

## **AGENDA**

### **CONNECTICUT BOARD OF EXAMINERS OF EMBALMERS AND FUNERAL DIRECTORS**

**Tuesday, June 4, 2020 at 9:30 AM**  
Department of Public Health  
410 Capitol Avenue, Hartford, CT

#### **CALL TO ORDER**

**I. OPEN FORUM**

**II. MINUTES**

Review and approval of the minutes from the March 3, 2020 meeting.

**III. NEW BUSINESS**

License Reinstatement Application - Kenneth Sullivan

Presented by Stephen Carragher, Public Health Services Manager, Department of Public Health, Office of Practitioner Licensing and Certification

#### **ADJOURN**

**This meeting will be held by telephone conference.  
The call in number for the meeting is 1-877-653-5974. The passcode is 10619990.**

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

The **Connecticut Board of Examiners of Embalmers and Funeral Directors** held a meeting on March 3, 2020 at the Department of Public Health, 410 Capitol Avenue, Hartford, Connecticut in the third floor Hearing Room.

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**BOARD MEMBERS PRESENT:** Darrell L. McClam, Embalmer, Chairman – *via telephone*  
Gerald Bosak, Jr., Embalmer – *via telephone*  
Frank W. Carmon, IV, Embalmer – *via telephone*  
Agnes Pier – *via telephone*

**BOARD MEMBERS ABSENT:** None

**ALSO PRESENT:** Jeffrey A. Kardys, Board Liaison  
Alfreda Gaither, Hearing Officer

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The meeting convened at 9:38 a.m.

**I. OPEN FORUM**

None

**II. MINUTES**

The December 5, 2019 minutes were reviewed and approved on a motion by Mr. Carmon, seconded by Mr. Bosak.

**III. RAISED BILL NO. 5417**

The Board review Raised Bill 5417 which clarifies language regarding student embalmers and student funeral directors and registered apprentices. A public hearing regarding this bill is scheduled for March 9, 2020.

**IV. ADJOURNMENT**

There was no further business and the meeting was adjourned at 9:48 a.m. on a motion by Mr. Carmon, seconded by Ms. Pier.

Respectfully submitted,

Darrell L. McClam - Chairman  
Board of Examiners of Embalmers and Funeral Directors



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Embalmer / Funeral Director Application

For Office Use Only
License #
Issue Date
Exp. Date

Check One: [X] Embalmer [X] Funeral Director Fee for both professions: \$210.00
Check One: [ ] Examination [ ] Endorsement [X] Reinstatement: CT Lic. No: 2312
First Name: Kenneth MI: W Last Name: Scoville Maiden Name:

Social Security No.:
Email: scovillekenneth@gmail.com

Name and Mailing Address: This will be how your name and address will appear on official documents, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: Kenneth W. Scoville Jr

Address: 400 Stoney Creek Circle

City, State, Zip: Durham, NC, 27703

Phone Number: (860) 417-7374 Date of Birth: 8/12/1968 Gender: Male

Mortuary College: N.E.I. of Science Boston MA Date Graduated 6/25/1989

Degree Completed: Associate Degree [X] Diploma [ ]

OTHER COLLEGE(S) DATES ATTENDED MAJOR DEGREE

DATE CONFERENCE EXAM: / /

Have you ever been licensed/certified in any other state(s) YES [ ] NO [X] If yes, please list states:

AT THE EXAM, WILL YOU REQUIRE AN ACCOMMODATION FOR A DISABILITY? YES [ ] NO [ ] IF YES, ATTACH A SEPARATE WRITTEN STATEMENT, BRIEFLY DESCRIBING THE NATURE OF THE DISABILITY AND THE ACCOMMODATION YOU ARE SEEKING. UPON REVIEW OF YOUR REQUEST, THIS OFFICE WILL CONTACT YOU FOR APPROPRIATE DOCUMENTATION.

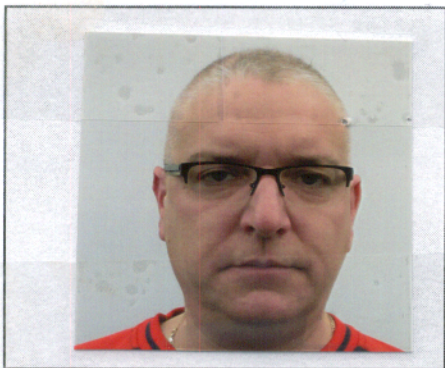
STATEMENT OF PROFESSIONAL HISTORY: If you answer yes to any question, please refer to the instructions.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: YES [ ] NO [X]

- Any hospital, nursing home, clinic, or similar institution;
-Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
-Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
-Any third party reimbursement program, whether governmental or private?
If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement.

