

Mortuary Science COVID 19 Roster Application for Unlicensed Trained Employees

Instructions

Review your rights under the Minnesota Data Practices Act: Minnesota Statutes 13.04 RIGHTS OF SUBJECTS OF DATA (<https://www.revisor.mn.gov/statutes/cite/13.04>).

Applicant Information

| | | |
|---------------|---------------|----------------|
| Last Name | First Name | Middle Initial |
| Home Address | City | State Zip |
| Phone Number | Cell Phone | Fax Number |
| Email Address | Date of Birth | |

Establishment Information

| | |
|---|--------------------------------|
| Name of Establishment | Establishment License Number |
| Name of Mortician Supervising Applicant's Unlicensed Practice | Supervisor's MN License Number |
| Mailing Address | City State Zip |
| Email Address | Phone Number Fax Number |

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that providing false information may result in denial of roster placement.

| | |
|------------------------|-------------|
| Signature of Applicant | Date Signed |
|------------------------|-------------|

Supervision of COVID 19 Unlicensed Person

Pursuant to the COVID-19 Mortuary Science Licensing and Practice Standards Modification and Waiver, authorized by the Governor's [Executive Order 20-32](#), and [Laws of Minnesota 2020, chapter 74, article 13, H.F. 4556](#), the MDH modified licensing standards in Minnesota Statutes, section [149A.90, subd. 2](#), to support the funeral industry during the COVID-19 peacetime emergency. With the projected increase in deaths due to COVID-19, these waivers are needed to assure funeral providers have the professional capacity to make removals. This waiver allows trained mortuary science practitioners to utilize trained, unlicensed personnel to make removals, as needed, to support COVID-19 activities.

Funeral providers and supervising morticians are required to complete this form. The unlicensed person must submit this form to our office prior to making independent removals from the place of death. Once the form is complete, the name of the unlicensed person shall be listed in a roster containing the names and contact information for unlicensed persons, along with the name and license number of the funeral establishment and director mortician supervisor.

I, _____ verify that I am a duly licensed mortician and am directly responsible for supervising the above-named unlicensed individual. I verify the above-named individual received training to make removals consistent with the provisions of Minnesota statutes, chapter 149A, and sections 149A.90.

Name of Unlicensed Person

Name of Funeral Establishment

Establishment License Number

Mailing Address

City

State

Zip

I am responsible for the actions of the unlicensed persons under my direct supervision. I understand and accept the waiver of the licensing standards, referenced above, and the requirements in Minnesota Statutes, Chapter 149A. I read the above requirements and agree to supervise in accordance with the provisions of Minnesota Statute, 149A.90.

Minnesota Supervising Mortician's Name

Minnesota License Number

Signature

Date

Minnesota Department of Health
Mortuary Science
PO Box 64882
St. Paul, MN 55164-0882
651-201-3829
health.mortsci@state.mn.us

7/20/20

To obtain this information in a different format, call:
651-201-3829.