



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF PUBLIC HEALTH, Licensure Unit  
 P.O. Box 94986, Lincoln, Nebraska 68509-4986  
 402-471-4918 rita.watson@nebraska.gov

## APPLICATION FOR A FUNERAL DIRECTING AND EMBALMING APPRENTICE REGISTRATION

Please Type or Print Clearly – It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

**SECTION A - APPRENTICE INFORMATION** (All applicants must complete this section)

1.	Name	First:	Middle/MI:	Last:
2.	Mailing Address:	Street/PO/Route:		
		City:	State:	Zip:
3.	Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
4.	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#
		<input type="checkbox"/> Alien Registration Number ("A#"); or		A#
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:		I-94 #
		If you have both a SSN and an A# or I-94 number, you must report both.  Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.		
5.	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)	

**SECTION B - FUNERAL DIRECTING AND EMBALMING SUPERVISOR**

Name of Supervisor:	License #:
Name of Back-up Supervisor (if applicable):	License #:

**SECTION C – NAME AND LOCATION WHERE APPRENTICESHIP WILL BE COMPLETED**

1.	Establishment Name:	License #
2.	Establishment Address:	Street/PO/Route:
		City:
3.	Date Apprentice is proposed to begin:	

**SECTION D - REGISTRATION CATEGORY** (All applicants must check the process by which they will be serving the apprenticeship)

<input type="checkbox"/>	<b>Full 12 month service</b> as an apprentice (the applicant must have completed at least 39 of the required 60 hours of pre-mortuary education, submit a pre-mortuary transcript, evidence of completing mortuary school and successful completion of the National Standardized Examination)	<b>FEE:</b> \$25
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**OR SPLIT APPRENTICESHIP**

<input type="checkbox"/>	<b>First 6 month service</b> as an apprentice (this service must be completed prior to attending mortuary school. A student may not earn more than 6 months of service, nor less than 6 months if utilizing a split-apprenticeship. The applicant must have completed at least 39 of the required 60 hours of pre-mortuary education and must submit a pre-mortuary transcript.	<b>FEE:</b> \$25
<input type="checkbox"/>	<b>Final 6 month service</b> as an apprentice (the applicant must submit evidence of completing mortuary school and successful completion of the National Standardized Examination)	<b>NO FEE</b>

Make **FEE** payable to "Licensure Unit"

**SECTION D – CONVICTION AND LICENSURE INFORMATION** (All applicants must complete this section)  
**Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty and issuance of a probationary license.**

**NOTE:** If you have any criminal charges or license disciplinary actions pending that result in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a (x) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 6 of application).

**Conviction Information:**

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you <b><u>EVER</u></b> been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

You are required to list all misdemeanor/felony convictions, regardless of when they occurred. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest that you contact the court in the county where you were ticketed or arrested. The following provides just a small **sampling** of some of the misdemeanor convictions; this is not an exclusive list (intended as examples), there are many more not listed here:

<ul style="list-style-type: none"> <li>• MIP</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Tobacco Use by Minor</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault</li> <li>• Disorderly Conduct</li> <li>• Disorderly House</li> <li>• Reckless Driving</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering</li> <li>• Bad Check</li> <li>• Fireworks</li> </ul>	Convictions are also delineated in Neb. Rev. Stat. Chapter 28
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**Licensure Information:**

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

2	Are you licensed in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

**SECTION E – SUPERVISOR ATTESTATION** (The supervisor, back-up supervisor and apprentice must sign this application)

**SUPERVISOR(S):**

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete.

Signature of Supervisor: \_\_\_\_\_

Signature of Back-up Supervisor: \_\_\_\_\_

**APPRENTICE APPLICANT:**

**SECTION F – PRACTICE PRIOR TO CREDENTIAL**

An individual who practices prior to issuance of a credential is 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.

