

# **Professional Credential Services, Inc.**

PO Box 198689 - Nashville, TN 37219-8689  
[www.pcshq.com](http://www.pcshq.com)

**Out of State Application  
for the  
Commonwealth of Massachusetts  
Division of Professional Licensure  
Board of Embalming & Funeral Directing**

The Commonwealth of Massachusetts Division of Professional Licensure Board of Embalming and Funeral Directing has authorized Professional Credential Services (PCS) to process its Out of State applications. **Out of State Applicants must submit all required information, as indicated in these instructions, directly to PCS.** The Commonwealth of Massachusetts Division of Professional Licensure Board of Embalming & Funeral Directing is the final authority with respect to approval.

### REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Toll-free: (877) 887-9727

E-mail: [mafuneraldirector@pcshq.com](mailto:mafuneraldirector@pcshq.com)

PCS staff is available Monday through Friday, 8:00 a.m. to 4:30 p.m. Central Standard Time.

### OUT-OF-STATE APPLICATION PACKET

Included in this packet are the *Candidate Information Bulletin (CIB)* and *Out of State Application*. All candidates must complete the Out State application, typewritten or printed in blue or black ink.

### APPLICATION INSTRUCTIONS

PCS must receive the following to process your application:

- a. A completed *Out of State Application* including a 2x2 passport type photo and any supporting documentation.
- b. Copies of your birth certificate, high school diploma, and Embalming/Funeral Directing school certificates.
- c. Name of funeral home in Massachusetts with which you intend to be affiliated.
- d. Certification from your State Board stating the date you passed the examination as an Embalmer and Funeral Director, and also the years you have served your apprenticeship.
- e. A copy of your current license(s)
- f. A certification of good standing from your State Board
- g. A resume of your job experience in the field
- h. CORI (Criminal Offender Record Information) Acknowledgement Form
- i. Certification of Employment form.
- j. Application fee of **\$339.00**. Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money order payable to Professional Credential Services and include your SSN on the front of the payment. **Fees are non-refundable and non-transferable.**

PCS accepts applications on an on-going basis. Complete applications are processed on a first come first serve basis. Candidates sending incomplete applications will be notified of any deficiencies by PCS. Please retain copies of all paperwork submitted. Normal processing time is between 3-5 weeks.

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### MAIL COMPLETED APPLICATION MATERIALS TO:

**Postal Address:**  
Professional Credential Services, Inc.  
Attn: MA Funeral Director  
PO Box 198689  
Nashville, TN 37219-8689

**Overnight Courier Address:**  
Professional Credential Services, Inc.  
Attn: MA Funeral Director  
25 Century Blvd, Suite 505  
Nashville, TN 37214

# Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219 (877) 887-9727

## Out-of-State Application

### A. Biographical Information.

Provide your full name date of birth, social security number, 2x2 photo, and mailing address. It is very important that this section be completed in full.

\_\_\_\_\_  
First Name Middle Initial Last Name Other (Maiden)

\_\_\_\_\_  
Date of Birth Place of Birth Social Security Number (Mandatory)

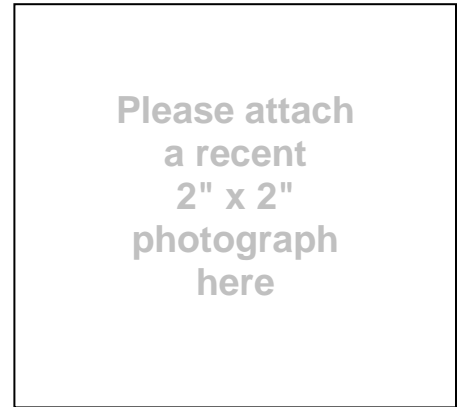
Are you a citizen of the United States?  Yes  No

Have you previously filed an application?  Yes  No

State Currently Licensed in: \_\_\_\_\_

Current License #: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_



\_\_\_\_\_  
Print your name as it should appear on your license

### ***Permanent Mailing Address and Contact Information***

\_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number with Area Code Fax Number Email address

### ***Business Name, Mailing Address and Contact Information***

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number with Area Code Fax Number Email address

### B. License Verification.

Answer this question completely.

