



# Application for the Nevada State Board Examination 1010

(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 Nevada State Board Exam? 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.)

**NOTICE: \$100 additional fee required by the Nevada State Funeral Board. Please Mail fee to:**  
Nevada State Funeral Board  
4894 W. Lone Mountain Rd.  
Las Vegas, NV 89130

## NV 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 NV SBE ARE NON-REFUNDABLE! THERE ARE NO EXCEPTIONS TO THIS POLICY!**

Amount of Fee Enclosed: \$ \_\_\_\_\_ ( ) Money Order ( ) Cashier's Check

( ) VISA, ( ) MC, ( ) AMEX, ( ) Discover \_\_\_\_\_  
(15 or 16-digit Account #)

Expiration Date \_\_\_\_\_ CSC Verification # \_\_\_\_\_  
(4-digit Exp Date) (On front of Amex. On back of other cards)

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  
Nevada State Board Examination to the Nevada State Funeral Board.

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 Nevada SBE.
6. Check YES or NO. If yes, read these guidelines carefully!  
*Where necessary, The Conference may provide auxiliary aides, services, and accommodations for disabled applicants. The Conference requires that such an applicant provide documentation of the existence and nature of the disability as evidence that he or she is entitled to modifications or aids. In the case of learning disabilities, this evidence must be disclosed in written form as part of the application and must be from a licensed psychological examiner or other licensed professional who is qualified to make such determinations. The applicant must pay any costs of providing such documentation and must indicate on the application the specific accommodation requested. **The written documentation must be current (within 5 years of the date of the application).***
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 Nevada State Funeral Board.**

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