

# 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 The Conference. 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 Conference the right to release my scores and certification of passage to any member jurisdiction as needed, 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 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 Conference has been notified of my completion of an accredited program of mortuary science. I hereby acknowledge having received and read The Conference's National Board Examination Candidate Handbook, and that I have watched the exam security video, and agree to be bound by their terms and conditions.

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

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

**Section 3. Name** \_\_\_\_\_

**Note:** The name on your application must match the name on both forms of ID you bring to the exam site)

**Section 4. Address** \_\_\_\_\_

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

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

**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 16 for school names and codes)

**Section 8. Send my Certified Scores to the following State Board(s):** (1) \_\_\_\_\_ (Included in application fee, and MUST be indicated)

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (Additional states are \$25.00 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 ADA Accommodations Request Form and supporting documentation** (See page 4 of the application brochure)

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

YES  NO

**Section 11. Select the section(s) that you are applying for:**

Both sections (\$400 Fee)  Arts Only (\$200 Fee)  Sciences Only (\$200 Fee)

**Section 12: REGISTRATION FEE:** The appropriate fee, in the form of a money order or bank cashier's check must accompany this signed application. **Personal or business check's will be returned to sender and processing of the application will be delayed until proper payment method is received.**

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

**(Credit card payments must be submitted via online application process)**

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 authorization to test has been released by The Conference, you will need to contact Pearson VUE at [www.pearsonvue.com/theconference](http://www.pearsonvue.com/theconference), or via phone: 1-800-709-0180, to schedule your testing sessions.