



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

APPLICATION FOR FUNERAL DIRECTOR INTERN LICENSE

Under Section 497.375, Florida Statutes (F.S.). Before the Board of Funeral, Cemetery, and Consumer Services.

Required fees: \$105 Application fee

This form is used to apply for a **funeral director-only** internship license. There are different forms for applying for an embalmer internship, or for a concurrent funeral director and embalmer combination 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 answer is YES or NO, check 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, Division of Funeral, Cemetery, and Consumer Services, online at <http://www.myfloridacfo.com/division/FuneralCemetery/>, and click on Licensing Applications. Each of the related forms referred to on this application is incorporated by reference in Rule 69K-1.001, F.A.C.

PRINT CLEARLY.

SECTION 1. APPLICANT 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. APPLICANT RESIDENCE ADDRESS			
Street Address (No P.O. Box allowed here):			
Apartment # (leave blank if not applicable):		Country:	
City:	County:	State:	Zip Code:
For DFS RECEIPTS OFFICE use only			
<u>BT TYCL FT</u>			
V 2403	F \$100		
V 3800	F \$5		

SECTION 3. PREFERRED MAILING ADDRESS

____ Check here if preferred 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: _____ **E-Mail Address:** (e.g., SmithJ@xyz.com)
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SECTION 5. OTHER LICENSURE INFORMATION

Do you now hold, or have you ever held, in Florida or any other state, any license as a funeral director, embalmer, direct disposer, funeral director intern, embalmer intern, or funeral establishment? **YES** **NO**

If your answer to the above question is YES, you must fill out and submit with this application, a Form DFS-NI-1717, "Other Licenses 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 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, or suspended, or have you ever been fined, reprimanded, or otherwise disciplined regarding such license by any regulatory authority in Florida or any other state or jurisdiction? **YES** **NO**

(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 or any other state or jurisdiction? **YES** **NO**

(c) To your knowledge are you currently under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction, regarding alleged misconduct or incompetency in the performance of work as a funeral director, embalmer, or direct disposer? **YES** **NO**

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.

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. **YES** **NO**

(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. **YES** **NO**

(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? **YES** **NO**

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-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 a, b, or c above. 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 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 9A. EDUCATION REQUIREMENTS

CHECK THE APPLICABLE CATEGORY BELOW:

(a) I have been awarded a 2-year or 4-year college degree by a college or university, with a major in Funeral Services, in a program that covered both funeral directing and embalming, and the college or university's program was accredited by the American Board of Funeral Science Education (ABFSE) when I received my degree. (application under Section 497.375(1)(b)1., F.S.) *(Complete Section 9B below, then continue with Section 10.)*

(b) I have a 2-year or 4-year college degree, but my major was not in mortuary science or funeral services. However, I have a certificate of completion from a Board-approved Type 1 course of study (funeral directing and embalming) or Type 2 course of study (funeral service arts) (application under Section 497.375(1)(b)1., F.S.) *(Complete Sections 9B and 9C below, then continue with Section 10.)*

(c) I have a 2-year or 4-year college degree, but it is not related to funeral services. However, I am currently enrolled in a Board-approved Type 1 (combination funeral directing and embalming) course of study or a Type 2 (funeral service arts) course of study (application under Section 497.375(1)(b)2., F.S.). I have also taken and passed a college level course in Funeral Law and a college Level course in Ethics. *(Complete Sections 9B and 9D below, then continue with Section 10.)*

See the Division website for a list of colleges or universities offering Board-approved Type 1 and Type 2 courses of study. The course of study must have been approved by the Board when you received the certificate of completion.

SECTION 9B. COLLEGE DEGREE

All applicants must complete this Section. These questions relate to the college or university that awarded you the college degree that you indicated, in Section 9A above, that you hold.

(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) Date Degree Awarded: / /

All applicants must prove award of the above degree by attaching to this application an original academic transcript, issued by the college or university awarding the degree, showing your name, classes taken, major area of study, degree awarded, and date awarded.

SECTION 9C. COMPLETED COURSE OF STUDY

Complete this Section if you checked item (b) in Section 9A above. This Section seeks information concerning the Type 1 (combination funeral directing and embalming) or Type 2 (funeral service arts) course of study you have completed, as referred to in item (2) of Section 9A above.

(a) Name of college or university that conducted course of study:

(b) Address of college or university that conducted the course of study (street, city, state, zip):

(c) Name of the course:

(d) The course of study I completed was a Board-approved (check one):

Type 1 (combination funeral directing and embalming)

Type 2 (funeral service arts)

(Applications proceeding under item (2) of Section 9A above, will be denied unless the course of study completed was a Board-approved Type 1 or Type 2 course of study.)

(e) Month and year you completed the course of study:

Attach a proof of course completion consisting of either: 1) an academic transcript issued by the college or university where you took the course of study, or 2) a certificate of course completion signed by a faculty member or employee of the college or university where you took the course. The transcript or certificate of completion must name you, name the course, and state the date you completed the course.

