

WYOMING STATE BOARD OF FUNERAL SERVICE PRACTITIONERS

2001 CAPITOL AVENUE, ROOM 127
CHEYENNE, WY 82002
(307) 777-5403

2026 FUNERAL SERVICE PRACTITIONER APPRENTICE PERMIT ANNUAL RENEWAL APPLICATION

Your 2026 annual renewal form and fee of \$75.00 must be **POSTMARKED BY FEBRUARY 1, 2026** in order for your permit to remain current. Any renewal **after** February 1, 2026 will be subject to a \$75.00 late fee. Any renewal post-marked **after** March 2, 2026 will be returned unprocessed and the funeral service practitioner apprentice permit will become null and void.

If there are any corrections to the information listed in **bold** below, please correct that legibly in the empty fields.

1. Applicant Information

<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>
<i>Permit No.</i>	<i>Supervising FSP</i>	

2. Residential Mailing Address

	<i>Residential Mailing Address</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i>
	<i>Home Phone</i>		<i>Cell Phone</i>

3. Employer Information and Mailing Address

	<i>Business Name</i>		
	<i>Business Mailing Address</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i>
	<i>Business Phone</i>		<i>Cell Phone</i>

4. Mail Preference

<i>I prefer to receive mail at:</i>	<input type="checkbox"/> Home	<input type="checkbox"/> Business
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5. Email Preference

Issues with your application and general correspondence will be sent to you via email. Please provide an email you check regularly.	
	<i>Email</i>

6. Military Information

Are you a military service member as defined in W.S. 33-1-116(a)(ii)?

☐ Yes ☐ No

Active duty military members are exempted from the payment of the renewal fee and compliance with any continuing education requirements. A copy of your orders is required as evidence that you qualify for this exemption.

Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)?

☐ Yes ☐ No

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7. Continuing Education

A minimum of **8** continuing education hours are required for renewal and must be itemized below. For the 2026 renewal, hours must have been obtained between February 2, 2025 and February 1, 2026. **For additional information, refer to Chapter 9, Section 3, of the Rules and Regulations.**

#	DATE(S)	COURSE/ACTIVITY	PROVIDER	HOURS
1				
2				
3				
4				
Total Hours Submitted:				

8. Practice History

If you mark yes to any of the below questions, you **must** attach a detailed explanation. Provide copies of documentation if applicable.

A	Since the submission of your last renewal or initial application, has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership or membership in any profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Since the submission of your last renewal or initial application, have you withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Since the submission of your last renewal or initial application, has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed a fine or civil penalty, required continuing education, or otherwise disciplined you, your license, your license, permit, certificate, registration or membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D	Since the submission of your last renewal or initial application, have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	Since the submission of your last renewal or initial application, to the best of your knowledge has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F	Since the submission of your last renewal or initial application, have you been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G	Since the submission of your last renewal or initial application, have you been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than traffic violations) in any court? <i>If yes, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
H	Since the submission of your last renewal or initial application, have you been diagnosed with, or do you have any condition, impairment, or addiction (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I	Since the submission of your last renewal or initial application, have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Signature

I verify by signing below that the information I have provided is accurate and that I have read the rules and regulations promulgated by the Wyoming State Board of Funeral Service Practitioners, and W.S. 33-16-501 through 537. Additional documentation will be provided upon request. Providing false information to the Board is a violation of the Board's rules and may be subject to enforcement action.

Signature of Applicant

Date