

Applicant – print name here: \_\_\_\_\_



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

**APPLICATION FOR CONCURRENT INTERN LICENSE**

Under Section 497.377, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

Required fees: \$205 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: ([www.MyFloridaCFO.com/FuneralCemetery](http://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			
<b>First name</b>			
<b>Middle name</b> (leave blank if none)			
<b>Last name</b>			
<b>Name Suffix</b> (examples: Jr., II) (leave blank if none)			
<b>Birth Date</b> (mm/dd/yyyy)			
Section 2. RESIDENCE ADDRESS			
<b>Street Address</b> (No P.O. Box allowed here)			
<b>Apartment #</b> (leave blank if not applicable):		<b>Country:</b>	
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
Section 3. PREFERRED MAILING ADDRESS			
__Check here if mailing address is same as Residence address, then skip this section.			
<b>Street Address Or P.O. Box</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Country</b>
<b>For Office use only</b>			
<b>BT</b>	<b>TYCL</b>	<b>FT</b>	
V	2503	F	\$200
	3800	F	\$ 5
			\$205

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Section 4. PHONE & EMAIL	
<b>Primary phone number:</b>  Area code _____ Phone number: _____ - _____	<b>E-Mail Address:</b> (e.g., SmithJ@xyz.com)

Section 5. OTHER LICENSURE INFORMATION
(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? <b>YES NO</b>
(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? <b>YES NO</b>
(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? <b>YES NO</b>
(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? <b>YES NO</b>
<i>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 &amp; 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>

Section 6. ADVERSE LICENSING HISTORY QUESTIONS
(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? <b>YES NO</b>
(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? <b>YES NO</b>
(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? <b>YES NO</b>
<i>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 &amp; 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>

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. <b>YES NO</b>
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. <b>YES NO</b>
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? <b>YES NO</b>
<i>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</i>

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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."*

Name

Period

Reason

\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

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**(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, Fla*):
- 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 or centralized embalming facility 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 LICENSEES IDENTIFICATION & SIGNATURE**

*Please provide the information requested below concerning the licensee(s) who will supervise you. Have your proposed supervising licensee(s) sign and date this section, where indicated.*

**Supervisor For Embalmer Training**

- Supervisor name: \_\_\_\_\_
- Type of Florida license held (check one): \_\_embalmer \_\_funeral director \_\_combo funeral director/embalmer
- Fla License number: \_\_\_\_\_
- Signature of supervisor: \_\_\_\_\_

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**Supervisor For Funeral Director Training**

\_\_\_check here if same as embalmer training supervisor, in which case skip this block.

Supervisor name: \_\_\_\_\_

Type of Florida license held (check one): \_\_\_embalmer \_\_\_funeral director \_\_\_combo funeral director/embalmer

Fla License number: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_

**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 Notice" form may be found on the Division website)*

(b) Do you understand that if licensed as a concurrent intern under s. 497.377, throughout your internship you may only perform funeral director and embalmer-related work under the direct supervision of Florida licensed funeral director and embalmer in good standing, and that your supervising licensee must submit quarterly reports to the Division, throughout your internship, concerning your intern activities?

**YES NO**

(c) Do you understand that a concurrent intern may only perform funeral director and embalmer 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 a concurrent 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**

*Your application is not complete until you submit fingerprints. 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/FuneralCemetery](http://www.MyFloridaCFO.com/FuneralCemetery)).*

**Please note:** If you are approved for concurrent 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 concurrent intern license during their lifetime. If you hope in the future to become licensed in Florida as a funeral director and/or embalmer, please note that the general requirement is that you have successfully completed an internship, which means completing 40 hours a week of funeral director- and embalmer-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 and/or embalmer in the future, it is important that you successfully complete your internship under the first and only intern license issued to you, because Board rules will not allow a second chance to complete the internship.

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**Section 16. APPLICANT'S CERTIFICATION & SIGNATURE**

All applications shall be signed by the applicant. Signatures of the applicant shall be as follows:

1. If the applicant is a natural person, the application shall be signed by the applicant.
2. If the applicant is a corporation, the application shall be signed by the corporation's president.
3. If the applicant is a partnership, the application shall be signed by a partner, who shall provide proof satisfactory to the licensing authority of that partner's authority to sign on behalf of the partnership.
4. If the applicant is a limited liability company, the application shall be signed by a member of the company, who shall provide proof satisfactory to the licensing authority of that member's authority to sign on behalf of the company.

(s. 497.141(12)(e), Florida Statutes)

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. \_\_\_\_\_