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES  NO   
*If "YES", give name of professional society or association, dates and reasons your membership was suspended or revoked on a separate NOTARIZED statement.*
3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? YES  NO
4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES  NO
5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. YES  NO   
*If "YES", to any of the above questions (3-5) give full details, names, addresses, etc. on separate NOTARIZED statement.*
6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES  NO   
*If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement.*
7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES  NO   
*If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement and furnish a Certified Court copy (with court seal affixed) of the original judgement, the settlement, and/or the disposition of the case.*

**PHOTOGRAPH:**



**NOTARIZATION:**

On this 16 day of FEBRUARY of 2008,  
KENNETH W. SCOVILLE JR. (applicant's name)  
 personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

[Signature]  
 SIGNATURE OF APPLICANT

Sworn to before me this 16 day of FEBRUARY of 2008.

[Signature] My commission expires JUNE 6, 2018  
 SIGNATURE OF NOTARY PUBLIC

**KEVIN VEVERKA**  
 Notary Public  
 Wake Co., North Carolina  
 My Commission Expires June 6, 2018

Please return this application and fee for \$210.00 in the form of a certified check or money order made payable to, "Treasurer, State of Connecticut" to:

Department of Public Health  
 Embalmer Licensure-Remittance Unit  
 410 Capitol Ave., MS #12MQA  
 P.O. Box 340308  
 Hartford, CT 06134-0308

## Carragher, Stephen

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**From:** Kenneth Scoville <scovillekenneth@gmail.com>  
**Sent:** Thursday, May 28, 2020 11:06 AM  
**To:** Carragher, Stephen  
**Subject:** Re: CT DPH Contact Info

Mr. Carragher,

Thank you for your help. I started working in the funeral business in 1987 part time before school. I worked for a few different funeral home's over the years and a vault and cremation company. My son Steven passed away 6 years ago, i tried to work but had to get away from the funeral home business. I left for North Carolina to try and start a new life but it was difficult to stay away from my daughter. I had a great job working at GE Aviation until the virus hit and had a layoff, so im back in Connecticut about a week now. I really want my embalming license back and try to start my life over again. My father passed away in December and my mother in April, things have been a disaster. Im willing to do whatever i have to do to get my license back like we talked about, and if i can't then i guess it wasn't meant to be. My last part time funeral home job was with Luke DiMaria at Brooklawn Funeral Home in Rocky Hill CT. If you know anything about him, he's not going to help me with anything that has to do with the state, i don't want to talk to him or ask him for any kind of assistance. Im going to give you a list of places i worked and approximate years of service, i don't know what else i can do?? just being honest.

Biega Funeral Home 1987 to 1995

Brooklawn Funeral Home 1995 to 2003

Rose Hill Funeral Home 2003 to 2007

Ferry Funeral Home 2007 to 2010

Stop and Shop Grocery 2010 to 2014

Rocky Hill Vault and Cremation 2014 to 2016

Brooklawn Funeral Home / Abbey Cremation 2014 to 2016

In the time from 2010 to 2014 i was just helping different funeral home's with anything they needed me for. I know you asked for a letter from my last funeral place, but like i said, I don't want to ask Luke DiMaria for anything. I have plenty of good personal and professional references and numbers if you need them. I hope you and the board can understand and help me to get reinstated. I want to thank you in advance for the information and help you gave me. I hope you have a great day and stay safe in this very bad time we are in. Thank you, Kenneth Scoville

On Wed, May 27, 2020 at 1:57 PM Carragher, Stephen <[Stephen.Carragher@ct.gov](mailto:Stephen.Carragher@ct.gov)> wrote:

Stephen B. Carragher

Public Health Services Manager

Practitioner Licensing and Investigations Section

Connecticut Department of Public Health

410 Capitol Avenue, MS #12 APP

Hartford, Connecticut 06134

P: (860) 509-7576 | F: (860) 509-8457 | E: [stephen.carragher@ct.gov](mailto:stephen.carragher@ct.gov)

Let us know how we are doing: [Survey](#)



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