

NBE Funeral Service Exam Study Guide

190+ High-Yield Terms & Concepts for the National Board
Examination

TemplateForge

Copyright (c) 2026 TemplateForge. All rights reserved.

This material is for personal study use. No part of this book may be reproduced or distributed without written permission from the publisher.

This guide is an independent study aid and is not affiliated with or endorsed by any certifying board or licensing authority. Always verify current exam requirements with your official source.

Contents

NBE Funeral Service Exam Study Guide

190+ High-Yield Terms & Concepts for the National Board Examination

How to Use This Guide

PART 1 -- THE NATIONAL BOARD EXAMINATION (10 Concepts)

PART 2 -- ARTS SECTION

Section A1: Funeral Directing & Arrangement (20 Concepts)

Section A2: Counseling, Grief & Aftercare (16 Concepts)

Section A3: Merchandising (16 Concepts)

Section A4: Business, Management & Financial (18 Concepts)

Section A5: Ethics, Law & Regulation (20 Concepts)

PART 3 -- SCIENCES SECTION

Section S1: Embalming (24 Concepts)

Section S2: Restorative Art (16 Concepts)

Section S3: Microbiology & Infection Control (20 Concepts)

Section S4: Pathology (14 Concepts)

Section S5: Chemistry (15 Concepts)

Final Review & Test-Day Strategy (8 Concepts)

NBE Funeral Service Exam Study Guide

190+ High-Yield Terms & Concepts for the National Board Examination

Price: \$19 | **Format:** PDF Workbook

Category: Licensing Exam / Funeral Service

Design: Deep charcoal navy (#1F2933) + muted gold accent

Important Disclaimer: An independent study companion. This publication is **not** affiliated with, endorsed by, or sponsored by the International Conference of Funeral Service Examining Boards (ICFSEB), the administrator of the National Board Examination. For complete and authoritative preparation, consult the **official ICFSEB NBE Candidate Handbook**, the **official NBE Study Guide**, and the **Practice National Board Exam**. The National Board Examination is one part of state licensure -- **state licensure requirements vary by state**, and each state may add its own state board examination and apprenticeship requirements. Verify current exam content and requirements with your program and state licensing board.

How to Use This Guide

The National Board Examination (NBE) is a national, computer-based licensure exam that evaluates the content knowledge needed to practice as a licensed funeral director or embalmer. It is administered in two separate sections: an Arts section and a Sciences section. This workbook distills the highest-yield terms and concepts from both sections into plain, original language you can drill and recall quickly. Work through Part 1 (exam overview and Arts), then Part 2 (Sciences), using the tables to test yourself on definitions and key facts before the exam. This is a study aid -- pair it with your accredited program materials, the official ICFSEB candidate handbook, and the official practice exam for full preparation.

PART 1 -- THE NATIONAL BOARD EXAMINATION (10 Concepts)

Know the exam itself before you memorize content: how it is structured, how it is delivered, and how results are reported.

#	Term	Key Facts	Strategy Tip	Example
1	National Board Examination (NBE)	A national, computer-based exam of the content knowledge needed to practice funeral service as a licensed funeral director or embalmer.	It is one licensing gate -- most states also require a state board exam and apprenticeship.	A graduate passes the NBE and then also passes their state board examination to obtain a license.
2	Administering Body (ICFSEB)	The International Conference of Funeral Service Examining Boards (the Conference) sets and administers the NBE.	Refer candidates to the Conference's candidate handbook and official study materials.	ICFSEB manages registration, eligibility, and the official study guide.
3	Two Exam Sections	The NBE has two separate sections: an Arts section and a		

Sciences
> section.

Schedule and
prepare for each
section
separately -- they
test different
bodies of

knowledge.

A candidate sits
for the Arts
portion one day
and the Sciences
portion another.

4	Arts Section Content	Covers funeral directing and arrangement, counseling, merchandising, business and management, ethics, and law and regulation.	These are the people, service, and business skills of funeral practice.	A question on arranging a service and completing a death-notice belongs to the Arts content.
5	Sciences Section Content	Covers embalming, restorative art, microbiology, pathology, and chemistry.	These are the technical and scientific underpinnings of body preparation.	A question on embalming fluid selection or decomposition belongs to the Sciences content.
6	Computer-Based Delivery	The NBE is delivered at computer-based testing centers (administered through Pearson VUE).	Practice test-taking on a computer and watch the clock per section.	A candidate schedules their section and takes it at an approved test center.
7	Registration & Eligibility	Candidates register online and pay through the Conference; eligibility is certified through the accredited program; the Conference adds the candidate to the master list for testing.	Complete registration early and confirm your name is on the master list before your scheduled date.	A student applies through the Conference portal after the college certifies graduation requirements have been met.
8	Pass/Fail Reporting	Results are reported as pass/fail on the spot; unsuccessful candidates receive a Performance Feedback Chart by content area to guide retaking.	Use the feedback to target your weakest content areas.	A candidate who fails the Sciences section uses the feedback chart to review embalming and pathology.
9	Score Reporting to States	Numerical scores are released to state licensing boards, not directly to the candidate.	Do not expect a numeric score -- expect a pass/fail result.	The state board receives the candidate's score as part of the license application.

10	Retaking the Exam	Once declared eligible, a candidate remains eligible and may retake a section if needed; the Conference sets retake rules.	Follow the Conference's official retake policy between attempts.	A candidate books a retake of the Arts section after additional study.
----	-------------------	--	--	--

PART 2 -- ARTS SECTION

Section A1: Funeral Directing & Arrangement (20 Concepts)

The arrangement conference and the directing of a service are the heart of the funeral director's role.