List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. You must make arrangements with each state to send verification of licensure status, either current or expired, directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Disciplinary Questions.**

Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? If yes, please provide a detailed explanation on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |

"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Embalming & Funeral Directing to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to GL c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

**D. Affidavit.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Return Application to the following address:**

**Postal Address:**  
**Professional Credential Services, Inc.**  
**Attn: MA Funeral Director**  
**PO Box 198689**  
**Nashville, TN 37219-8689**

**Overnight Courier Address:**  
**Professional Credential Services, Inc.**  
**Attn: MA Funeral Director**  
**25 Century Blvd, Suite 505**  
**Nashville, TN 37214**

## Payment Form

**Applicant Name:** \_\_\_\_\_

**Social Security Number (Mandatory):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Three payment options are available: Company/Corporate/Certified Check, Money Order or Credit Card. If paying by Company/Corporate/Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. **DO NOT** staple your payment to this form. **Fees are non-refundable and non-transferable.**

Please check form of payment below:

- Certified Check (*Please ensure the applicant's name is on the payment*).
- Money Order (*Please ensure the applicant's name is on the payment*).
- Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one:  Visa  MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application/Scheduling Form**

*Note: This page will be shredded after payment is processed.*

**EMBALMING AND FUNERAL DIRECTING**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

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\*Last Name                      \*First Name                      Middle Name                      Suffix

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\*Maiden Name (or other name(s) by which you have been known)

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\*Date of Birth                      Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

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\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

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\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

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**IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.**

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

- Passport    State-issued driver's license    Military identification    State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

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Notary Public:

Notary Commission Expires On \_\_\_\_\_

**TYPE 6 CERTIFICATION OF  
EMPLOYMENT**

A Type 6 funeral director may not sign death certificates and may only perform other funeral services, such as the transport of bodies, when employed by a Type 3 Funeral Director at a properly licensed funeral home. Preneed work may only be performed after thirty days of employment with written authorization from the Type 3 Funeral Director. See 239 CMR 3.00.

**A Type 6 Funeral Director may operate a funeral home in the absence of the Type 3** with notification to the Board and only for thirty days. Additional time would require special Board approval.

**Name of Type 6 funeral director:**

\_\_\_\_\_

**This applicant will be employed exclusively at:**

Name of Funeral Home/Corporation

\_\_\_\_\_

Address of Funeral Home

\_\_\_\_\_

\_\_\_\_\_

**Certification of Type 3 Funeral Director:**

**I certify, under pains and penalties of perjury, that I am a Type 3 Funeral Director at this funeral home, that the information on this form is true and accurate, and that I will be held responsible for the actions of the above referenced Type 6 Funeral Director.**

Sponsor (type 3) Name \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification of Type 6 Funeral Director:**

**I certify, under pains and penalties of perjury, that I am a Type 6 Funeral Director at this funeral home, that the information on this form is true and accurate, and that I, as well as the above referenced Type 3 Funeral Director will be held responsible for my actions**

Name (Type 6) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Type 6 Funeral Director and Embalmer** – means a funeral director and embalmer who does not hold a 10% ownership interest in a licensed funeral establishment but has been issued a type 6 registration by the Board pursuant to M.G.L. c. 112, § 83 and who meets the qualifications outlined in 239 CMR 3.02(2) and has been sworn in by the Board. Individuals holding this registration may practice embalming but may otherwise only practice funeral directing when holding a license issued by a city or town pursuant to M.G.L. c. 114, § 49 and working as an employee in a licensed funeral establishment owned by one or more type 3 funeral directors and embalmers where, in said establishment, the registrant shall conduct, direct, and keep up said establishment. A type 6 Funeral Director and Embalmer who performs funeral services when not so employed shall be considered acting outside the scope of his/her licensure and shall face disciplinary action. Said registrants may not sign death certificates and may only utilize stationary, or other funeral related contracts or documents on behalf of an employing licensed funeral establishment and Type 3 Funeral Director and Embalmer. Type 6 Funeral Directors and Embalmers may only conduct preneed funeral arrangements pursuant to 239 CMR3.04(5).