



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

Certification of Employment History

Section 497.369, Florida Statutes, provides that if an individual is licensed and in good standing, and has engaged in the full-time, licensed practice of embalming in another state for at least five years, the education requirements provided by section 497.368(1)(d), Florida Statutes, are waived.

Section 497.374, Florida Statutes, provides that if an individual is licensed and in good standing in another state, and has engaged in the full-time, licensed practice of funeral directing for at least five years, the educational requirements provided in section 497.373(1)(d)1., Florida Statutes, are waived.

In order to establish that the applicant has engaged in five years of full-time practice of embalming or funeral directing, this form is to be completed by both the applicant and their previous employer(s). Any statements in the completed form are considered material in the licensing authority's decision regarding licensure.

This form is to be used in conjunction with applications for a Funeral Director License by Endorsement or Embalmer License by Endorsement. The statutory authority for this form is sections 497.369 and 497.374, F.S. If applying for licensure as a funeral director, only provide funeral directing work history. If applying as an embalmer, only provide embalming work history.

PRINT CLEARLY OR TYPE.

PERSONAL INFORMATION		
First name:	Middle Initial:	Last Name:
Birth Date (mm/dd/yyyy): / /		

General Instructions: The “employment” on this form, is a position wherein you operated as a Funeral Director or an Embalmer. Each employment requires completion of the Certification of Employment History.

EMPLOYMENT

(a) Name of licensed firm or establishment:

(b) License number of firm or establishment

(c) Address of licensed firm or establishment

(d) Phone number of licensed firm or establishment

(b) Dates Applicant has engaged in the full-time licensed practice of funeral directing:

(c) Dates Applicant has engaged in the full-time licensed practice of embalming:

(d) Name of representative of firm or establishment

(e) License number of representative of firm or establishment

(f) By signing below, the licensed representative of the firm or establishment is attesting to the information above which is material to the Applicant’s application for licensure:

Signature of representative

Date signed

(g) By signing below, the Applicant is attesting to the information above which is material to the Applicant’s application for licensure:

Signature of Applicant

Date signed