#	Term	Key Facts	NBE Tip	Example
1	Arrangement Conference	The structured meeting where the funeral director counsels the family, gathers information, and plans the funeral/ceremony and transfer of the deceased.	Guide the family through choices calmly and thoroughly; document everything.	The director meets the family to plan the service, obituary, and cemetery arrangements.
2	Funeral Director	A licensed professional who manages funeral arrangements, ceremonies, and the disposition of the deceased.	The director is the primary coordinator between family, clergy, cemetery, and regulators.	The funeral director schedules the service, coordinates the cemetery, and directs the staff.
3	Embalmer vs. Director	The embalmer specializes in preparing the body (preservation and restoration); the director manages arrangements and the service.	In many licensed roles a person holds both capacities; the exam keeps them distinct.	The embalmer prepares the body while the director manages the family and service details.
4	Death Notices & Obituaries	A death notice is a basic factual announcement; an obituary is a fuller biographical tribute, often paid for by the line or the family.	Confirm facts and spelling with the family; obituaries are usually a paid service.	The family submits an obituary with biographical details and it is placed in the local paper.
5	Authorizing Agent	The person legally authorized to direct disposition and authorize embalming/procedures (typically		

next of kin or a legal designee).

Always obtain the proper signed authorization before procedures.

The spouse, as next of kin, signs the authorization for embalming.

6	Standard of Care	The level of skill and diligence a reasonably competent funeral director/embalmer would exercise in similar circumstances.	Act as a reasonable professional would; documentation is key.	A director who promptly arranges refrigeration and follows regulations meets the standard of care.
7	Release of the Body	The legal/administrative transfer of the deceased into the funeral home's care, with the proper permit/authorization.	Ensure a proper disposition permit and authorization exist before transfer.	The authorized agent releases the body and the funeral home assumes care.
8	Disposition Options	The ways a body may be handled after death: burial, cremation, entombment, and other lawful methods.	Present the legal options; preference and local rules govern.	The family chooses cremation over burial based on the decedent's wishes.
9	Funeral vs. Memorial Service	A funeral service typically has the body present; a memorial service occurs without the body present.	The presence or absence of the body distinguishes the two.	A memorial ceremony is held a month after death; no remains are present.
10	Visitation / Calling Hours	A scheduled period when the body is present and friends/family may pay respects before the service.	Arrange staffing and timing; respect family wishes on open or closed casket.	The family holds visitation the evening before the service.
11	Procession & Escort	The organized movement of vehicles from the service to the cemetery, often with a lead car and, if needed, police escort.	Brief staff and drivers; keep the procession safe and legal.	Vehicles line up behind the hearse and the procession travels to the cemetery.
12	Committal Service	The brief ceremony at the grave or crematory where final disposition		

takes place.

Coordinate
timing with the
cemetery/cremat
ory and clergy.

The family
gathers at the
graveside for a
short committal
before burial.

13	Graveside / Interment	The act of placing the casket or urn in the ground or a niche for final disposition.	Confirm the grave location and any cemetery regulations.	The casket is lowered and the grave is closed after the graveside service.
14	Cremation Arrangements	The process of arranging for cremation, including required authorizations, permits, and handling of the cremated remains.	Strict paperwork: authorizations, permit, and identification chain of custody.	The funeral home completes cremation authorizations and transfers the body to the crematory.
15	Cremated Remains / Ashes	The residue left after cremation; may be placed in an urn, scattered (where lawful), or buried in a niche.	Confirm legal and cemetery rules for handling, scattering, or burial.	The family chooses to place the ashes in a memorial niche.
16	Coroner vs. Medical Examiner	A coroner is often an elected official of varied medical background; a medical examiner is a physician (often a forensic pathologist) who investigates and certifies causes of death.	Know who investigates reportable deaths in a jurisdiction.	A medical examiner performs an autopsy to determine cause of death in a suspicious case.
17	Jurisdiction & Notice of Death	The requirement to report certain deaths (unattended, traumatic, suspicious, or within a time period) to the coroner/medical examiner or authorities.	Know which deaths are reportable and the time window.	Sudden, unexplained, or traumatic deaths are reported before the body is released.
18	Permit for Disposition	The legal authorization (often from the state registrar) permitting burial, cremation, or		

other disposition.

No disposition may occur without the proper permit.	The funeral home files the death certificate and obtains the disposition permit.
---	--

19	Vital Records	Official records of life events including birth, marriage, death, and divorce.	Accurate, timely death-registration is a core duty.	The funeral director files the death certificate with the vital records office.
20	Pre-Need Planning	Arrangements and/or funding made in advance of death for a future funeral.	Distinguish pre-need (arranged/funded in advance) from at-need (after death).	A client pre-funds a service that will be delivered at the time of death.

Section A2: Counseling, Grief & Aftercare (16 Concepts)

The funeral director serves as a supportive presence for grieving families and knows the normal course of grief.

#	Term	Key Facts	NBE Tip	Example
1	Grief	The natural emotional, physical, and psychological response to loss.	Grief is normal; the director supports, not diagnoses.	A family weeps and feels numb after the loss of a loved one.
2	Bereavement	The state/period of having experienced a loss; the objective condition of having lost someone.	Distinguish grief (the reaction) from bereavement (the state).	The widow is in a period of bereavement following her husband's death.
3	Mourning	The outward, culturally and socially expressed forms of grief.	Mourning is the social expression shaped by culture and custom.	The family wears black and holds a wake as cultural expressions of mourning.
4	Anticipatory Grief	Grief experienced before an anticipated death, such as during a terminal illness.	Families may grieve before the actual death occurs.	A family begins to grieve while a loved one is in hospice.
5	Normal vs. Complicated Grief	Normal grief moves toward adaptation over time; complicated grief fails to resolve and interferes with function.	Recognize when to refer; complicated grief warrants professional help.	A person unable to function for a year after a loss may have complicated grief.
6	Grief Counseling	Supportive helping of a person through normal grief to healthy adaptation.	Distinguish from psychotherapy; counseling supports the grief process.	A bereavement counselor helps a client work through normal grief reactions.
7	Grief Therapy	A more clinical intervention for complicated or pathological		

grief, provided by
licensed
mental-health
professionals.

