



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
 200 East Gaines Street
 Tallahassee, FL 32399- 0361

APPLICATION FOR FUNERAL DIRECTOR INTERN LICENSE

Under Section 497.375, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

Required fees: \$105 Application fee

As used in this application, "Division" refers to the Division of Funeral, Cemetery and Consumer Services. "Board" refers to the Board of Funeral, Cemetery and Consumer Services. Unless specifically indicated otherwise, all questions and requests for data in this Application relate to the Applicant. Where the answer is YES or NO, circle the correct answer.

Section 1. PERSONAL INFORMATION			
First name			
Middle name (leave blank if none)			
Last name			
Name Suffix (examples: Jr., II) (leave blank if none)			
Birth Date (mm/dd/yyyy)			
Section 2. RESIDENCE ADDRESS			
Street Address (No P.O. Box allowed here)			
Apartment # (leave blank if not applicable):		Country:	
City	County	State	Zip Code

For Office use only			
<u>BT</u>	<u>TYCL</u>	<u>FT</u>	
V	2403	F	\$100
	3800	F	\$ 5
			\$105

Section 3. PREFERRED MAILING ADDRESS			
<input type="checkbox"/> Check here if mailing address is same as Residence address, then skip this section.			
Street Address Or P.O. Box			
City	State	Zip Code	Country
Section 4. PHONE & EMAIL			
Primary phone number:		E-Mail Address: (e.g., SmithJ@xyz.com)	
Area code _____ Phone number: _____ - _____			
Section 5. OTHER LICENSURE INFORMATION			
<p>(a) Have you ever had any license to practice embalming, funeral directing, direct disposing, or any other regulated profession, revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida <u>or any other state</u> or jurisdiction? YES NO</p> <p>(b) Have you ever had any application for license as a embalmer, funeral director, direct disposer, or other type of license in the death care industry, denied for any reason by any regulatory authority in Florida <u>or any other state</u> or jurisdiction? YES NO</p> <p>(c) Have you ever voluntarily relinquished or surrendered a professional license while under investigation, or after initiation of a disciplinary proceeding against you or the license? YES NO</p> <p>(d) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida <u>or any other state</u> or jurisdiction, in regards to alleged misconduct or incompetency in the performance of work as a embalmer, funeral director, or direct disposer? YES NO</p> <p><i>If your answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “<u>Other Licenses</u>” form. You must disclose on that form details of each current or prior license that required a “YES” answer to any of the questions in this Section of this application. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.</i></p>			
Section 6. ADVERSE LICENSING HISTORY QUESTIONS			
<p>(a) Have you ever had any license to practice funeral directing, embalming, direct disposing, or any other regulated profession, revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida <u>or any other state</u> or jurisdiction? YES NO</p> <p>(b) Have you ever had any application for license as a funeral director, embalmer, direct disposer, or other type of license in the death care industry, denied for any reason by any regulatory authority in Florida <u>or any other state</u> or jurisdiction? YES NO</p> <p>(c) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida <u>or any other state</u> or jurisdiction, in regards to alleged misconduct or incompetency in the performance of work as a funeral director, embalmer, or direct disposer? YES NO</p> <p><i>If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “<u>Adverse Licensing Action History Form</u>.” You must disclose on that form details of each adverse licensing action and pending investigation that required a “YES” answer to any of the questions in this Section of this application. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.</i></p>			
Section 7. CRIMINAL HISTORY QUESTIONS			
<p>Have you, the applicant herein, ever plead guilty, been convicted, or entered a plea in the nature of no contest, regardless of whether adjudication was entered or withheld by the court in which the case was prosecuted, in the courts of Florida or another state or the United States or a foreign country, regarding any crime indicated below:</p> <p>a. Any felony or misdemeanor, no matter when committed, which was directly or indirectly related to or involving any aspect of the practice or business of funeral directing, embalming, direct disposition, cremation, funeral or cemetery preneed sales, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation. YES NO</p>			

b. Any other felony not already disclosed under subparagraph 1. immediately above, which was committed within the 20 years immediately preceding the date you submit this application. **YES NO**

c. Any other misdemeanor not already disclosed under subparagraph 1. which was committed within the 5 years immediately preceding the date you submit this application? **YES NO**

If you circled YES, you must fill out and submit with this application, a “Criminal History Form.” You must disclose on that form details of every criminal action against you that requires a “YES” answer to any of a, b, or c above. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.

