

Applicant: Print your first & last name here: \_\_\_\_\_



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

**APPLICATION FOR EMBALMER LICENSE  
 BY INTERNSHIP AND EXAMINATION**

Under Section 497.368, Florida Statutes. Before the Board of Funeral, Cemetery, and Consumer Services.

**REQUIRED FEES (TYCL 2300)**

**(Attach check or money order payable to Dept of Financial Services) (Nonrefundable)**

<i>If application received in the period Sept. 1 of an odd year through Aug. 31 of an even year</i>	<i>If application received in the period Sept. 1 of an even year through Aug. 31 of an odd year</i>
\$ 50 Application Fee	\$ 50.00 Application Fee
\$132 Exam Fee (FL Law & Rules exam)	\$132.00 Exam Fee (FL Law & Rules exam)
\$375 License fee	\$187.50 License fee
\$ 5 Unlicensed activity fee	\$ 5.00 Unlicensed activity fee
\$562 Total fee due with application	\$374.50 Total fee due with application
Add \$50 if you desire a "Provisional License"	Add \$50 if you desire a "Provisional License"

Check here if you desire issuance of a Provisional License. *Please complete the application form for the Provisional or Temporary License, Application for Initial License.*

This application form is used by persons seeking licensure in Florida as an Embalmer, who have successfully completed, or are currently performing, a Florida embalmer internship.

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 question calls for a YES or NO answer, check the correct answer.

<b>Section 1. PERSONAL INFORMATION</b>			
<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):     /     /			
<b>FOR OFFICE USE ONLY</b>		<i>If application received in the period Sept. 1 of an even year through Aug. 31 of an odd year</i>	
<i>If application received in the period Sept. 1 of an odd year through Aug. 31 of an even year</i>		<i>If application received in the period Sept. 1 of an even year through Aug. 31 of an odd year</i>	
<u>BT</u>	<u>TYCL FT</u>	<u>BT</u>	<u>TYCL FT</u>
V	2300 F \$ 50	V	2300 F \$ 50.00
	2300 E \$132		2300 E \$132.00
	2303 L \$375		2303 L \$187.50
	3800 F \$ 5		3800 F \$ 5.00
	\$562		\$374.50
	2302 L \$ 50 <i>If provisional license requested</i>		2302 L \$ 50.00 <i>If provisional license requested</i>
	\$612		\$424.50

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Section 2. RESIDENCE ADDRESS			
Street Address (No PO Box allowed here):  			
Apartment # (leave blank if not applicable):		Country:	
City:	County:	State:	Zip Code:
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:  Area code (     ) Phone number:     -		E-Mail Address: (e.g., SmithJ@xyz.com)	
Section 5. NATIONAL BOARD EXAMINATION			
(a) Have you taken the <u>Science Section</u> of the <u>National Board Exam</u> (administered by the Conference of Funeral Service Examining Boards)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>If your answer to a. was YES:</b>			
(b) In what month and year did you take the Science section of the National Board Exam:     /			
(c) In what city and state did you take the Science section of the National Board Exam:			
(d) What was your score on the Science section of the National Board Exam (if you took the exam more than once, state your highest score):			
<b>If your answer to a. was NO:</b>			
(e) In what month and year do you anticipate taking the Science section of the National Board Examination? /			
<i>Your application is not complete until the Division receives an official report of your scores on the National Board Examination</i>			
<b>Certification of Scores.</b> <i>If you answered YES to a. above, attach to this application documentary evidence issued by the Conference of Funeral Service Examining Boards, showing that you took the science section of the National Board Exam you took, and your score on the science section of the National Board Exam.</i>			
Section 6. OTHER LICENSING EXAMINATIONS			
<i>Skip this Section of this Application, if you have taken the Science section of the National Board Exam, with a score of 75% or better.</i>			
(a) Are you asserting that you have taken a embalmer licensing exam other than the National Board Exam, and that the exam you took is equivalent to or more stringent than the National Board Exam? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Other Licensing Examination form.</b> <i>If your answer to a. above is YES, complete and attach the <u>Other Licensing Examinations form</u>. 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>			

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### Section 7. 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).
- (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 you have a degree from.**

- (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:**

- (a) Name of school that conducted the mortuary science course:
- (b) Address of school that conducted the course (street, city, state, zip):
- (c) 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 8. INTERNSHIP

- (a) Have you previously obtained a license or registration to perform an embalmer internship in Florida?  
**YES**  **NO**

If your answer to the immediately preceding question was YES, answer the following:

- (b) What is/was your Florida embalmer intern license or registration number?
- (c) In what month and year was your Florida embalmer intern license or registration issued? / /



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- sales or installation; or
2. 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; or
3. Any other misdemeanor not already disclosed under subparagraph 1. above, which was committed within the 5 years immediately preceding the date you submit this application?

Check YES below, if the answer to any of 1, 2, or 3 above is YES. Otherwise check NO.

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 1, 2, or 3 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 13. 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>
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### Section 14. COMMUNICABLE DISEASE COURSE

For more information, see Rule 61G8-32.002, or successor rules.

(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 Division of Funeral, Cemetery and Consumer Services? (ask the entity that conducted the course) 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).

### Section 15. MISCELLANEOUS MATTERS

(a) Do you have either a high school diploma or a high school GED (Graduate Equivalency Degree)? YES   
NO

(b) 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 or mailing address? YES  NO

(A "Change of Address Notice" form may be found on the Division website)

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(c) 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](http://www.myfloridacfo.com)), click on **FLDFS Divisions and Offices**, click on **Funeral and Cemetery Services**.*

(d) Do you understand that you must take and pass the Florida Law & Rules examination, with a score of at least 75%, as a prerequisite to issuance of the license you are applying for? **YES**  **NO**

*Your application is not complete until the Division receives an official report of your score on the Florida Law and Rules Examination. The Florida Board of Funeral, Cemetery, and Consumer Services will review this application and if it determines you meet all applicable criteria, it will approve you to sit for the Florida Law and Rules examination. You will be promptly notified of the Board's decision. If approved to sit for the Law & Rules exam, you may schedule an examination time, date, and place convenient to you. The exam is given daily at approximately 20 locations around Florida.*

**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

**Section 17. SOCIAL SECURITY NUMBER**

**Enter Applicant's Social Security Number:**

**Purpose and Use:**

*The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.*

*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**