Refer
complicated
cases to
appropriate

professionals.

A therapist treats
complicated grief
with targeted
clinical methods.

8	The Grief Counselor's Role	To facilitate a healthy grieving process, provide support, and educate, not to give personal advice or push the family into decisions.	Stay supportive and non-directive; support the family's choices.	A counselor normalizes the family's feelings and lets them make their own decisions.
9	Death-Acceptance Frameworks	Structured views of how people experience dying and loss (e.g., the well-known five-stage model: denial, anger, bargaining, depression, acceptance).	Frameworks are general models, not stages everyone passes in order.	A dying person may cycle between denial and anger rather than moving in strict order.
10	Active Listening	Fully concentrating, understanding, and responding reflectively to a speaker.	Listen without judgment; reflect feelings back.	The director repeats back the family's concern to confirm understanding.
11	Empathy vs. Sympathy	Empathy is understanding and sharing another's feelings; sympathy is feeling pity or sorrow for another.	Empathy connects; the exam tests the distinction.	The director says "I understand this is very hard" (empathy) rather than "I feel sorry for you."
12	Therapeutic Communication	Communication that builds rapport and supports the family, using open questions, reflection, and nonverbal cues.	Use open-ended questions and allow silence.	"Can you tell me more about what your mother would have wanted?"
13	Difficult/Blocking Behaviors	Behaviors that impair the grief process, such as denial, avoidance, or over-sedation.	Recognize and gently address maladaptive coping.	A family member refuses to acknowledge the death at all.
14	Aftercare	Follow-up support offered to families after the service		

(cards, calls, support groups, remembrance events).

Aftercare is a service and relationship builder.	The funeral home sends a sympathy card and hosts a grief
--	--

support group.

15	Referral	Directing a family to an appropriate community or professional resource when needs exceed the director's scope.	Know local resources; refer without overstepping.	The director refers a family to a licensed grief counselor.
16	Ethical Boundaries in Counseling	Keeping the professional relationship appropriate -- no manipulation, exploitation, or blurring of roles.	Serve the family's grief needs, not your own.	The director declines to pressure a grieving family into expensive extras.

Section A3: Merchandising (16 Concepts)

Funeral merchandise (caskets, vaults, urns, and related products) is a major part of the service and profit.

#	Term	Key Facts	NBE Tip	Example
1	Merchandising	The selection, display, pricing, and sale of funeral products (caskets, vaults, urns, clothing, stationery).	Present products as service options, not high-pressure sales.	A director shows casket and urn selections in a showroom.
2	Casket		Caskets come in many materials; price varies widely.	A metal, gasketed casket is selected for burial.
3	Coffin vs. Casket	A coffin is tapered/shaped to the body (six or eight sided, wider at shoulders); a casket is rectangular.	The shapes are the key distinction.	An octagonal wooden coffin versus a rectangular steel casket.
4	Casket Construction Materials		Material drives price and durability.	Copper and bronze are premium metals; pine is economical.
5	Gasketed (Sealed) Casket	A casket with a rubber gasket that forms a seal intended to slow the entry of air, water, and soil.	Sealing is a selling feature, not a guarantee of preservation.	A family chooses a gasketed casket for added protection.
6	Half-Couch vs. Full-Couch Casket		Determines how much of the body is visible.	A half-couch casket shows the head and torso at visitation.
7	Burial Vault / Outer Container	A rigid outer container (concrete, steel, plastic) that surrounds the casket in the		

grave to resist
ground pressure
and water.

Vaults offer
structural support
and peace of
mind; required by
some
cemeteries.

A concrete
reinforced vault
is placed in the
grave before the
casket.

8	Grave Liner	A concrete or metal receptacle that covers the top and sides of the casket but does not seal completely.	A liner is a value alternative to a sealed vault.	A concrete grave liner protects the casket top without a full seal.
9	Urn	A container that holds cremated remains; made of many materials (metal, wood, ceramic, biodegradable).	Offers families a keepsake and a widely varied product line.	An engraved metal keepsake urn holds a portion of the ashes.
10	Rental Casket	A casket used only for viewing/visitation, with a removable interior liner, so the body may later be cremated in a suitable container.	Lets families view with a cremation disposition.	The family rents a casket for the service, then the body is transferred for cremation.
11	Outer Burial Container Selection	The choice of vault, liner, or no outer container, often governed by cemetery requirements.	Ask about cemetery requirements before selling.	The cemetery requires a concrete vault for each burial.
12	Pricing & the FTC Funeral Rule	The FTC Funeral Rule requires a printed General Price List, itemized pricing, and disclosure of the right to decline or select separately.	Always provide the General Price List on request; do not bundle unrequested items.	A family asks for the General Price List and is given it before any selection.
13	Casket Price Range Disclosure	The FTC Rule requires you to show casket prices and not require purchase of a casket for direct cremation.	Never condition a sale on the casket purchase for direct cremation.	For direct cremation, the family buys a simple container, not a casket.
14	Product Demonstration	Showing merchandise features to help a family choose appropriately for		

budget and
needs.

Ask about
budget
respectfully
before showing
products.

The director
demonstrates
casket features
after learning the
family's budget.

15	Embalming	Fluids, cosmetics, and preparation supplies used by the embalmer.	In merchandise context, preparation-related supplies are listed separately from service.	Embalming fluid and cosmetics are inventoried as prep supplies.
	Merchandise			
16	Keepsakes & Memorial Items	Small remembrance items (jewelry, photo displays, fingerprint keepsakes, guest books) offered to families.	Keepsakes personalize the service and support the grieving family.	A family orders fingerprint keepsake necklaces as mementos.

