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DEPT. OF HEALTH AND HUMAN SERVICES

Application Information

Funeral Directing and Embalming License

LICENSE REQUIREMENTS:

1. Age, Good Character and Citizenship/Lawful Presence: Must be at least 19 years old and of good character and meet the requirements set out in Neb. Rev. Stats. §38-129 AND §§4-108 through 4-111.

2. General Education: Have earned the equivalent of 60 semester hours of college credit (not included in mortuary school), which includes:
   a. 6 semester hours of English;
   b. 6 semester hours of accounting;
   c. 8 semester hours of chemistry;
   d. 12 semester hours of biological science relating to the human body; and
   e. 6 semester hours of psychology or counseling;

   Reciprocity: If applying by reciprocity, an applicant must have the following:

   a. Education: Completed at least 60 semester hours of college credit (not included in mortuary school).

   b. Coursework or Practice:
   The specific coursework as listed in item 2 above
   OR
   At least 5 years of practice as a licensed or certified Funeral Director and Embalmer in another state. A year of apprenticeship does not constitute licensure or certification in this case. It must be 5 years of practice beyond the year of apprenticeship.

   c. Continuing Education: Completed at least 16 hours of funeral directing and embalming continuing education within the 24 months immediately prior to application.

3. Mortuary Science Education: Have completed a full course of instruction in an accredited school of mortuary science. Hours earned in a school of mortuary science as part of the mortuary program may not be used for the 60 semester hours of general education;

4. Apprenticeship: Have completed a 12-month apprenticeship under the supervision of a licensed Funeral Director and Embalmer practicing in the State of Nebraska. The apprenticeship must:

   a. Have been registered with the Department prior to the start date;
   b. Completed either a 6 months split or full 12 months; and
   c. Consist of arterially embalming 25 bodies and assisting with 25 funerals, signed off by the supervisor.

   Reciprocity: If the applicant has completed at least 1 year of funeral directing and embalming practice following licensure/certification in another jurisdiction, this practice is deemed equivalent to a 12-month apprenticeship.

5. Examination: Have successfully passed the national standardized examination developed and administered by the International Conference of Funeral Service Examining Boards **AND** receive at least a score of 75% on the Nebraska jurisprudence examination and Nebraska vital statistic forms examination.

INFORMATION FOR MILITARY SPOUSES:

Temporary License: If you hold an active funeral directing and embalming license in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent license requirements. A temporary license specifically for military spouses is available under Neb. Rev. Stat. 38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a permanent license (see page 1 of the document) to determine which process is right for you.

To apply for this temporary license, you need **to be a resident of Nebraska** and submit the following:

- The attached application
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska
- A copy of your funeral directing and embalming license from another state or jurisdiction
- The statutes, rules, and regulations governing the license which indicate standards that are similar to Nebraska's funeral directing and embalming licensing requirements.

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your license fee **is waived**:

1. **Young Worker:** You are between the ages of 18 and 25 (under the age of 26).

2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
   - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
   - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
   - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines http://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf. To be eligible for this waiver, you must submit a copy of your most recent tax return.

3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx

APPLICATION PROCESS TO APPLY FOR A LICENSE:

To apply for a license you must submit the following:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. ☐ **US Citizenship/Lawful Presence** (must be at **least 19** years old):

   U.S. Citizen, a PHOTOCOPY of one of the following:
   - ☐ Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
   - ☐ U.S. Passport (unexpired or expired).
   - ☐ Certificate of Naturalization.
   - ☐ Other documents that show U.S. Citizenship.

   A Driver's License is NOT acceptable.

   NOT a U.S. Citizen, a PHOTOCOPY of one of the following:
   - ☐ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
   - ☐ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
   - ☐ Employment Authorization Card **AND**
     - ☐ An approved deferred action status (DACA);
     - ☐ A pending application for asylum in the United States;
     - ☐ A pending or approved application for temporary protected status in the United States; or
     - ☐ A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

   NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. ☐ **Education:** An **OFFICIAL** school/college/university transcript **AND** mortuary school transcript.

   Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

3. ☐ **Examination:** A certified copy of your National Standardized Examination Scores, sent directly from the International Conference of Funeral Service Examining Boards.

4. ☐ **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:
(i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
(ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
(iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides SOME examples of convictions; this is NOT a complete list	
• MIP/ Tobacco Use by Minor • DUI / DWI / Open Container • Controlled Substance • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Fail to Appear in Court	• Driving under Suspension / Revocation • License Vehicle without Liability Insurance • False Information or Reporting • Reckless Driving / Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction or license discipline**, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action.** Reporting forms can be obtained at the following website: http://dhhs.ne.gov/Pages/Investigations.aspx or by phone 402-471-0175.

5. ☐ **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska** (such as nursing, EMT, counseling etc.), you must contact that state and request a verification of your license or send a copy of your license from their electronic look-up site **(do not send a copy of your license)**.

6. ☐ **License Fee:** See the license application for a listing of fees. **Pay by check or money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.**

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to compete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.

- If your application **is complete**, you will receive **by e-mail** notification of issuance of your license.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
FAX: 402-742-1106 / telephone # (402) 471-2117 / E-mail dhhs.licensure2117@nebraska.gov

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P.O. Box 94986, Lincoln, Nebraska 68509-4986
Dhhs.licensure2117@nebraska.gov
402-471-2117

FUNERAL DIRECTING and EMBALMING APPLICATION FOR A LICENSE

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE APPLICATION CATEGORY and FEES

Check the method of application below:

☐ Initial License

☐ Reciprocity (Licensed in Another Jurisdiction/State)

☐ Military Spouse Temporary License

A. Fee Waiver: If you meet one of the following fee waivers, your initial license fee **is waived**. **Check only one waiver**:

☐ **Young Worker:** I am under 26 years old.

☐ **Low-income Individual:**

☐ I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR

☐ My household adjusted gross income is below 130% of the federal income poverty guideline.

☐ **Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers you must pay the fee listed in the chart below.

Pay by check or money order to: Licensure Unit
Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

FEES: Determine the month and year in which you plan to be licensed in Nebraska (keeping in mind application processing can take up to 3-4 weeks if you are scheduled to take the next examination)

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	**$25**	**$90**	**$90**	**$90**	**$90**	**$90**	**$90**	**$90**	**$90**	**$90**	**$90**	**$90**
Odd Numbered Year	**$90**	**$90**	**$90**	**$90**	**$90**	**$90**	**$90**	**$25**	**$25**	**$25**	**$25**	**$25**

All Licenses expire February 1st of even numbered years

SECTION A: INFORMATION

1	You must print your **Legal Name** below			
	First:	Middle:	Last Name:	
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate			
2	Address:	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Social Security Number (SSN):			

Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

4	If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #:	☐ A#: ☐ I-94 #	
5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
6	Phone #: (optional)*	Additional Phone #: (optional)*	
	E-Mail Address:		

* phone number and e-mail is optional, but providing this information will speed up communication with you

7	Have you ever been denied the right to take a license examination in any State?	Yes ☐ No ☐	If yes, explain:
8	**Military Spouse**: Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?	Yes ☐ No ☐ If checked yes and you are applying for a temporary license, you must include all documentation identified in the instructions.	

SECTION B: EXAMINATION

Date of National Examination:	

APPLICANTS FOR INITIAL LICENSE COMPLETE THIS SECTION
SECTION C: GENERAL EDUCATION

COLLEGE HOURS: Applicants applying for initial licensure in Nebraska must have submitted the "Educational Review Form", and submit an official transcript verifying completion of all education. If this information is already on file, you are not required to resubmit the transcript.

☐ Transcript already on File with the Department	☐ Transcript Attached

The education must consist of at least 60 semester hours of college, and include the following coursework:

- 6 semester hours of English;
- 6 semester hours of accounting;
- 8 semester hours of chemistry;
- 12 semester hours of biological science relating to the human body; and

6 semester hours of psychology or counseling.

These hours must be earned independently from the courses/classes required for graduation from the mortuary science program.