Section 8. PRIOR NAME INFORMATION

(a) Have you, the applicant, ever had your name legally changed by order of a court? **YES NO**

(b) Have you, the applicant, ever used, or been known by, any name other the name under which you make this application? (examples: maiden name; prior marriage name; an alias) **YES NO**

If the answer to any of the questions in this Section is YES, enter in the space below in full every such prior name,, and the period it was used, and a brief explanation. For example, “Mary Smith, 1979-1999, it was my maiden name.”

<u>Name</u>	<u>Period</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____

Section 9. EDUCATION REQUIREMENT

(A1) Do you have a 2-year or 4-year college degree (e.g., a degree from a Junior College, a Community College, or 4-year College or University)?

YES NO

If your answer is NO, you will not be eligible for this license. Application and license fees are not refundable.

(A2) **If the answer to A1 is YES, check whichever of the following is applicable to you:**

___(a) I received a degree from a 4-year College or University, with a major in the school’s mortuary science program, and the program is accredited by the American Board of Funeral Science Education (ABFSE),.

___(b) I received a degree from a 2-year Junior or Community College (or other 2-year college degree institution), with a major in the schools mortuary science program, and the program is accredited by the American Board of Funeral Science Education (ABFSE),.

___(c) I have a 2-year or 4-year college degree, but did not major in mortuary science; however, I have completed a course in mortuary science in a school that is accredited by the American Board of Funeral Science Education (ABFSE), and the course covered the following subjects: theory and practice of embalming, restorative art, pathology, anatomy, microbiology, chemistry, hygiene, and public health and sanitation.

___(d) I have a 2-year or 4-year college degree, but did not major in mortuary science; however, I have completed a course in mortuary science in a school that is not accredited by the American Board of Funeral Science Education (ABFSE), and the course covered the following subjects: theory and practice of embalming, restorative art, pathology, anatomy, microbiology, chemistry, hygiene, and public health and sanitation.

(A3) **Provide the following information about whatever 2-year or 4-year college from which you have a degree.**

a. Name of College or University: _____

b. Address of School Registrar (street, city, state, zip):

c. Name of Degree (e.g., Associate in Science): _____

d. Name of Major _____

e. Dates of attendance: From (month & year) _____ To (month & year) _____

f. Date of graduation: ____/____/____

(A4) If your answer to (A2) was (c), also provide the following:

Name of school that conducted the mortuary science course:

Address of school that conducted the course (street, city, state, zip):

Month and year you began the course _____ Month and year you completed the course _____

(A5) Attach proof of graduation and course completion.

a. Attach to your application a certified true copy of your college transcript as issued by the school, showing all courses taken and date of graduation.

b. If you checked (c) in response to (A2), then regarding the mortuary science course you completed, attach a certificate of course completion or similar document, issued by the school that conducted the course and on that school's letterhead.

(A6) Non-ABFSE Courses. If your answer to (A2) was (d), you must complete the "Mortuary Science Course Information Form." and attach it to this application when submitting same. *That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

Section 10. Communicable Disease Course

a. Have you completed a course on communicable diseases? YES NO

b. Was the course at least 2 hours long? YES NO

c. Was the course approved by the Florida Department of Health, or by a Board within the Florida Department of Health? (the course sponsor can advise you whether the course was approved)
YES NO

d. Name of school or entity that conducted or sponsored the course:

e. Where was the course held (e.g., *Marriott Hotel, International Drive, Orlando, Florida*):

f. Date you took the course:

g. Attach a certificate of attendance or other documentary evidence of having taken the course (must be issued by the entity that sponsored or conducted the course).

