



Application for the
Louisiana State Board Examination 1004
(Please Type or Print)
Effective July 2008

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 Louisiana State Board 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.)

LA SBE 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 LA SBE ARE NON-REFUNDABLE! THERE ARE NO EXCEPTIONS TO THIS POLICY!

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 Louisiana State Board Examination to the Louisiana State Board of Embalmers and Funeral Directors.

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 Louisiana SBE..
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 card 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 Louisiana State Board of Embalmers & Funeral Directors.

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