

# Mortuary Science Reciprocity Licensing Application

## Instructions

As of May 1, 2021 our application process has changed. Follow the instructions below.

Print these instructions and use them as a checklist.

Along with this application you must submit the following:

- \_\_\_\_ Your official academic transcripts. You must make a request to your educational institution asking for an official transcript to be sent to you in a sealed envelope. ALL transcripts must be included with your application. Your transcript(s) must have a total of 120 semester credits or 180 quarter credits.
- \_\_\_\_ National Board Examination results. You must send a request to The Conference asking your results to be sent electronically to [health.mortsci@state.mn.us](mailto:health.mortsci@state.mn.us). Please provide the date that you sent the request: \_\_\_\_\_
- \_\_\_\_ Copy of your driver's license, state ID, or passport.
- \_\_\_\_ Check or money order for \$250.00 payable to the Minnesota Department of Health.
- \_\_\_\_ The completed state licensing exam application and fees.
- \_\_\_\_ Verification letter of all mortician credentials from other state(s). You must request a verification from all states that you hold or held a mortuary science license. You must request that the verification(s) be sent to you.

Please make a copy of the instructions and completed Mortuary Science Reciprocity Licensing Application for your records and mail the original instructions, application, fees, and all requested documents to the address below. Failure to submit all required information as instructed will result in your application being mailed back to you. If your application is mailed back to you, you will be provided with instructions on what is needed to continue the application process.

Minnesota Department of Health  
Mortuary Science Section  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-4200  
[health.mortsci@state.mn.us](mailto:health.mortsci@state.mn.us)

5/4/21

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

## Mortuary Science Reciprocity Licensing Application

**MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE.** This notice is given pursuant to Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2. The commissioner of the Minnesota Department of Health will use information you provide in this application to determine if you meet Chapter 149A requirements for licensure. You are 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 YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION.** All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. When you become licensed, the application data (except SSN) becomes public. 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. In addition, if the matter of your license becomes contested and thereby results either in a contested-case hearing or litigation, the data may also become accessible to those associated with such proceedings, and thereby become public data.

The undersigned hereby submits this application to practice mortuary science subject to the provisions of Minnesota Statutes section 149A.

### Applicant Information

Last Name	First Name	Middle	
Mailing Address	City	State	ZIP
Home Phone	Cell Phone		
Email Address	Fax Number		
Social Security Number (Required by MN Statute section 270C.72, subd.4)		<input type="checkbox"/> Male <input type="checkbox"/> Female	

### Mortician License Information

State of Issue	Year Issued	License Number
State Regulatory Agency	State Regulatory Agency Phone Number	
State of Issue	Year Issued	License Number
State Regulatory Agency	State Regulatory Agency Phone 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 results in denial of this application.

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

Notary Stamp: