



APPLICATION FOR TEMPORARY OUT OF STATE MORTUARY SCIENCE LICENSE

Authority: Public Health Epidemic Order Issued 5/4/2020 by MDHHS

Penalty: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name (First, Middle, Last)			U.S. Social Security Number	Date of Birth
Address		City	License Number	State Licensed In
State	Zip Code	Telephone Number	E-mail Address (Required)	

My license is in good standing and I have no prior or pending disciplinary action taken against this license.

Yes No

Required Additional Documents

- A certified statement from the examining board of the state in which you hold a license that shows the basis on which the license was granted, and whether that board has suspended, revoked, or limited that license.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

Signature

FEE INFORMATION BELOW

FOR OFFICE USE ONLY

Temporary Mortuary Science License No Fee

Temporary License Number

Approved By:

Date Approved:

IMPORTANT INFORMATION REGARDING TEMPORARY LICENSE

- Temporary licenses issued under Public Health Epidemic Order issued 5/4/2020 by MDHHS are only valid until the expiration of this Order.
- Temporary licenses are delivered via electronic mail (e-mail) you will not receive a paper copy.