Section 11. APPROVED TRAINING FACILITY:

Please provide the information requested below, regarding the funeral home where you will receive funeral director intern training:

a. Name of facility: _____

b. Street address: _____

c. City, state, and zip code: _____

d. Telephone Number: _____

e. Facility's license number: _____

f. Is this facility approved by the Board as a training agency? YES NO

If the training location changes during the internship, the intern is responsible to promptly file with the Division a Notice of Termination/Change of Supervisor form. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.

Section 12. SUPERVISING FUNERAL DIRECTOR IDENTIFICATION & SIGNATURE

Please provide the information requested below, concerning the licensed funeral director who will supervise you if this application is approved. Have that funeral director sign and date this section, where indicated.

a. Name of licensed funeral director: _____

b. License Number: _____

c. Phone number: _____

Supervising Funeral Director's Acknowledgement. I, the licensed funeral director identified in this Section, hereby certify that I am licensed in good standing as an funeral director in the state of Florida, and that if the funeral director intern applicant herein is approved for intern licensure, I will provide supervision to the intern at the facility indicated in this application, and will file quarterly reports with the Division concerning the intern's activities, as required by Board rule.

Funeral Director's signature

Date signed

To notify the Division of termination of supervision and/or change in supervisor, **the intern** must file a Notice of Termination/Change of Supervisor form, with the Division. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.

Section 15. MISCELLANEOUS MATTERS

(a) Do you understand that after licensure, you have a continuing duty under state law [s. 497.146, Florida Statutes], to notify this Division within 30 days of any change in your residence address, mailing address, or place of practice?

YES NO

(A "Change of Address or Contact Data" form may be found on the Division website)

(b) Do you understand that if licensed as an funeral director intern under s. 497.375, throughout your internship you may only perform funeral director-related work under the direct supervision of Florida licensed funeral director in good standing, and that your supervising licensed funeral director must submit quarterly reports to the Division, throughout your internship, concerning your intern activities?

YES NO

(c) Do you understand that an funeral director intern may only perform funeral director intern activities at a licensed funeral home facility that has been approved by the Board as an Approved Training Agency?

YES NO

(d) Do you understand that an funeral director intern must promptly advise the Division if the intern changes training location or supervisor? **YES NO**

(e) Do you understand that as part of this application, you must submit your fingerprints for a criminal background check? **YES NO**

Instructions concerning how and where to submit fingerprints may be reviewed and printed from the website of the Division of Funeral, Cemetery & Consumer Services, as follows: go to the website of the Department of Financial Services (www.myfloridacfo.com), click on FLDFS Divisions and Offices, click on Funeral and Cemetery Services.

Please note: If you are approved for funeral director intern license, the license will be good for only one year, and cannot be renewed or extended (except in instances of demonstrated serious illness or injury to the intern). Board policy and rule is that a person can be issued only one funeral director intern license during their lifetime. If you hope in the future to become licensed in Florida as a funeral director, please note that the general requirement is that you have successfully completed a funeral director internship, which means completing 40 hours a week of funeral director-related work, for 50 weeks, completed within the contiguous 52-week period following issuance of the internship license. Therefore, if you hope to become licensed as a funeral director in the future, it is important that you successfully complete your funeral director internship under the first and only intern license issued to you, because Board rules will not allow a second chance to complete the internship.

Section 16. APPLICANT'S CERTIFICATION & SIGNATURE

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

I declare that I have or will prior to commencing operations under this license comply with all requirements under Chapter 497, Florida Statutes, relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery & Consumer Services in the Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files concerning me.

Signature of Applicant

Date Signed

Name and Title

Mail completed application with all attachments, and required fees to:

Division of Funeral, Cemetery & Consumer Services
Revenue Processing
P.O. Box 6100
Tallahassee, FL 32314-6100

Social Security No. _____