Section A4: Business, Management & Financial (18 Concepts)

A funeral home is a business; the director must manage finances, staff, facilities, and customer relationships.

#	Term	Key Facts	NBE Tip	Example
1	General Price List (GPL)	The FTC-required printed, itemized list of all goods and services with prices.	Provide it to every caller/visitor; it must be current and accurate.	A family receives the GPL listing service charges, caskets, and disposition costs.
2	Itemization Requirement	The FTC Rule requires separate pricing of each good and service so families can select and decline items freely.	Do not bundle hidden charges for declined items.	Embalming is listed and charged only if selected.
3	Service Charge / Basic Services Fee	A non-declinable fee covering the funeral home's overhead and basic services (arrangements, coordination, overhead).	It is allowed to be a non-declinable fee disclosed on the GPL.	A basic services fee covers staff time, facilities, and administration.
4	At-Need Sale	A sale of funeral goods/services arranged after death.	Pre-need is in advance; at-need is at the time of death.	The family arranges services the week after the death.
5	Pre-Need / Pre-Arrangement	Arranging and often pre-funding a funeral before death.	Includes pre-funded (trust/insurance) and pre-arranged (plan only) forms.	A client signs a pre-need plan and funds it with a trust.
6	Pre-Funding Instrument	The financial vehicle that holds pre-need funds, such as a funeral trust or insurance policy assigned to fund the plan.	Know trust vs. insurance funding and how each is regulated.	Pre-need money is placed in a revocable funeral trust.
7	Guaranteed vs. Non-Guaranteed Contract	A guaranteed plan locks in the price of specified goods/services		

at the time of
payment; a
non-guaranteed
plan lets the
price float.

Guaranteed
protects the
buyer from
inflation;

non-guaranteed
may cost more
later.

A guaranteed
pre-need
contract covers
the casket at

today's price.

8	Revenue Model	Funeral home income comes from service charges, merchandise (caskets, vaults, urns), and related services.	Most profit is in merchandise markup and services.	Casket markup and the basic services fee generate revenue.
9	Cost of Goods Sold (COGS)	The direct cost of merchandise purchased for resale (caskets, urns, etc.).	COGS subtracted from sales yields gross profit.	If a casket cost \$500 and sells for \$2,000, COGS is \$500.
10	Gross Profit	Sales revenue minus the cost of goods sold.	Watch gross margin on merchandise.	Gross profit = \$2,000 casket sale - \$500 cost = \$1,500.
11	Net Profit	What remains after all expenses (COGS, labor, facilities, overhead, taxes).	Net profit is the true bottom line.	After all expenses, the business earns a modest net profit.
12	Overhead	Ongoing operating costs not tied to a single sale (rent, utilities, insurance, administration).	Overhead must be covered by the basic services fee and margins.	Monthly rent and utilities are overhead.
13	Accounts Receivable	Money owed to the funeral home by customers for services already provided.	Track and collect receivables to maintain cash flow.	A family is billed for the funeral and pays within 30 days.
14	Accounts Payable	Money the business owes to vendors/suppliers for goods and services.	Pay vendors on time to keep supply relationships.	The funeral home owes its casket supplier for a delivered order.
15	Cash Flow	The timing and amount of cash coming in versus going out.	Manage timing so the business can meet obligations.	A dip in cash flow is bridged because pre-need funds are spread out.
16	Staff Supervision	Directing employees (licensed and support staff) in arrangements, preparation, and services.	Assign clear roles and ensure licensing is current.	The director supervises the embalmer, drivers, and clerical staff.

17	Continuing Education (CE)	Required ongoing training to maintain licensure in most states.	Track CE credits to stay compliant.	A licensed director completes the state's annual CE hours.
18	Facility & Vehicle Maintenance	Keeping the funeral home, chapels, cars, and equipment clean, safe, and serviced.	A well-maintained facility reflects professionalism.	The hearse and limousine are regularly detailed and serviced.

Section A5: Ethics, Law & Regulation (20 Concepts)

The funeral professional operates under legal and ethical duties to families, the public, and regulators.

#	Term	Key Facts	NBE Tip	Example
1	FTC Funeral Rule	The federal rule governing funeral sales: requires the General Price List, itemization, and prohibits certain deceptive acts.	Know the core rights it protects (price list, itemization, no required purchase).	Complying with the GPL and itemization is a matter of federal law.
2	Misrepresentation	Falsely stating a fact that induces a buyer to purchase; prohibited in funeral sales.	Do not exaggerate features or falsely claim legal requirements.	Claiming a "law requires" embalming when it does not is misrepresentation.
3	National Funeral Directors Association (NFDA)	A major professional trade association providing education, advocacy, and a code of ethical conduct for members.	Membership is voluntary; its ethical code guides members.	An NFDA member follows the association's code of ethical practice.
4	Embalming Laws	State laws that require embalming in certain cases (e.g., interstate transport, certain time periods, certain diseases) and permit it otherwise.	Embalming is generally not legally required unless state law or the chosen disposition requires it.	A state law requires embalming for a body transported across state lines.
5	Right to Decline Embalming	Unless state law requires it, a family may decline embalming; the funeral home may not force it.	Embalming is a choice where permitted; alternative preparation exists.	The family declines embalming and selects refrigeration instead.
6	State Board of Funeral Service	The state regulatory body that licenses funeral homes,		

directors, and
embalmers and
enforces
regulations.

