



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

## APPLICATION FOR CONCURRENT INTERN LICENSE

Section 497.377, Florida Statutes

**Required fee of \$205** (Nonrefundable)  
(Attach check or money order payable to Dept of Financial Services)

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. Failure to write legibly, or to provide requested information, may delay processing and may be cause for denial of application. All referenced forms can be found on the Division's website at <https://www.myfloridacfo.com/division/funeralcemetery/licensing>.

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 # (if 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:		E-Mail Address:	
<b>For Office use only</b>			
BT	TYCL	FT	
V	2503	F	\$200
	3800	F	\$ 5
			\$205

### Section 5. OTHER LICENSURE INFORMATION

- (a) Have you ever had any license to practice embalming, funeral directing, direct disposing, or any other regulated profession, revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction? ☐ YES ☐ NO
- (b) Have you ever had any application for license as an embalmer, funeral director, 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) 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? ☐ YES ☐ NO
- (d) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction, in regards to alleged misconduct or incompetency in the performance of work as a embalmer, funeral director, or direct disposer? ☐ YES ☐ NO

*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*

### 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, suspended, fined, reprimanded, or otherwise disciplined, 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) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction, in regards to 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.*

### 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 1. 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 1. which was committed within the 5 years immediately preceding the date you submit this application? ☐ YES ☐ NO

*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.*

**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."*

**Section 9. EDUCATION REQUIREMENT**

**(A1)** Do you have a 2-year or 4-year college degree (e.g., a degree from a Junior College, a Community College, or 4-year College or University)?

☐ YES ☐ NO

*If your answer is NO, you will not be eligible for this license. Application and license fees are not refundable.*

**(A2) If the answer to A1 is YES, check whichever of the following is applicable to you:**

☐ (a) 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).

☐ (b) 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).

☐ (c) I have a 2-year or 4-year college degree, but did not major in mortuary science; however, 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.

☐ (d) I have a 2-year or 4-year college degree, but did not major in mortuary science; however, 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.

**(A3) Provide the following information about whatever 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: \_\_\_\_\_

**(A4) If your answer to (A2) was (c), also provide the following:**

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 \_\_\_\_\_

**(A5) Attach proof of graduation and course completion.**

- a. 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 (c) in response to (A2), 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.

**(A6) Non-ABFSE Courses.** If your answer to (A2) was (d), you must complete [DFS-N1-1719, "Mortuary Science Course Information Form."](#) and attach it to this application when submitting same.

**Section 10. COMMUNICABLE DISEASE COURSE**

- 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 Florida Department of Health, or by a Board within the Florida Department of Health? (the course sponsor can advise you whether the course was approved) ☐ 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, Fla*):  
\_\_\_\_\_
- 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 11. APPROVED TRAINING FACILITY:**

*Please provide the information requested below regarding the funeral home or centralized embalming facility 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 must promptly file with the Division a [Form DFS-N1-1734, "Notice of Change of Supervisor and/or Location"](#).*

**Section 12. SUPERVISING LICENSEES IDENTIFICATION & SIGNATURE**

*Please provide the information requested below concerning the licensee(s) who will supervise you. Have your proposed supervising licensee(s) sign and date this section, where indicated.*

**Supervisor For Embalmer Training**

Supervisor name: \_\_\_\_\_

Type of Florida license held (check one): ☐ embalmer ☐ funeral director ☐ combo funeral director/embalmer

Fla License number: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_

**Supervisor For Funeral Director Training**

☐ check here if same as embalmer training supervisor, in which case skip this block.

Supervisor name: \_\_\_\_\_

Type of Florida license held (check one): ☐ embalmer ☐ funeral director ☐ combo funeral director/embalmer

Fla License number: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_

**Section 15. MISCELLANEOUS MATTERS**

(a) 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, mailing address, or place of practice?

☐ YES ☐ NO

To notify the Division of a change in residence address, mailing address, or place of practice, use [Form DFS-NI-1704, "Change of Mailing Address or Contact Data -- Individuals"](#).

(b) Do you understand that if licensed as a concurrent intern under s. 497.377, throughout your internship you may only perform funeral director and embalmer-related work under the direct supervision of Florida licensed funeral director and embalmer in good standing, and that your supervising licensee must submit quarterly reports to the Division, throughout your internship, concerning your intern activities?

☐ YES ☐ NO

(c) Do you understand that a concurrent intern may only perform funeral director and embalmer 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 concurrent 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 online at:  
<https://www.myfloridacfo.com/division/funeralcemetery/licensing/fingerprinting>.

**Please note:** If you are approved for concurrent 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). Board policy and rule is that a person can be issued only one concurrent intern license during their lifetime. If you hope in the future to become licensed in Florida as a funeral director and/or embalmer, please note that the general requirement is that you have successfully completed an internship, which means completing 40 hours a week of funeral director- and embalmer-related work, for 50 weeks, completed within the contiguous 52-week period following issuance of the internship license. Therefore, if you hope to become licensed as a funeral director and/or embalmer in the future, it is important that you successfully complete your internship under the first and only intern license issued to you, because Board rules will not allow a second chance to complete the internship.

[signature page follows]

**Section 16. APPLICANT'S CERTIFICATION & SIGNATURE**

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

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 & 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 & Consumer Services  
Revenue Processing  
P.O. Box 6100  
Tallahassee, FL 32314-6100

**CONFIDENTIAL SOCIAL SECURITY NUMBER**

Enter Applicant's 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.*