intern Activity Reports, completed and signed
- Payment of \$100 non-refundable application fee, payable to the "CFSB"
- Copy of high school transcript, diploma or GED equivalency
- Official college transcripts including mortuary science school
- National Board Exam results - Contact the ICFSEB at theconferenceonline.org to order
- Equivalency/Reciprocity documents (if applicable) - copy of license, letter from state board, recommendation letters, etc.

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Affidavit for Verification of Internship by Certified Mortuary Science Practitioner

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 and # _____ embalming cases 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 Intern Activity Report

Reporting Period: Date _____ **to** _____ (month/year)
 This form must be returned with INT annual certification renewal. Intern/Trainees may report up to twelve months of internship on this form. Original forms must be submitted; fax copies are not acceptable.

For CFSB Use

Type of Certification for which this internship will apply: Certified Mortuary Science Practitioner Certified Funeral Director Certified Embalming Technician

This portion must be completed by the Intern/Trainee.

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.

Print Name of INT _____ INT number _____
 Intern Signature _____ Date _____

This portion to be completed by CMSP or CFD: Indicate the total number of services performed this period in the spaces indicated below.

- | | |
|--|---|
| # _____ 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 |
|--|---|

Internship period: 2,000 hours (equivalent to 1-year full-time employment). A minimum of 25 funerals/memorials are required for CMSP internship. For CFD internship, a minimum of 50 funerals/memorials are required for Option A; a minimum of 150 funerals/memorials are required for Option B.

This portion to be completed by CMSP or CET: # _____ Non-Autopsied Embalming Cases # _____ Autopsied Embalming Cases

- | | |
|--|--|
| # _____ Set features
_____ Raised vessels
_____ Mixed fluid
_____ Aspirated | # _____ Injected cavity fluid
_____ Sutured autopsy incisions
_____ Bathed remains
_____ Cleaned and disinfected embalming room |
|--|--|

Internship period: 4,000 hours (equivalent to 2-years full-time employment). A minimum of 25 embalming cases are required CMSP internship. For CET internship, a minimum of 50 embalming cases are required for Option A; a minimum of 100 embalming cases are required for Option B. Case reports for each embalming must be maintained and available for review by the CFSB Board upon request.
See reverse side for required additional information.

Is the Intern/Trainee terminating employment / internship at this time?

No Yes Termination date _____

A separate termination report must be filed when the Intern terminates employment or internship.

This portion must be completed by the Supervising Certified Mortuary Science Practitioner

I hereby certify that the information contained in this report is true and accurate. I attest that the above named Intern/Trainee performed the funeral/memorial services or embalming cases indicated above, and that said Intern/Trainee served under my supervision during the entire period indicated above.

Print name of CMSP _____ CMSP Number: _____ Exp Date: _____
 CMSP Signature: _____ Date: _____

CFSB Intern Activity Report

Embalming Case Report Log

Name of Intern _____

Please complete the following information for each embalming case that you perform during internship period.

1	Name of Deceased (last name, first initial)	Date of Death	Date of Embalming	Autopsy? YES NO	Remains Refrigerated prior to embalming? YES NO	Supervising Embalmer
2				YES NO	YES NO	
3				YES NO	YES NO	
4				YES NO	YES NO	
5				YES NO	YES NO	
6				YES NO	YES NO	
7				YES NO	YES NO	
8				YES NO	YES NO	
9				YES NO	YES NO	
10				YES NO	YES NO	
11				YES NO	YES NO	
12				YES NO	YES NO	
13				YES NO	YES NO	
14				YES NO	YES NO	
15				YES NO	YES NO	
16				YES NO	YES NO	
17				YES NO	YES NO	
18				YES NO	YES NO	
19				YES NO	YES NO	
20				YES NO	YES NO	
21				YES NO	YES NO	
22				YES NO	YES NO	
23				YES NO	YES NO	
24				YES NO	YES NO	
25				YES NO	YES NO	

Please print a new copy of this form to report additional cases. Attach this form to Page 1 of Intern Activity Report.