Licensees answer to the state board.	The state board investigates a consumer complaint.
--	---

7	Licensure	The state-granted authorization to practice funeral service, requiring education, examination, and fee.	Practicing without a license is illegal.	A graduate obtains a license before practicing as a director.
8	Interstate Transport & Transit Permit	Permits required to transport a body across state lines (often a transit permit from the state of death).	Embalming or a proper sealed container may be required for transport.	The funeral home obtains a transit permit to ship the body out of state.
9	Chain of Custody	The documented, uninterrupted control over the body/cremated remains from receipt to final disposition.	Document each handoff to prove proper handling.	Each transfer of the body is logged and signed.
10	Identification of Remains	Ensuring the identity of the body matches paperwork at every stage.	Use identification tags/wristbands and double-checks.	The embalmer verifies the identification tag matches the death certificate.
11	Body Receiving & Release Documents	The paperwork (authorizations, permits, release forms) governing receipt and release of a body.	Obtain signatures before procedures and disposition.	The funeral home documents receipt of the body and later release to the crematory.
12	Confidentiality	Protecting families' private information and the decedent's records from inappropriate disclosure.	Share information only as permitted by law.	The director does not discuss a family's details with outsiders.
13	Cremation Authorization	Legal consent for cremation, including who may authorize and any required waiting periods or identification rules.	Follow state cremation statutes closely; it is irreversible.	The next of kin signs the cremation authorization form.

14	Unclaimed/Public Bodies	Bodies handled by government for indigent or unclaimed persons, with disposition under public authority.	Know local procedures and documentation for public cases.	The county arranges disposition of an unclaimed body.
15	Next of Kin Priority	The legal order of persons authorized to make arrangements (spouse, adult children, parents, etc.).	Confirm the legal priority when consent is needed.	The spouse has priority over a distant relative for arranging disposition.
16	Ethical Conduct	Acting honestly, with integrity, and in the best interest of the family -- no deception, conflict, or exploitation.	Put the family's welfare and lawful wishes first.	The director refuses an unethical request that would harm the family.
17	Conflict of Interest	When a professional's personal financial interest conflicts with their duty to the family.	Disclose and avoid arrangements that profit from the family's detriment.	The director discloses his ownership in the cemetery being recommended.
18	Autopsy & the Funeral Director	The funeral home must coordinate with the medical examiner/coroner when an autopsy is performed and obtain the proper release.	Document release and handle the body per the examiner's instructions.	After the medical examiner's autopsy, the body is released for embalming.
19	Organ & Tissue Donation	Coordination with donation agencies to honor the deceased's/family's donation wishes within legal timeframes.	Support donation as chosen; respect timelines for recovery.	The funeral home coordinates the timing of tissue recovery with the service.
20	Duty to Cooperate with Authorities	The requirement to cooperate with coroners, medical		

examiners, and
regulators in
lawful
investigations.

Never obstruct an investigation; document as required.	The director provides records to the state board during an
---	---

inquiry.

PART 3 -- SCIENCES SECTION

Section S1: Embalming (24 Concepts)

Embalming preserves and sanitizes the body for viewing and disposition. Master fluids, injection, drainage, and the embalming report.

#	Term	Key Facts	NBE Tip	Example
1	Embalming	The chemical treatment of the dead body to temporarily preserve, sanitize, and restore it for viewing and disposition.	Embalming is preservation and disinfection, not permanence.	A body is embalmed for an open-casket viewing.
2	Arterial Embalming	Injection of embalming chemical through the arterial system to preserve tissues and the vascular network.	The primary method of preservation.	Embalming fluid is injected through an artery and distributed through the vessels.
3	Cavity Embalming	Aspiration and injection of strong chemical into the body cavities (thoracic, abdominal) to preserve viscera.	Performed after arterial embalming to treat internal organs.	Stomach and chest cavities are aspirated and treated with cavity fluid.
4	Hypodermic Embalming	Injection of chemical directly into tissues using a syringe/hypodermic needle for localized preservation.	Used for areas not reached by arterial injection.	The cheeks are injected with a hypodermic needle after arterial embalming.
5	Surface Embalming	Topical application of preservative chemical to surface tissues, especially in areas with skin slip or surface concerns.	Used on compromised or sensitive surfaces.	A preservative pack is applied to a damaged surface area.
6	Embalming Fluid	The concentrated chemical solution (preservatives, germicides,		

dyes, buffers,
water) used in
arterial/cavity
embalming.

Diluted with
water before
injection.

Embalming fluid
is mixed with
water to the
recommended
strength, then

injected.

7	Formaldehyde	The primary preservative in most embalming fluids; hardens and preserves proteins by fixation.	Core preserving agent; also a disinfectant.	Formaldehyde reacts with tissue proteins to fix and preserve them.
8	Germicide / Disinfectant Component	The chemical in embalming fluid that kills or inactivates microorganisms.	Vital for sanitation and infection control.	The fluid's germicidal agent reduces the microbial load on the body.
9	Dyes / Coloring Agents	Agents in embalming fluid that restore a natural color to the tissues.	Counteract discoloration and grayness.	Cosmetic dyes in the fluid restore a lifelike pink tone.
10	Water Conditioner / Modifier	Agents added to adjust fluid action or offset the effects of hard water and specific conditions.	Modify fluid strength and distribution.	A hard-water conditioner helps the diluted fluid diffuse properly.
11	Injection Solution Strength	The ratio of concentrated fluid to water injected into the arterial system.	Strength varies with embalming conditions and case type.	A normal case may use a moderate dilution; a dehydrated case uses a stronger mix.
12	pH & Buffer	The acid-base balance of the fluid, buffered to optimize preservative action.	Buffers keep the fluid effective over the pH range of tissues.	The fluid's buffer prevents the acidity of decomposition from deactivating it.
13	Arterial Injection Point	The artery chosen for injection (e.g., carotid, femoral, axillary); selection depends on case conditions.	Choose an accessible, patent artery.	The right common carotid artery is raised for injection.
14	Drainage Point	The vein or location where blood/fluid is drained from the body during arterial injection.	Pair injection with drainage to allow fluid displacement.	The right internal jugular vein is opened as the drainage point.