SECTION 9D. CURRENTLY ENROLLED IN COURSE OF STUDY

Complete this Section 9D if you checked item (c) in Section 9A above. Enter information concerning the course of study you are currently enrolled in, as referenced in item (c) of Section 9A above.

(a) Are you currently enrolled in the course of study? YES NO

You must be currently enrolled in the course of study when you submit this application, or this application will be denied; see Rule 69K-18.002, F.A.C. If yes, please complete the rest of this Section.

(b) Enter the name of the college or university where you are currently enrolled in the course of study:

(c) Enter address of that college or university (street, city, state, zip):

(d) Enter the name of the course of study you are currently enrolled in:

(e) The course you are currently enrolled in is a (check applicable):

Board-approved Type 1 (combination funeral directing and embalming) course of study.

Board-approved Type 2 (funeral service arts) course of study.

(The course of study must be a Board-approved Type 1 or Type 2 course of study. See the Division website for a most current list of Board-approved courses of study and colleges or universities offering them.)

(f) Are you currently enrolled in the course of study? YES NO

You must be currently enrolled in the course of study when you submit this application, or this application will be denied; see Rule 69K-18.002, F.A.C.

(g) Attach to this application proof of current enrollment in the course of study referred to in items (b) through (e) of this Section 9D. Proof of current enrollment must be either: 1) an academic transcript issued by the college or university where you are taking the course, showing you enrolled; or 2) a certificate of course enrollment signed by a faculty member or employee of the college or university where you are taking the course. The transcript or certificate of enrollment must have been issued within 45 days of the date you submit this application for funeral director internship.

Also attach to this application a college transcript as issued by the school, for the Funeral Law course and the Ethics course, showing courses taken and date completed.

SECTION 10. COMMUNICABLE DISEASE COURSE

- (a) Have you completed a course on communicable diseases? **YES** **NO**
If yes, please complete the rest of this Section.
- (b) Was the course at least two (2) hours long? **YES** **NO**
- (c) Was the course approved by Board of Funeral, Cemetery, and Consumer Services for at least two (2) hours of continuing education in communicable disease training? **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, Florida*):
- (f) Date you took the course:
- (g) Attach a certificate of completion 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 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 Form DFS-N1-1734, "Notice of Termination/Change of Supervisor." 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 12. SUPERVISING FUNERAL DIRECTOR IDENTIFICATION & SIGNATURE

Please provide the information requested below concerning the Licensed Funeral Director who will supervise you if this application is approved. Have that funeral director sign and date this Section, where indicated.

- (a) Name of Licensed Funeral Director:
- (b) License Number:
- (c) Phone Number:

Supervising Funeral Director's Acknowledgement. I, the Licensed Funeral Director identified in this Section, hereby certify that I am licensed in good standing as a funeral director in the state of Florida, and that if the funeral director 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.

Funeral Director'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, 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 13. 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

(A "Change of Address or Contact Data" form may be found on the Division website)

(b) SUPERVISION REQUIREMENT. Funeral director interns must work under direct supervision of a licensed Florida funeral director throughout their internship. The only exception is if you checked item (c) in Section 9A of this form and after 6 months of direct supervision you meet the requirements of Section 497.375(1)(d), F.S., and you complete and file with the Division a Form DFS-N1-2039, "Certification for General Supervision of Intern," and the Division notifies you that you are approved to move to general supervision. Do you understand this?

YES NO

(c) Do you understand that a funeral director intern may only perform funeral director 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 funeral director 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

Instructions concerning how and where to submit fingerprints 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, Division of Funeral, Cemetery, and Consumer Services, online at <http://www.myfloridacfo.com/division/FuneralCemetery/> and click on the "Fingerprints" link for the information and procedures site online at <https://www.identogo.com/>.

(f) TRAINING REPORTS. Do you understand that it is the intern's responsibility to assure that his or her supervisor completes and files quarterly training reports with the Division, concerning his or her internship activities, throughout the internship?

YES NO

(g) LENGTH OF INTERNSHIP. Pursuant to Section 497.375(4), F.S., a funeral director intern license expires one (1) year after issuance. Successful completion of a funeral director internship requires that you successfully complete 50 weeks of supervised internship, with each of the 50 weeks containing at least 40 hours of supervised intern activities, all completed within the one-year period following issuance of the internship license. In certain limited situations as specified at Section 497.375(4), F.S., a funeral director intern may apply to renew his or her internship, but the intern must apply for and show compliance with applicable requirements; there is no guarantee that an intern license will be found eligible for renewal. No person will be granted more than one funeral director internship license during his or her lifetime; see Rule 69K-18.002, F.A.C.

Do you understand this?

YES NO

SECTION 14. APPLICANT'S CERTIFICATION & SIGNATURE

Under penalties of perjury, I, the applicant named herein, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in this application and any attachments are true and correct.

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

Print Name and Title

SECTION 15. 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.

Mail completed application with all attachments, and required fees to:

Division of Funeral, Cemetery, and Consumer Services
P.O. Box 6100
Tallahassee, FL 32314-6100