Information Relating to Military Education, Training, or Service:
If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

RECIPROCITY APPLICANTS MUST COMPLETE SECTION D

SECTION D: RECIPROCITY

COLLEGE HOURS:
You must have at least 60 semester hours of college credit and be earned independently from the courses/classes required for receipt of a certificate / diploma / degree in mortuary science.

☐ Transcript forwarded directly from the College	☐ Transcript Attached

The education must consist of at least 60 semester hours of college, and include the following coursework:

- 6 semester hours of English;
- 6 semester hours of accounting;
- 8 semester hours of chemistry;
- 12 semester hours of biological science relating to the human body; and
- 6 semester hours of psychology or counseling.

Have you completed the specific coursework listed above: ☐ Yes ☐ No

If you have not completed the specific coursework areas, you may use 5 years of licensure experience in lieu of the specific semester hour break down, **but you must still have a total of 60 semester hours of college.**

PRACTICE INFORMATION: Give location, address, and dates actively engaged in the practice of funeral directing and embalming.

Name and Address:	Name of Establishment:		
	Street/PO/Route:		
	City:	State:	Zip:
Dates Employed as a funeral director and embalmer:	From (month/day/year):	To (month/day/year):	

CONTINUING EDUCATION: All reciprocity applicants must have completed at least 16 hours of funeral directing and embalming continuing education within the previous 24 months immediately prior to this application.
Have you completed these hours? ☐ Yes ☐ No

Information Relating to Military Education, Training, or Service:
If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

SECTION E: MORTUARY SCIENCE PROGRAM

MORTUARY SCIENCE PROGRAM
All applicants must complete this section and submit an Official transcript of graduation from an accredited School of Mortuary Science.
NOTE: If your official transcript is on file with our Department, you are not required to submit another transcript.

INSTITUTION Name and Address:	Name:		
	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:			

Information Relating to Military Education, Training, or Service:
If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

SECTION G: APPRENTICESHIP

You must submit:

- Attachment 1 to verify completion of 12 months of apprenticeship.
- Attachment 2 (or have previously submitted), documenting case reports evidencing completion of at least 25 arterially embalmed bodies.
- Attachment 3, an affidavit of completion of at least 25 funeral assists.

NOTE:
Reciprocity applicants who have at least 1 year of practice following licensure in another state are not required to complete these Attachments or provides dates of apprenticeship.

Dates of 12 Month (FULL) Apprenticeship:

From: (month/day/year)	To: (month/day/year)

Dates of 6 Month (SPLIT) Apprenticeship:

1st 6 months	From: (month/day/year)	To: (month/day/year)
Final 6 months	From: (month/day/year)	To: (month/day/year)

SECTION H: CONVICTION AND LICENSURE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: **You must list ALL** misdemeanor or felony convictions (regardless of when they occurred).

1	Have you **EVER** been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes ☐ No ☐			

The following provides **SOME** examples of convictions; this is **NOT** a complete list	
• MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving	• Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held (such as nursing, EMT, counseling, etc.) in a state **other** than Nebraska.

2	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	Yes ☐ No ☐			
	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes ☐ No ☐			

SECTION I: PRACTICE PRIOR TO CREDENTIAL

If you practice prior to your License being issued, you are subject to assessment of an Administrative Penalty of $10 per day up to $1,000, or such other action as provided in the statutes and regulations governing the credential.

☐ **Yes** ☐ **No** Have you practiced funeral directing and/or embalming in Nebraska without a license, apprentice license or as a student before submitting this application?

If yes, what are the actual number of days you practiced in Nebraska without a Nebraska license and what is the business name, location and telephone number of the practice:	Number of days:	
	Name of Business:	
	City:	Telephone #:

SECTION J: ATTESTATION

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below):* **I attest that**:

☐ I am a citizen of the United States.

☐ I am **NOT** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.

☐ I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

☐ I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that:

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx

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P.O. Box 94986
Lincoln, Nebraska 68509-4986

NOTE: Reciprocity Applicants applying for a license in Nebraska based on a license in another state are **not** required to complete this form.