15	Selective vs. Continuous Injection	Selective injection targets specific vessels/cases; continuous injection runs fluid steadily through the system.	Choose based on pressure, preservation needs, and case type.	An autopsy case may use a continuous method; a normal case uses selective.
16	Distribution	The movement of embalming fluid through the vascular system to reach tissues.	Restricted distribution (e.g., clots, disease) causes poor preservation.	Clotted vessels restrict distribution, leaving tissues unfixed.
17	Fixation (Tissue)	The hardening and coagulation of tissue proteins caused by the preservative, preventing decomposition.	Fixation is the goal of preservation.	Once formaldehyde fixes the body tissues, decomposition is slowed.
18	Resistance to Embalming	Conditions (fever, sepsis, jaundice, edema, decomposition, drug effects) that make embalming difficult.	Recognize and adapt fluid strength and method.	A jaundiced, edematous case requires strong fluid and special technique.
19	Dehydration vs. Moisture	Embalmed tissue may dehydrate (shrink, harden) or retain excess moisture; the embalmer balances fluid and humidity.	Manage moisture to preserve a natural appearance.	Dry, shrunken tissues are treated with moisturizing approaches.
20	Embalming Report / Case Record	The written record of the embalming: chemicals, strengths, injection, drainage, and observations.	Accurate documentation supports the case and the law.	The embalmer records fluid lot, strength, and injection point on the report.
21	Aspiration	Removing gases, fluids, and cavity contents before injecting cavity chemical.	Clean the cavities before treating them.	The embalmer aspirates the thoracic and abdominal cavities before injecting cavity fluid.

22	Viscera Treatment	Preservation of the internal organs, especially in autopsy cases where viscera are replaced.	Treat or contain viscera as required.	After autopsy, the viscera are placed in a container with preservative and returned to the cavity.
23	Edema & Fluid Management	Managing excess tissue fluid (edema) that dilutes or blocks embalming.	Wringing, drainage, and stronger fluid counter edema.	An edematous body is drained and treated with a stronger solution.
24	Sanitation & Personal Protection	Following infection-control practices (gloves, goggles, ventilation, disinfection) when handling remains.	Protect the embalmer and the facility.	The embalmer wears gloves and goggles and disinfects instruments.

Section S2: Restorative Art (16 Concepts)

Restorative art restores the body for a natural, recognizable appearance after death, trauma, or disease.

#	Term	Key Facts	NBE Tip	Example
1	Restorative Art	The art and science of restoring a natural, life-like appearance to the deceased for viewing.	Combines reconstruction and cosmetics.	A body with facial trauma is restored before open-casket viewing.
2	Restoration vs. Creation	Restoration returns the body to a natural appearance; creation builds features where missing.	Restoration preserves identity; creation builds new structure.	Restoring a natural contour versus creating a missing feature with wax.
3	Anatomical Landmarks	Key reference points of the face (brows, eyes, nose, mouth, ears, cheeks, chin) used to guide restoration.	Use landmarks to align facial features proportionally.	The embalmer aligns the restored nose to the facial midline using landmarks.
4	Facial Proportions	The standard relationships and ratios of facial features used to judge restoration accuracy.	Knowing typical proportions guides reconstruction.	Eyes are typically about one eye-width apart.
5	Embalming Cosmetics	Cosmetics (wax, creams, powders, airbrush) applied to restore color and texture after embalming.	Cosmetics give a natural, not artificial, appearance.	A cream foundation and subtle rouge restore a natural complexion.
6	Contouring / Shading	Using light and dark cosmetic tones to model facial contours (highlights and shadows).	Light highlights, dark shades recesses.	Shading under the cheeks adds depth and definition.
7	Mortuary Wax	A pliable wax used to fill, build, and reconstruct damaged or missing tissue.	Warms in the hands and is shaped before cosmetic application.	Mortuary wax fills a facial injury before cosmetic application.

8	Wax Modeling / Sculpture	Shaping wax to restore or build facial features in three dimensions.	Build features incrementally and compare to landmarks.	An ear or nose is sculpted in wax to replace a missing structure.
9	Skin Slip	The separation of the outer layer of skin that can desquamate or slip on damaged or decomposed tissue.	Manage carefully to preserve the surface.	Blistered, slipped skin is handled with care and adhesive/sealing technique.
10	Discoloration Correction	Counteracting abnormal skin color (ivory, jaundice, bruising, lividity) with color theory and cosmetics.	Use complementary colors to neutralize unwanted tones.	A yellow-jaundiced tone is neutralized before adding natural color.
11	Postmortem Lividity	The settling of blood in the dependent (lowest) parts of the body after death, causing purplish discoloration.	Distinguish lividity from bruising; position and cosmetically manage.	Dependent areas show a purple pooling that is not a bruise.
12	Jaundice	Yellowing of skin/eyes from elevated bilirubin; makes body preparation and cosmetic correction harder.	Neutralize yellow and restore normal tone.	A jaundiced face is corrected with complementary color and natural grading.
13	Abrasion / Trauma Repair	Restoring surface injuries such as abrasions, lacerations, and crush injuries.	Clean, close, fill, and camouflage the injury.	A facial laceration is sutured, filled with wax, and covered with cosmetics.
14	Airbrush Cosmetics	Applied cosmetics using an airbrush for a smooth, even, durable finish.	Useful for large areas and a natural gradient.	An airbrush applies foundation evenly over the restored face.
15	Feature Selection for Viewing	Choosing the viewing orientation (e.g., which side, angle) to show the body to best		

advantage.

