

# Certified Funeral Director (CFD) Application

Review and complete both pages of this application form. Submit completed application form, non-refundable application fee (payable to the Colorado Funeral Service Board), and supplemental materials (list of all required documentation on Page 2), to the address noted on Page 2 of this form. All applicant materials must be in English – foreign language translation is the responsibility of the applicant.

Applications are reviewed by the CFSB Board on a quarterly basis in February, May, August and November. Applications and all supplemental materials must be received by the 15<sup>th</sup> day of the month prior to the quarterly meeting to be considered for approval, or the application may be deferred for review until the next quarterly meeting. If certification is approved, application fees will be applied toward your annual certification.

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION BELOW

|                                      |   |  |  |
|--------------------------------------|---|--|--|
| Applicant's Name                     |   | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Date of Birth (mm/dd/yyyy)           | Place of Birth  |  |  |
| Home Address                         |   |  |  |
| City, State and Postal Code          |   |  |  |
| Area Code and Phone                  | How long at current address   |  |  |
| Email                                | May we contact you via email?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |
| Currently employed at                |   |  |  |
| Business Address                     |   |  |  |
| Business City, State and Postal Code |   |  |  |
| Business Area Code and Phone         | Fax   |  |  |

**EDUCATION**

|  |          |                                |                                |                              |
|--|----------|--------------------------------|--------------------------------|------------------------------|
| I have completed : <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College/ University <input type="checkbox"/> Mortuary Science School |          |                                |                                |                              |
| High School Name   |          | City, State                    |                                | Date graduated (month, year) |
| College / University   |          |                                | City, State                    |                              |
| College Start year   | End Year | Degree/Area of study           | Number of hours/credits earned | Date graduated (month, year) |
| Mortuary Science School  |          |                                | City, State                    |                              |
| Mortuary School Start year   | End year | Number of hours/credits earned | Date graduated (month, year)   |                              |

**COLORADO INTERNSHIP** *Attach original notarized affidavit form with this application.*

|   |  |
|---|--|
| Option A: I have completed at least 60 semester hours or 90 quarter hours of college credit and have served an internship of at least 24 months with no less than 50 funeral directing case reports under the supervision of a currently certified Mortuary Science Practitioner.<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Option B: I have served an internship of at least 72 months with no less than 150 funeral directing case reports under the supervision of a currently certified Mortuary Science Practitioner.<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| MSP Name (print)  | MSP Number   |
| Funeral Home  | City, State  |
| Internship Start Date   | End date   |

**EQUIVALENCY**

|   |
|---|
| I am applying for certification under the Equivalency program and have a letter or affidavit from the licensing authority of the State of |
|---|

APPLICANT COMPLETION

I, \_\_\_\_\_, have completed the above information to the best of my ability and further state that all is a true and lawful account of the same and on the date indicated above do hereby apply to the Colorado Funeral Service Board for certification as a Certified Funeral Director in the State of Colorado. If accepted for certification, I hereby declare that I have read and agree to abide by the recommended standards of practice Colorado funeral service professionals as adopted by the Colorado Funeral Service Board and will continue to adhere to the specific standards, criteria and requirements necessary to hold a Certified Funeral Director Certification. I further agree to abide by the rules and regulations and statutes governing the practice of funeral service in the State of Colorado now existing or which may be adopted in the future. I further realize that the application fee enclosed herewith is not refundable and desire that the governing board and its administrators of the Colorado Funeral Service Board will look favorably upon my application to become a recognized part of the funeral service profession in the State of Colorado.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

All documentation and payment of \$75 non-refundable fee must be received before applications are considered for approval. If applying for dual CFD-CET certification, the total application fee is \$95.

All applicant materials must be in English – foreign language translation is the responsibility of the applicant.

**The following documentation is required for CFD Application**

1. Completed CFD Application and payment of \$75 non-refundable application fee, payable to the "CFSB" (\$95 if applying for dual certification as CFD-CET)
2. Certified transcripts from all educational institutions attended:
  - High school transcript/diploma or GED equivalency
  - College transcripts – 60 semester hours or 90 quarter hours (may include Mortuary Science or other college credit)
  - Mortuary Science school transcripts (completion at an ABFSE accredited school)
3. Proof of Internship – Original notarized CFSB Affidavit form signed by supervising MSP or licensed practitioner in other state

**Documentation Requirements if applying for Licensing Reciprocity/Equivalency from Another State**

1. Completed CFD Application and check for \$75 payable to the "CFSB" (\$95 if applying for dual certification as CFD-CET)
2. Certified transcripts from all educational institutions attended:
  - High school transcript/diploma or GED equivalency
  - College transcripts – 60 semester hours or 90 quarter hours (may include Mortuary Science or other college credit)
  - Mortuary Science school transcripts (completion at an ABFSE accredited school)
3. Proof of Internship – Original notarized CFSB Affidavit from supervising MSP or licensed practitioner in other state
4. Copy of current license(s)
5. Letter from the state licensing authority attesting to your standing with home state licensing board

To maintain your CFD Certification for the CFSB, you will be required to provide evidence of six (6) continuing education credits per year and remit annual renewal fee of \$75 (or \$95 if dual CFD-CET) to the Colorado Funeral Service Board.

**Colorado Funeral Service Board**

A Voluntary Professional Certification Agency for the Advancement of Professionalism in Funeral Service in Colorado  
c/o Colorado Funeral Directors Association, P. O. Box 631664, Highlands Ranch, CO 80163-1664  
Phone 303-791-2336, Fax 303-395-2609, Email mail@cofda.org  
www.cofda.org

# Affidavit/Verification of Funeral Cases for Certification as a Certified Funeral Director

I, (please print) \_\_\_\_\_, of  
(funeral home) \_\_\_\_\_,  
Certified Mortuary Science Practitioner # \_\_\_\_\_ being duly, sworn, deposed and say that I have known  
(applicant) \_\_\_\_\_, for \_\_\_\_\_ years, and that he/she  
began his/her internship under me (exact start date) \_\_\_\_\_, and served  
continuously as such until (exact end date) \_\_\_\_\_, and that during such time he/she  
actually directed (# of cases) \_\_\_\_\_ under my direction as shown by records upon case reports  
filed.

I further state that this applicant is of good moral character and that I believe his/her statements as made in  
this application to be true in every respect and I recommend him/her favorably to said Board.

I understand that any false statements on my part regarding the above constitute grounds for revocation of my  
certification.

Signed by MSP \_\_\_\_\_ MSP Number \_\_\_\_\_

Date \_\_\_\_\_

## FOR NOTARY PUBLIC

Before me personally appeared (supervising MSP) \_\_\_\_\_

and made oath and says that all of the foregoing statements are true.

Sworn and subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

\_\_\_\_\_ a Notary Public in and for

\_\_\_\_\_ County, State of \_\_\_\_\_.

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