AFFIDAVIT OF APPRENTICESHIP AND COMPLETION OF SUPERVISED EMBALMINGS

SECTION A: PERSONAL INFORMATION

1.	Apprentice Name:	First:	Middle/MI:	Last:
2.	Funeral Establishment where Apprenticeship was completed:	Name:		
		Street/PO/Route:		
		City:	State:	Zip:
3.	Dates of Apprenticeship:	From: (month/day/year)	To: (month/day/year)	
4.	Name of Supervisor:	First:	Last:	License #:

SECTION B: ATTESTATION

Supervisor must complete this section

I am the person referred to on this form as supervisor and that the statements herein are true and complete. I further verify that the attached case reports (Attachment 2) for arterially embalmed bodies were completed by the above named apprentice, under my direct supervision.

_____
(Signature of Supervisor)

_____ date

Apprentice must complete this section

I am the person referred to on this form as an apprentice and that the statements herein are true and complete. I further verify that the attached case reports for arterially embalmed bodies, and the attached affidavit of completion of 25 funeral assists were verified by the above named supervisor, and completed by me under his/her supervision by direct oversight.

_____
(Signature of Apprentice)

_____ date

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Licensure Unit
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Lincoln, Nebraska 68509-4986

ATTACHMENT 2

NOTE: Reciprocity Applicants applying for a license in Nebraska based on a license in another state are **not** required to complete this form.

REPORT OF ARTERIALLY EMBALMED BODY FUNERAL DIRECTING AND EMBALMING

Apprentices are required to complete 25 arterially embalmed bodies

SECTION A: APPRENTICE INFORMATION

Apprentice Name:	First:	Middle/MI:	Last:
Funeral Establishment Name:			
Establishment Address:	Street/PO/Route:		
	City:	State:	Zip:

SECTION B: EMBALMING INFORMATION

Name of Deceased:	Age:	Male: ☐	Female: ☐	Infant: ☐
Cause of Death:			Natural: ☐	Accidental: ☐
Condition of Body: ☐ Good ☐ Fair ☐ Poor ☐ Mangled			Was the body shown: ☐ yes ☐ no	
If an Autopsy was performed, was Autopsy: ☐ Complete ☐ Abdominal ☐ Thoracic ☐ Cranial				
If death was due to contagion, how did you prepare the body for removal to the funeral establishment:				
How much actual time was spent on preparation of this body:				
Which artery(s) did you raise:				
Which vein(s) did you raise:				

Check all services below that you completed for this embalming; date embalming completed: _____

Transported the deceased body	☐	Bathed the body	☐	Shampooed the Hair	☐
Did cavity work	☐	If male, shaved him	☐	Posed the body	☐
Manicured the finger nails	☐	Dressed the body	☐	Closed the mouth and eyes	☐
Did the cosmetic work	☐	Placed body in casket	☐	Assisted with funeral	☐

SECTION C: SIGNATURES (Apprentice and Supervisor must sign below)

_____
Signature of Apprentice

_____
Signature of Supervisor

_____ License Number

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ATTACHMENT 3

NOTE: Reciprocity Applicants applying for a license in Nebraska based on a license in another state are **not** required to complete this form.

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P.O. Box 94986
Lincoln, Nebraska 68509-4986

AFFIDAVIT OF COMPLETION 25 FUNERAL ASSISTS

SECTION A: PERSONAL INFORMATION

1.	Apprentice Name:	First:	Middle/MI:	Last:	
2.	Funeral Establishment where Apprenticeship was completed:	Name:			
		Street/PO/Route:			
		City:	State:	Zip:	
3.	Dates of Apprenticeship:	From: (month/day/year)	To: (month/day/year)		
4.	Name of Supervisor:	First:	Middle:	Last:	License #:

SECTION B: ATTESTATION

I am the person referred to on this form as supervisor and that the statements herein are true and complete.

I further verify that _____ (apprentice's name), has assisted in conducting

at least 25 funerals under my supervision during the dates identified above.

_____ _____

Signature of Supervisor License Number

_____

date