Position to minimize visible imperfections.	The body is positioned to hide a damaged side of the face.
---	--

16	Final Inspection	Reviewing the restored body under viewing lighting before the family views it.	Check color, contour, and natural appearance under the actual light.	The embalmer checks the restored face in the viewing room lighting before the service.
----	------------------	--	--	--

Section S3: Microbiology & Infection Control (20 Concepts)

Understand microorganisms and how to control the spread of disease when handling the deceased.

#	Term	Key Facts	NBE Tip	Example
1	Microorganism	A microscopic organism (bacteria, viruses, fungi, protozoa).	The focus of disinfection and infection control.	Bacteria on surfaces are microorganisms that must be controlled.
2	Pathogen	A microorganism that causes disease.	Not all microbes are pathogens; pathogens cause illness.	Streptococcus, when virulent, is a pathogen causing infection.
3	Bacterium	Single-celled microorganism; classified by shape, Gram reaction, oxygen needs, and other traits.	Shape and Gram-stain guide identification.	Cocci are spherical bacteria; bacilli are rod-shaped.
4	Gram-Positive vs. Gram-Negative	Bacteria differentially stained by the Gram method; Gram-positive appear purple, Gram-negative appear pink.	A key classification of bacteria.	Gram-negative bacteria (e.g., E. coli) appear pink after staining.
5	Virus	A submicroscopic infectious agent that replicates only inside host cells.	Viruses are not killed by antibiotics; hygiene is key.	Influenza is a viral infection that spreads by droplets.
6	Fungus	A eukaryotic microorganism (molds, yeasts).	Fungi cause infections such as ringworm and thrush.	A mold growing on damp surfaces is a fungus.
7	Protozoa	Single-celled eukaryotic organisms, some of which cause disease.	Less common in embalming but important generally.	Giardia is a protozoan causing intestinal illness.
8	Normal Flora	The microorganisms normally present on and in the body that do not		

cause disease in health.

Normal flora can cause infection if displaced.

Skin bacteria are normal flora that may infect a wound.

9	Infection	The invasion and multiplication of a pathogen in the body.	Contrast with the mere presence of a microbe.	The body is infected when the pathogen multiplies and causes harm.
10	Chain of Infection	The sequence: pathogen, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.	Breaking any link stops infection spread.	Handwashing breaks the chain at the portal of exit/transmission.
11	Transmission	How a pathogen spreads (contact, droplet, airborne, vehicle, vector).	Know the routes to prevent spread.	Respiratory droplets transmit influenza to a nearby person.
12	Bloodborne Pathogens	Pathogens transmitted through blood and body fluids (e.g., hepatitis B/C, HIV).	Use standard precautions when handling remains.	Hepatitis B is a bloodborne pathogen spread via blood exposure.
13	Standard Precautions	Treating all blood and body fluids as potentially infectious and using barrier protection for all.	Apply universally, not based on known infection.	The embalmer wears gloves and goggles for every case.
14	Personal Protective Equipment (PPE)	Barriers worn to protect from exposure (gloves, gowns, goggles, masks, respirators).	PPE is a primary line of defense.	Gloves, a gown, and eye protection are worn during embalming.
15	Disinfection	Reducing or destroying pathogenic microorganisms on surfaces/objects to a safe level.	Reduces infection risk; not the same as sterilization.	Work surfaces are disinfected between cases.
16	Sterilization	The destruction of ALL microorganisms, including spores.	Stronger than disinfection.	Instruments are sterilized in an autoclave for reuse.
17	Antiseptic	A chemical used on living tissue to reduce microorganisms.	For skin, not inanimate surfaces.	An antiseptic skin cleanser is used before a procedure.

18	Decomposition & Microbes	Decomposition of the dead body is driven largely by microorganisms (and enzymes) breaking down tissues.	Embalming slows decomposition by controlling microbes.	Gut bacteria cause gas and decomposition after death.
19	Vector	A living organism that transmits an infectious agent to a host (e.g., mosquitoes, ticks).	Vectors carry disease (e.g., West Nile via mosquitoes).	A tick is a vector for Lyme disease.
20	Reservoir	The place (human, animal, environment) where a pathogen lives and multiplies.	The reservoir is a link in the chain of infection.	A human colonized with a pathogen is its reservoir.

Section S4: Pathology (14 Concepts)

Understand the disease processes and causes of death relevant to funeral service and embalming decisions.

#	Term	Key Facts	NBE Tip	Example
1	Pathology	The study of disease, its causes, mechanisms, and effects on the body.	Connects cause of death to embalming and disposition.	The pathologist determines how disease caused the death.
2	Cause of Death	The disease or injury that initiates the chain leading to death.	Distinguish from mechanism of death.	Lung cancer is the cause of death.
3	Mechanism of Death	The physiologic derangement through which the cause leads to death (e.g., cardiac arrest, respiratory failure).	Mechanism is the process, not the underlying disease.	Cardiac arrest is the mechanism through which the cause led to death.
4	Manner of Death	The classification of the circumstances: natural, accident, homicide, suicide, undetermined.	A medicolegal classification, not a diagnosis.	The manner is ruled "accident" for a fatal fall.
5	Autopsy (Postmortem Examination)	A comprehensive examination of the body after death to determine cause/manner of death and disease.	Performed by a pathologist/medical examiner.	An autopsy reveals an unsuspected cause of death.
6	Rigor Mortis	The stiffening of muscles after death from chemical changes, typically resolving within hours to about 1-2 days.	Affects positioning; passes with time.	The body becomes stiff an hour after death, then relaxes again.
7	Livor Mortis (Postmortem Lividity)	The settling of blood in dependent areas, causing		

purple
discoloration.

Helps estimate
time since death;
fixed lividity may
not change with

position.

Dependent back
areas show
purple pooling
shortly after

death.

