



**National Board Exam
Endorsement of Eligibility**
(Please Type or Print)

Information must match the name and information on file with The International Conference.

Name _____ Title _____
("the endorser")

Regulatory Board/Authority _____
("the endorsing jurisdiction")

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____

Candidate Name _____
(First) (Middle) (Last)

Date of Endorsement

I confirm that my jurisdiction is recognized by The Conference in a manner and form approved by The Conference.

I hereby endorse the listed candidate for application for the National Board Examination, which will serve to determine his/her proficiency.

I confirm that the candidate currently holds a valid license in good standing to practice as a mortician, funeral director, embalmer, or equivalent and is in good standing within a jurisdiction outside of the United States of America.

I further confirm that the candidate possesses the education or work experience that is substantially equivalent to that necessary to practice in the jurisdiction endorsing.

Signature of Endorser

Not Valid Without Official Seal of the
Regulatory Board/Authority

Must Submit an original form (facsimiles or copies will not be accepted)