

APPLICATION FOR THE NATIONAL BOARD EXAMINATION

(Please Type or Print)

Section 1. To: THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS, INC.

I hereby make application for the National Board Examination which will serve to determine my proficiency in Funeral Service as taught in the accredited schools according to the standards set forth by the Examination and National Board Committee. I agree to abide by the rules and regulations governing the conduct of this examination, the certification procedures, and to accept the results as evidence of my knowledge of Funeral Service for the review of any governmental licensing agency for the funeral service profession. I hereby authorize the release of my scores and certification of passage to the state or states indicated and the school of mortuary science from which I have graduated. I also authorize the school of mortuary science that I am attending or have attended to verify to The International Conference my graduation or my expected graduation within 45 days from that program. I understand that my name and address may be provided to the state in which I am taking the exam if it is required by that state. I further understand that my NBE scores will not be released until The International Conference has been notified of my completion of an accredited program of mortuary science. I hereby acknowledge having received and read The International Conference's Application Brochure for the National Board Examination and agree to be bound by its terms and conditions.

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

Section 2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Section 3. Name \_\_\_\_\_  
(Please Type or Print this application - This is how your name will appear on your certificate.)

Section 4. Address \_\_\_\_\_  
(Your Wall Certificate and ID Card any other information sent by mail will be sent to this address.)

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

Section 5. Phone (Day Time) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone (Evening) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Section 6. E-mail address \_\_\_\_\_ (Note: Important information will be sent to this address.)

Section 7. School of Mortuary Science graduating from \_\_\_\_\_ School Code \_\_\_\_\_  
(See page 9 for school names and codes)

Section 8. Send my Certified Scores to the following State Board(s): (See page 9 for state codes)

(1) \_\_\_\_\_ (First state included in application fee, but you MUST indicate which state)

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (Additional states are \$15.00 each)

Section 9. Do you have a disability that requires a special accommodation for you to take the National Board Examination?

NO

YES Explain the nature of the disability and the type of accommodation requested: \_\_\_\_\_

You must also include documentation of the existence and nature of the disability. (See page 4 of the application brochure)

Section 10. Have you previously taken the National Board Examination?

YES. I am applying to RETAKE:

Both sections (\$350 Fee)

Science Only (\$200 Fee)

Arts Only (\$200 Fee)

NO. I wish to take the NBE – Arts and Sciences Sections (\$350 Fee )

(Remember, you can register for both sections and still schedule them for different days)

Section 11: Application FEE: The appropriate fee, in the form of a money order, bank cashier's check, or major credit/debit card authorization, must accompany this application. No personal or business checks are accepted.

Amount of Fee Enclosed: \$ \_\_\_\_\_ ( ) Money Order ( ) Cashier's Check

( ) VISA, ( ) MC, ( ) AMEX, ( ) Discover \_\_\_\_\_  
(15 or 16-digit Account #)

Expiration Date \_\_\_\_\_  
(4-digit Exp Date)

CSC Verification # \_\_\_\_\_  
(On front of Amex. On back of other cards)

Authorized Credit Card Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that merely sending in this application and acceptance of payment does not guarantee you a seat for any specific exam. Testing appointments are subject to availability. Once your eligibility to take the NBE has been verified by The Conference, you will need to contact the testing company at 1-800-709-0180 or go to www.pearsonvue.com/icfseb to schedule your testing sessions.