

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



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

## APPLICATION FOR EMBALMER APPRENTICE LICENSE

Under Section 497.371, Florida Statutes. Before the Board of Funeral, Cemetery, and Consumer Services.

Required fees:                      \$55 Application fee

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

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, circle the correct answer.

Section 1. PERSONAL INFORMATION			
<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)			
Section 2. RESIDENCE ADDRESS			
<b>Street Address</b> (No PO Box allowed here)			
<b>Apartment #</b> (leave blank if not applicable):		<b>Country:</b>	
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
Section 3. PREFERRED MAILING ADDRESS			
__ Check here if mailing address is same as Residence address, then skip this section.			
<b>Street Address Or P.O. Box</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Country</b>
For Office use only			
<u>BT</u>	<u>TYCL</u>	<u>FT</u>	
V	2304	F	\$50
	3800	F	<u>\$ 5</u>
			\$55

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**Section 4. PHONE & EMAIL**

<b>Primary phone number:</b> Area code _____ Phone number: _____ - _____	<b>E-Mail Address:</b> (e.g., SmithJ@xyz.com)
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**Section 5. OTHER LICENSURE INFORMATION**

- (a) Have you ever previously held a license or registration in Florida as an embalmer apprentice?  
**YES NO**
- (b) Have you ever previously held a license or registration in Florida as an embalmer intern, or funeral director intern, or concurrent embalmer and funeral director intern?  
**YES NO**
- (c) Do you now, or have you ever in the past, held a license or registration in Florida or any other state or jurisdiction, as a funeral director, embalmer, 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 “Other Licenses” form. You must disclose on that form details of each current or prior license 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 & 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 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 a 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 the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “Adverse Licensing Action History Form”. You must disclose on that form details of each adverse licensing action and pending investigation 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 & 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:
- 1. 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; 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. which was committed within the 5 years

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immediately preceding the date you submit this application?

*Circle YES below, if the answer to any of 1, 2, or 3, immediately above, is YES. Otherwise circle 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 a, b, or c 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 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. EDUCATION REQUIREMENTS**

*State law requires that you have graduated from high school or have received a 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 “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 & 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.*

If your answer to (a) above was NO, answer the following:

(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. COMMUNICABLE DISEASE COURSE**

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- 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, Florida*):
- 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. 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 12. 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**  
*(A "Change of Address Notice" form may be found on the Division website)*

- (b) Do you understand that if licensed as an embalmer apprentice under s. 497.371, throughout your apprenticeship you may only perform embalming-related work under the direct supervision of Florida licensed embalmer in good standing, and that your supervising licensed embalmer must submit quarterly reports to the Division, throughout your apprenticeship, concerning your embalmer apprentice activities?

**YES NO**

- (c) Do you understand that an embalmer apprentice may only perform embalmer apprentice activities at a funeral establishment (i.e. funeral home) that has been approved by the Board as an Approved Training Agency?

**YES NO**

- (d) Do you understand that an embalmer apprentice must promptly advise the Division if the apprentice changes training location or supervising embalmer? YES NO

- (e) Do you understand that an embalmer apprenticeship is issued for one year and you may extend no longer than 3 years from the date the apprentice license is issued if the apprentice is not enrolled in an accredited mortuary science course or 5 years from the date the apprentice license is issued under conditions as specified in Board rules, if the apprentice during the apprenticeship is enrolled in an accredited mortuary science course? YES NO

- (f) Are you currently enrolled in a Junior College or Community College mortuary science program, or other mortuary science program? YES NO

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(g) If your answer to the immediately preceding questions was YES, provide the following information:

1. Name of college or school: \_\_\_\_\_
2. Address of school (street, city, state, zip):  
\_\_\_\_\_  
\_\_\_\_\_
3. Month and year you enrolled \_\_\_\_\_

*If you are not currently enrolled in a qualifying mortuary science course or program, but otherwise qualify for an embalmer apprentice license, you will be issued a 3-year license. Then, if while holding the 3-year license you enroll and commence study in a qualified mortuary science course or program, you may apply to have the apprenticeship extended to 5-years. Use the Application to Extend Embalmer Apprenticeship, available on the Division's website. You are urged to assure that whatever mortuary science course or program you take, is accredited by the American Board of Funeral Science Education (ABFSE) (see that organization's website to identify accredited programs).*

(h) 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 Dept of Financial Services ([www.myfloridacfo.com/funeralcemetery](http://www.myfloridacfo.com/funeralcemetery)).*

### **Section 13. APPROVED TRAINING FACILITY:**

*Please provide the information requested below, regarding the funeral home or centralized embalming facility where you will receive embalmer apprentice training:*

Name of Funeral Home: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, and zip code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Funeral home license number: \_\_\_\_\_

Is this Funeral Home or centralized embalming facility approved by the Board as a training agency? **YES NO**

*If the training location changes during the apprenticeship, the apprentice is responsible to promptly file with the Division a Notice of Termination/Change of Training Location form. 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.*

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**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.*

Name of licensed embalmer: \_\_\_\_\_

License Number: \_\_\_\_\_

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 apprentice applicant herein is approved for apprentice licensure, I will provide supervision to the apprentice at the Funeral Home indicated in this application, and will file quarterly reports with the Division concerning the apprentice’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 apprentice** must file a Notice of Termination/Change of Supervisor form, 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. 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

*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

Social Security No. \_\_\_\_\_