

Application for an Initial License to Practice Mortuary Science

In accordance with [Minnesota Statutes, section 13.41 \(https://www.revisor.mn.gov/statutes/cite/13.41\)](https://www.revisor.mn.gov/statutes/cite/13.41), **all data submitted on this license application (except for social security numbers) shall be classified public information upon issuance of a license.**

This application is for individuals applying for a license to practice mortuary science under the provisions of [Minnesota Statutes, section 149A.20 \(https://www.revisor.mn.gov/statutes/cite/149A.20\)](https://www.revisor.mn.gov/statutes/cite/149A.20). This application assumes that the applicant has completed all of the requirements for an internship in Minnesota and submitted the appropriate information to the Department of Health (MDH). In addition to the documents below, the Minnesota mortuary science state licensing examination will need to be taken and passed prior to being issued a license.

- For more information about the exam, see [Mortuary Science State Licensing Exam \(https://www.health.state.mn.us/facilities/providers/mortsci/statelicexam.html\)](https://www.health.state.mn.us/facilities/providers/mortsci/statelicexam.html)
- For information about the internship process, see [Mortuary Science Internship Information \(https://www.health.state.mn.us/facilities/providers/mortsci/internship.html\)](https://www.health.state.mn.us/facilities/providers/mortsci/internship.html).
- If you are licensed in another state and want to apply for a reciprocal license, see: [Mortician and Funeral Director Information \(https://www.health.state.mn.us/facilities/providers/mortsci/mortician.html\)](https://www.health.state.mn.us/facilities/providers/mortsci/mortician.html).

Instructions for Attachments

Applicants must submit the application, transcripts, and required attachments to MDH. If these items are not on file, applicant will be contacted and requested to submit the following:

- Official Transcripts for all post-high school education can be emailed to health.mortsci@state.mn.us.
- National Board Examination Results can be sent electronically to health.mortsci@state.mn.us from the International Conference of Funeral Service Examining Board.
- Proof of age (ex: copy of driver's license, state ID, or passport).

Keep a copy of the application and attachments for your records.

Submission of Application Fee Payment

All applications must be accompanied by the appropriate fee of \$200.00.

Make check payable to "Minnesota Department of Health."

Please note application type in memo section on check (example: MortSci Initial).

Mail completed application and payment to:

Minnesota Department of Health
Health Regulation Division
Mortuary Science Section
P.O. Box 64882
St. Paul, MN 55164-0882

Applicant Information

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth (dd/mm/yyyy): _____

Social Security Number: _____

Social security numbers are required by [Minnesota Statutes, section 270C.72, subdivision 4](https://www.revisor.mn.gov/statutes/cite/270C.72) (<https://www.revisor.mn.gov/statutes/cite/270C.72>).

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Email Address: _____

Have you ever used another name under which records may be filed concerning your application, including your education, training, or experience?

- No
- Yes

If yes, list name(s) used: _____

Employment Information

If you are not currently employed, you can leave this section blank.

Name of Establishment: _____

Establishment License Number: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Designated Address

Your designated address is where MDH will send correspondence about your license. Once your license is issued, this address will be public information. Select your designated address from the options below:

- Applicant Mailing Address
- Employer Mailing Address

Additional Employment Information

Please list additional employment locations here. You may add an additional sheet if needed.

Name of Establishment: _____

Establishment License Number: _____

Name of Establishment: _____

Establishment License Number: _____

Name of Establishment: _____

Establishment License Number: _____

Verification

- I understand pursuant to [Minnesota Statutes, section 13.04](https://www.revisor.mn.gov/statutes/cite/13.04) (<https://www.revisor.mn.gov/statutes/cite/13.04>) Rights of Subjects of Data, the commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets the requirements for Chapter 149A requirements for licensure. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license.
- I understand in accordance with [Minnesota Statutes, section 144.051](https://www.revisor.mn.gov/statutes/cite/144.051) (<https://www.revisor.mn.gov/statutes/cite/144.051>) Data Relating to Licensed and Registered Persons all data submitted on this application shall be classified as public information upon issuance of a provisional license or license except for internship case report data. All data submitted are considered private until MDH issues a license.
- I understand that information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office, and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or determination of your qualifications, and to persons you designate.
- I understand if the license application becomes contested and thereby results either in a contested-case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.
- I certify that the information provided on this form is true and correct to the best of my knowledge.
- I understand that providing false information may result in denial of this application.

I submit this application to practice mortuary science subject to the provisions of [Minnesota Statutes, section 149A](https://www.revisor.mn.gov/statutes/cite/149A) (<https://www.revisor.mn.gov/statutes/cite/149A>).

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Internship Supervisor Affidavit

Supervising morticians are required to complete this form. Applications for initial licensure without supervision information will not be processed.

Supervisor's Name: _____

Supervisor's License Number: _____

Supervisor's Telephone: _____

Supervisor's Email: _____

Establishment Name: _____

License Number: _____

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that misstatement of facts may result in denial of this application.

Signature of Applicant: _____

Date: _____

Signature of Supervising Mortician: _____

Date: _____

Notary

Subscribed and sworn to before this _____ day of _____, 20__

Signature of Notary: _____

Minnesota Department of Health
Health Regulation Division
Mortuary Science Section
PO Box 64882
St. Paul, MN 55164-0882
651-201-4200
health.mortsci@state.mn.us
www.health.state.mn.us

04/18/2024

To obtain this information in a different format, call: 651-201-4200.