

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



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

**APPLICATION  
 FOR EMBALMER INTERN LICENSE**

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

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

As used in this application, “Division” refers to the Division of Funeral, Cemetery, and Consumer Services, and the “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, and Consumer Services, as follows: go to the website of the Department of Financial Services ([www.myfloridacfo.com/division/FuneralCemetery/](http://www.myfloridacfo.com/division/FuneralCemetery/)). Each of the related forms referred to on this application is incorporated by reference in Rule 69K-1.001, F.A.C.

**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

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

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<b>Section 4. PHONE &amp; EMAIL</b>	
<b>Primary phone number:</b> ( _____ ) _____ - _____	<b>E-Mail Address:</b> (e.g., SmithJ@xyz.com)
<b>Section 5. OTHER LICENSURE INFORMATION</b>	
(a) Have you ever held a license or registration in Florida as an embalmer apprentice? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
(b) Have you ever held a license or registration in Florida as an embalmer intern or funeral director intern, or concurrent embalmer and funeral director intern? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
(c) Do you now, or have you ever, held a license or registration in Florida <u>or any other state</u> or jurisdiction, as a funeral director, embalmer, or direct disposer? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<i>If your answer to any of the questions in this Section is YES, you must fill out and submit with this application a Form DFS-NI-1717, "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, and 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>	
<b>Section 6. ADVERSE LICENSING HISTORY QUESTIONS</b>	
(a) Have you ever had any license to practice embalming, direct disposing, or any other regulated profession revoked or suspended; or have you ever been fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida <u>or any other state</u> or jurisdiction? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
(b) Have you ever had any application for license as an 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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
(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</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
(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, with regard to alleged misconduct or incompetency in the performance of work as an embalmer or direct disposer? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<i>If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, a Form DFS-NI-1715, "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, and 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>	
<b>Section 7. CRIMINAL HISTORY QUESTIONS</b>	
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</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
(b) Any other felony not already disclosed under subparagraph (a) immediately above, which was committed within the 20 years immediately preceding the date you submit this application. <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
(c) Any other misdemeanor not already disclosed under subparagraph (a) which was committed within the five (5) years immediately preceding the date you submit this application? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<i>If you circled "YES" to any question in this Section, you must fill out and submit with this application, a Form DFS-NI-1716, "Criminal History Form." You must disclose on that form details of every criminal action against you that requires 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, and 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 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 Graduate Equivalency Degree (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 Form DFS-NI-1714, "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, and 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 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 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 school's mortuary science program, and the program is accredited by the ABFSE.

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**(A2) If you checked (c) or (d) in (A1) above, provide the following information about the 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 (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.

(b) 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.

**Section 12. COMMUNICABLE DISEASE COURSE**

(a) Have you completed a course on communicable diseases? **Yes**  **No**

(b) Was the course at least two (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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**Section 13. APPROVED TRAINING FACILITY:**

Please provide the information requested below, regarding the funeral home or centralized embalming facility where you will receive embalmer 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 must promptly file with the Division a Form DFS-N1-1734, "Notice of Termination/Change of Supervisor" form. That form may be obtained on the website of the Division of Funeral, Cemetery, and 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 14. SUPERVISING EMBALMER IDENTIFICATION & SIGNATURE**

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

- (a) Name of licensed embalmer: \_\_\_\_\_
- (b) License number: \_\_\_\_\_
- (c) Phone number: \_\_\_\_\_

Supervising Embalmer Acknowledgement. I, the licensed embalmer identified in this Section, hereby certify that I am licensed in good standing as an embalmer in the State of Florida, and that if the embalmer 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.

\_\_\_\_\_  
Embalmer's signature \_\_\_\_\_  
Date signed

To notify the Division of termination of supervision and/or change in supervisor, **the intern** must file a Form DFS-N1-1734, "Notice of Termination/Change of Supervisor" 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 (Section 497.146, F.S.) to notify this Division within 30 days of any change in your residence address, mailing address, or place of practice? Yes  No

Form DFS-N1-1704, "Change of Mailing Address or Contact Data -- Individuals" 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) Do you understand that if licensed as an embalmer intern under Section 497.370, F.S., throughout your internship you may only perform embalming-related work under the direct supervision of a Florida licensed embalmer in good standing and that your supervising licensed embalmer must submit quarterly reports to the Division, concerning your intern activities? Yes  No

- (c) Do you understand that an embalmer intern may only perform embalmer intern activities at a licensed funeral home or centralized embalming facility that has been approved by the Board as an Approved Training Agency? Yes  No

- (d) Do you understand that an embalmer intern must promptly advise the Division if the intern changes training location or supervising embalmer? Yes  No

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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 Department of Financial Services Division of Funeral, Cemetery, and Consumer Services online at <http://www.myfloridacfo.com/division/FuneralCemetery/> and click on Fingerprints link for the information and procedures site online at <https://www.identogo.com/>.*

**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). 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.*

**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, F.S., 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, and 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, and Consumer Services  
Revenue Processing  
P.O. Box 6100  
Tallahassee, FL 32314-6100

**FEIN OR CONFIDENTIAL SOCIAL SECURITY NUMBER**

Enter Applicant's FEIN or Social Security Number:

**Privacy Statement:**

*Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under Section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.*

*Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. Section 666, and Section 497.141(2), F.S. The purpose(s) for the requested information is that 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. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.*

*A copy of this Privacy Statement is provided to you as required by Section 119.071(5)(a)3., F.S.*