

INTERNATIONAL APPLICATION
FOR THE
NATIONAL BOARD EXAMINATION (NBE)
(Please Type or Print)

Section 1. To: THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS, INC. (The International Conference)

I hereby make application for the National Board Examination which will serve to determine my proficiency in Funeral Service 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 jurisdiction(s) indicated. I understand that my name and address may be provided to the jurisdiction in which I am taking the exam if it is required by that jurisdiction. I further understand that my NBE scores will not be released until The International Conference has been notified of eligibility by endorsement by a regulatory board/authority and that the endorsement will be valid only for the jurisdiction endorsing me. My scores and certificate will identify that the NBE was completed by endorsement and identify the jurisdiction endorsing me. 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. (Note: The NBE is available in English only.)

Date _____ Signature _____

Section 2. ID 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/Province/Territory/Int'l. Jurisdiction _____ Country _____ Code _____

Section 5. Phone (Day Time) _____

U.S. Contact: Name _____ Phone _____
(Note: This will be a person we use to contact you if we are unable to reach you.)

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

Section 7. International Jurisdiction where Current Licensure is Held _____

Section 8. Regulatory Board/Authority Endorsing Candidate _____

Section 9. Send my Certified Scores to the following regulatory board(s) _____

Section 10. 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. (ADA form located at theconferenceonline.org)

Section 11. Have you previously taken the National Board Examination?

- YES. I am applying to RETAKE:
 - Both sections (\$400 Fee)
 - Science Only (\$200 Fee)
 - Arts Only (\$200 Fee)
- NO. I wish to take the NBE – Arts and Sciences Sections (\$400 Fee)
(Remember, you can register for both sections and still schedule them for different days)

Section 12. 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, () Discover _____
(16-digit Account #)

Expiration Date _____ **CSC Verification #** _____
(4-digit Exp Date) (On back of card)

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 International 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.