



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

**Application to Renew Internship Due to Illness, Hardship, or Awaiting Results**

REQUIRED FEE: \$105 for Funeral Director only or Embalmer only: \$205 for Concurrent Intern  
 (Attach check or money order payable to Department. of Financial Services) **(Fees are nonrefundable)**

This application form is used by a funeral director and/or an embalmer intern seeking to renew her or his internship due to illness, personal injury, or other substantial hardship beyond her or his reasonable control, or who can demonstrate that she or he has completed the requirements for licensure as a funeral director and/or embalmer but is awaiting the results of a licensure examination. See Rules 69K-18.001 (embalmer interns) and 69K-18.002 (funeral director interns), F.A.C. The statute and rules are available on the Division's website at "<http://www.myfloridacfo.com/division/funeralcemetery/>." As used in this application, "Division" refers to the Division of Funeral, Cemetery, and Consumer Services, and "Board" refers to the Board of Funeral, Cemetery, and Consumer Services.

<b>SECTION 1. GENERAL INFORMATION</b>	
Intern's full name as shown on intern license:	
Intern license #:	Intern phone #: (     )     -
Internship license type: (check one) <input type="checkbox"/> Funeral director only <input type="checkbox"/> Embalmer only <input type="checkbox"/> Funeral director/embalmer	
Intern mailing address:	Intern email address:
Name of training agency:	Training agency license #:
Address of training agency:	Phone # of training Agency: (     ) -
Name of Funeral Director in Charge:	License # of Funeral Director in Charge:
<b>SECTION 2. BASIS FOR RENEWAL REQUEST</b>	
(a) Check below the grounds on which you base your request for renewal of internship: <input type="checkbox"/> Illness <input type="checkbox"/> Personal injury <input type="checkbox"/> Other substantial hardship beyond my reasonable control <input type="checkbox"/> Completed the requirements for licensure as a funeral director and/or embalmer but am awaiting the results of a licensure examination	
(b)The intern shall attach to this application a written and dated statement, signed by the intern, explaining in detail the facts the intern believes justify renewal of the internship. The intern may also attach written, signed statements by any other person(s), and other documentary material, which the intern believes adds support to the intern's explanation and request for renewal.  <input type="checkbox"/> Check here to acknowledge the requirements in (b) above.	

<b>FOR DFS RECEIPTS OFFICE USE ONLY</b>											
Funeral Director only				Embalmer only				Funeral director & Embalmer			
BT	TYCL	FT		BT	TYCL	FT		BT	TYCL	FT	
V	2403	F	\$100	V	2303	F	\$100	V	2503	F	\$200
V	3800	F	\$5	V	3800	F	\$5	V	3800	F	\$5

**SECTION 3. SIGNATURE**

I do hereby apply for renewal of my internship based on grounds set forth above. I do certify on penalty of perjury that the grounds I have set forth in and with this application are true and correct.

\_\_\_\_\_  
Signature of intern

\_\_\_\_\_  
Date signed

Print intern's name: \_\_\_\_\_

*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**