

Applicant – print name here: _____



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

APPLICATION FOR EMBALMER INTERN LICENSE

Under Section 497.370, Florida Statutes. Before the Board of Funeral, Cemetery, and Consumer Services.

Required fees: \$105 Application fee
(Attach check or money order payable to Dept of Financial Services) (Nonrefundable)

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. Instructions concerning completing this Application, and the requirements for this license, 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/FuneralCemetery).

PRINT CLEARLY. Failure to write legibly, or to provide requested information, may delay processing and may be cause for denial of application.

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
Section 3. PREFERRED MAILING ADDRESS			
__ 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

FOR OFFICE USE ONLY:			
<u>BT</u>	<u>TYCL</u>	<u>TF</u>	
V	2303	F	\$100
	3800	F	<u>\$ 5</u>
			\$105 TOTAL

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Section 4. PHONE & EMAIL

Primary phone number: Area code _____ Phone number: _____ - _____	E-Mail Address: (e.g., SmithJ@xyz.com)
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Section 5. OTHER LICENSURE INFORMATION

(a) Have you ever previously held a license or registration in Florida as an embalmer apprentice?
YES NO

(b) Have you ever previously held a license or registration in Florida as an embalmer intern or funeral director intern, or concurrent embalmer and funeral director intern?
YES NO

(c) Do you now, or have you ever in the past, held a license or registration in Florida or any other state or jurisdiction, as a funeral director, embalmer, or direct disposer?
YES NO

If your answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “Other Licenses” 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.

Section 6. ADVERSE LICENSING HISTORY QUESTIONS

(a) Have you ever had any license to practice embalming, embalming, direct disposing, or any other regulated profession, revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction? **YES NO**

(b) Have you ever had any application for license as a embalmer, embalmer, direct disposer, or other type of license in the death care industry, denied for any reason by any regulatory authority in Florida or any other state or jurisdiction? **YES NO**

(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**

(d) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction, in regards to alleged misconduct or incompetency in the performance of work as a embalmer, embalmer, or direct disposer? **YES NO**

If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “Adverse Licensing Action History Form.” 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.

Section 7. CRIMINAL HISTORY QUESTIONS

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:

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**

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” immediately above, 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

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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. BASIC EDUCATION REQUIREMENTS

State law requires that you have graduated from high school or have received a GED, to qualify for this license.

- (a) Did you graduate from high school and receive a high school diploma?
YES NO

If YES, you must either:

- *Attach a copy of your high school diploma to this application when submitting your application to the Division, or*
- *Have the school's registrar or other duly authorized government official fill out and sign a "Certification Of High School Graduation" form, and you must then attach that form to this application when submitting same to this 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.*

- (b) Have you received a high school Graduate Equivalency Degree (GED)?
YES NO

If YES, you must attach a copy of your GED to this application when you submit same to the Division.

Section 10. AGE REQUIREMENT

State law requires that applicants be at least 18 years of age.

- (a) Are you at least 18 years old when you submit this application? **YES NO**

Section 11. ADVANCED EDUCATION REQUIREMENT

Note: A college degree is not required for this license. However, the college degrees referred to in (c) and (d) of (A1) below, will substitute for the one-year course in mortuary science that is otherwise required in (a) and (b) of (A1) below.

- (A1) Check whichever of the following is applicable to you:**
- ___(a) 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.
 - ___(b) 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.
 - ___(c) 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).

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____(d) 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).

(A2) If you checked (c) or (d) in (A1) above, 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: ____/____/____

(A3) If you checked (a) or (b) in (A1) above, provide the following information:

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 _____

(A4) Attach proof of graduation and/or course completion.

a. If you checked (c) or (d) in response to (A1) above, 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 (a) or (b) in response to (A1) above, 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.

(A5) Non-ABFSE Courses. If you checked (b) in response to (A1) above, 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 12. 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?

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*):

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).

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(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 Dept of Financial Services (www.fldfs.com), click on FLDFS Divisions and Offices, click on Funeral and Cemetery Services, click on Fingerprint Information & Procedures.

Please note: *If you are approved for an embalmer 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 embalmer intern license during their lifetime. If you hope in the future to become licensed in Florida as an embalmer, please note that the general requirement is that you have successfully completed an embalmer internship, which means completing 40 hours a week of embalming 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 an embalmer in the future, it is important that you successfully complete your embalmer 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. _____