8	Algor Mortis	The gradual cooling of the body after death toward ambient temperature.	A rough time-since-death indicator.	The body cools steadily the hours after death.
9	Autolysis	Self-digestion of tissues by the body's own enzymes after death.	A decomposition process distinct from microbial action.	Organs soften as cellular enzymes break them down.
10	Putrefaction	The decomposition of tissues driven largely by microorganisms, producing gas, odor, and color changes.	Embalming and refrigeration delay putrefaction.	Gas blisters and green discoloration appear with putrefaction.
11	Sepsis	A severe, life-threatening infection-driven response; a septic body embalms poorly.	Recognize infection signs; adjust embalming.	A septic patient's body resists preservation and requires strong treatment.
12	Edema	Abnormal accumulation of fluid in tissues; complicates embalming.	Drain and manage tissue fluid.	Swollen, fluid-filled tissues in heart failure.
13	Jaundice (Pathology Context)	Yellowing from bilirubin accumulation (liver disease, hemolysis); affects appearance and embalming.	Correct color; strong fluid and technique.	Liver failure causes a jaundiced appearance.
14	Terminal Illness / Cause Interaction	The interaction of underlying disease with the immediate mechanism of death.	The cause of death reflects the underlying disease.	Diabetes and heart disease both contribute to the fatal heart attack.

Section S5: Chemistry (15 Concepts)

Chemistry underpins embalming fluids, tissue preservation, and the reactions of the body after death.

#	Term	Key Facts	NBE Tip	Example
1	Element & Compound	An element is a pure substance of one kind of atom; a compound is a substance of two or more elements chemically combined.	Basic building blocks of matter.	Water (H ₂ O) is a compound of hydrogen and oxygen.
2	Solution	A homogeneous mixture of a solute dissolved in a solvent.	Embalming fluid is a solution.	Embalming fluid is chemical dissolved in water (solution).
3	Solute & Solvent	The solute is what dissolves; the solvent does the dissolving.	Dilution changes the ratio of the two.	The chemical is the solute; water is the solvent.
4	Concentration	The amount of solute relative to the solution (strength).	Higher concentration = stronger preservative action.	A stronger solution has more chemical per unit of water.
5	Acid	A substance that releases hydrogen ions and has a low pH.	Acids can acidify tissues and fluids.	An acidic condition can interfere with formaldehyde fixation.
6	Base (Alkali)	A substance that releases hydroxide ions and has a high pH.	Bases are corrosive and used in some cleansers/chemicals.	Ammonia is a base.
7	pH Scale	A 0-14 measure of acidity/alkalinity; 7 is neutral.	Affects fluid action and embalming conditions.	Acidosis (low pH) can impair formaldehyde preservation.
8	Oxidation & Reduction	Oxidation is loss of electrons (often with oxygen); reduction is gain of electrons.	Oxidation relates to decay and chemical changes.	Oxygen oxidizes tissue, contributing to decomposition.

9	Decomposition Reaction	A chemical reaction breaking a compound into simpler substances.	Decomposition reactions are central to decay.	Tissue breakdown is a decomposition process.
10	Formaldehyde Chemistry	Formaldehyde reacts with proteins (cross-links/fixes) to preserve tissue.	The basis of embalming preservation.	Formaldehyde polymerizes and fixes tissue proteins.
11	Protein	A large molecule of amino acids; the main structural and functional tissue component that formaldehyde fixes.	Proteins are the target of fixation.	Formaldehyde fixes tissue proteins, hardening them.
12	Enzyme	A biological catalyst that speeds chemical reactions, including those of decomposition.	Autolysis is enzyme-driven.	Enzymes speed the breakdown of tissue after death.
13	Germicidal Action	The ability of a chemical to kill microorganisms; key to infection control.	Embalming fluid must be germicidal.	The fluid's germicide kills microbes on the body.
14	Hard Water	Water high in dissolved minerals (calcium, magnesium) that can interfere with fluid action.	Condition the water for effective embalming.	Hard water reduces fluid penetration and is conditioned before use.
15	Preservation vs. Disinfection	Preservation prevents decay; disinfection kills microbes. Embalming fluid does both.	Distinguish the dual role of embalming chemical.	The fluid preserves tissue and disinfects the body.

Final Review & Test-Day Strategy (8 Concepts)

A practical close to help you consolidate and approach the exam with confidence.

#	Term	Key Facts	Strategy Tip	Example
1	Review by Section	Master each content domain (Arts and Sciences) as a distinct block.	Study in blocks and quiz yourself on each before moving on.	Drill the Sciences pathologies before returning to Arts law.
2	Active Recall	Testing yourself from memory rather than re-reading.	Use the term column to recall the key facts before checking.	Cover the facts and try to recall the definition of "rigor mortis."
3	Spaced Repetition	Reviewing material at increasing intervals for durable memory.	Schedule review a few days, then a week, then before the exam.	Revisit the chemistry and law sections multiple times spaced apart.
4	Mnemonics	Memory aids that link concepts (acronyms, memorable phrases).	Create your own cues for lists (e.g., the Hs and Ts of causes).	A phrase helps you recall the order of the chain of infection.
5	Know the Two Sections' Weight	Both Arts and Sciences are required, separate sections; balance your time so neither is neglected.	Do not favor one section to the exclusion of the other.	A candidate schedules both sections and studies both equally.
6	Exam-Day Logistics	Register early, confirm eligibility and test-center, arrive on time with required ID, and manage your time per section.	Prepare the practical logistics in advance.	The candidate arrives early at the test center with identification.
7	Use the Feedback Chart	If you retake a section, use the Performance Feedback Chart to target your weak content areas.	Turn failure into a focused study plan.	A retaker reviews the chart and prioritizes embalming and pathology.

8	Pair with Official Materials	The official ICFSEB Candidate Handbook, NBE Study Guide, and Practice Exam are your primary sources.	This workbook is a companion, not a substitute.	A candidate studies this guide alongside the official practice exam.
---	------------------------------	--	---	--