



# Application for the Hawaii State Board Embalmers Examination 1011

(Please Type or Print)  
Effective January 2009

Social Security #: \_\_\_\_\_

Name: (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_  
(Exactly as it appears on your ID)

Address: \_\_\_\_\_

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

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you previously taken the Hawaii State Board Embalmers Examination? NO ( ) YES ( )

Do you have a disability that requires a special accommodation for you to take this examination?  
NO ( )

YES ( ) If yes, state the nature of the disability and the specific accommodation requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide documentation of the existence and nature of the disability. (See Item 6 in directions.)

## HI State Board Embalmers Exam Registration Fee: \$150.00

Fee: The appropriate fee, in the form of a money order, bank cashier's check, or major credit/debit card authorization, must accompany this signed application. Money Orders and Bank Cashier's Checks should be made payable to "The Conference." **NO PERSONAL OR BUSINESS CHECKS ARE ACCEPTED.**  
**ALL FUNDS PAID FOR THE HI SBE ARE NON-REFUNDABLE.**

Amount of Fee Enclosed: \$ \_\_\_\_\_ ( ) Money Order ( ) Cashier's Check  
( ) VISA, ( ) MC, ( ) Discover \_\_\_\_\_  
(16-digit Account #)

Expiration Date \_\_\_\_\_ CSC Verification # \_\_\_\_\_  
(4-digit Exp Date) (On back of card)

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

I hereby acknowledge that I have read the Application Brochure and agree to be bound by its terms and conditions.  
By signing below, you authorize The Conference to release the results of this  
Hawaii State Board Examination to the Hawaii State Board of Funeral Service

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



1885 Shelby Lane  
Fayetteville, AR 72704  
(479) 442-7076  
FAX (479) 442-7090  
E-Mail: exams@theconferenceonline.org

## Completing the Application Form

Please follow these directions carefully.

**Please type or print legibly.** The Conference takes no responsibility for delays or problems that might arise due to an illegible application.

1. Enter your Social Security Number in the space provided.
2. Enter your name exactly as it appears on your official identification.
3. Enter the address where you wish all mailings from our office to be sent, including your wall certificate.

*NOTE: if your name or address changes, you will need to notify us in writing (letter, fax or e-mail).*

4. In the space designated Daytime Phone #, enter a number where you can be reached during normal business hours should there be any questions regarding your application prior to the exam. In the space designated Evening Phone #, enter your home or cell number.
5. Indicate if you are a first time taker for the AL State Board Funeral Directors Examination.
6. Check YES or NO. Where necessary, The International Conference may provide auxiliary aides, services, and accommodations for disabled applicants. To qualify for accommodations, please submit the ADA Examination Accommodation Request Form along with current written supporting documentation (within 3 years) from a qualified health professional. The applicant must pay any costs of providing such documentation and must indicate on the application the accommodation requested.
7. Complete the payment section of the application. Please note that **ONLY** cashier's check, money order, or major credit/debit cards are accepted. We cannot accept personal or business checks.
8. Read and acknowledge your understanding of the release statement by **signing your name** and placing the current date on the application.

### **Please Check Your Application Very Carefully!!**

**Failure to complete the application correctly and completely may result in failure to qualify to take the examination or a delay in reporting your results to the Alabama State Board of Funeral Service.**

9. Submit your application with the correct payment to The Conference.



**MAIL to:** The Conference      **OR**      **FAX to:** 1-479-442-7090  
1885 Shelby Lane  
Fayetteville, AR 72704