1	I have practiced funeral directing and/or embalming without a license in Nebraska before submitting the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____ Name of Business: _____ City: _____ Telephone #: _____

**SECTION G - ATTESTATION**

**Lawful Presence in the United States Attestation:** For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

*Please check ONLY ONE of the boxes below:*

- I am a citizen of the United States.
- I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act.
- I am a nonimmigrant lawfully present in the United State who is eligible for a credential under the Uniform Credentialing Act.

**Alien or Non-immigrant Status:** If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

Your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

**Application Attestation:** I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**NOTE:** In order for your application to be considered complete, all applicants **MUST** also submit a copy of the following documents

1.  **Age:** Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2.  **Citizenship, Lawful Presence Information:** You must submit a **copy** of at least one of the following documents:
  - (1) A U.S. Passport (unexpired or expired);
  - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
  - (3) An American Indian Card (I-872);
  - (4) A Certificate of Naturalization (N-550 or N-570);
  - (5) A Certificate of Citizenship (N-560 or N-561);
  - (6) Certification of Report of Birth (DS-1350);
  - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - (8) Certification of Birth Abroad (FS-545 or DS-1350);
  - (9) A United States Citizen Identification Card (I-197 or I-179);
  - (10) A Northern Mariana Card (I-873);
  - (11) A Green Card otherwise known as a Permanent Resident Card (Form I-551) both front and back of the card;
  - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (13) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card is NOT acceptable; or
  - (14) A Form I-94 (Arrival-Departure Record);
3.  **Education:** You must submit official school/college/university transcript, mortuary school transcript and complete the educational review form (attachment B1)
4.  **Examination:** A certified copy of your National Standardized Examination Scores must be sent directly from the International Conference of Funeral Service Examining Boards;
5.  **Conviction Information:** If you have been convicted of a felony or misdemeanor, you must submit:
  - (a) A copy of the court record, which includes charges and disposition;
  - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
  - (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
  - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
6.  **Other Credentialing Info:** If you hold or have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
7.  **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition; and
8.  **Fee:** The required fee (see chart on page 2 of this application).

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

**APPRENTICE REQUIREMENTS: 38-1416. Apprenticeship; apprentice license; examination.** (1) Before beginning an apprenticeship, an applicant shall apply for an apprentice license. The applicant shall show that he or she has completed thirty-nine of the sixty hours required, which is the equivalent of sixty semester hours of college credit in addition to a full course of instruction in an accredited school of mortuary science. Such hours shall include the equivalent of (i) six semester hours of English, (ii) six semester hours of accounting, (iii) eight semester hours of chemistry, (iv) twelve semester hours of a biological science relating to the human body, and (v) six semester hours of psychology or counseling; The applicant may complete the twelve-month apprenticeship in either a split apprenticeship or a full apprenticeship as provided in this section.

(2) A split apprenticeship shall be completed in the following manner:

- (a) Application for an apprentice license to complete a six-month apprenticeship prior to attending an accredited school of mortuary science, which license shall be valid for six months from the date of issuance and shall not be extended by the board. The apprenticeship shall be completed over a continuous six-month period;
- (b) Successful completion of a full course of study in an accredited school of mortuary science;
- (c) Successful passage of the national standardized examination; and
- (d) Application for an apprentice license to complete the final six-month apprenticeship, which license shall be valid for six months from the date of issuance and shall not be extended by the board. The apprenticeship shall be completed over a continuous six-month period.

(3) A full apprenticeship shall be completed in the following manner:

- (a) Successful completion of a full course of study in an accredited school of mortuary science;
- (b) Successful passage of the national standardized examination; and
- (c) Application for an apprentice license to complete a twelve-month apprenticeship. This license shall be valid for twelve months from the date of issuance and shall not be extended by the board. The apprenticeship shall be completed over a continuous twelve-month period.

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**EDUCATIONAL REVIEW FORM  
 FUNERAL DIRECTING AND EMBALMING**

**SECTION A - APPRENTICE INFORMATION** (All applicants must complete this section)

Name:	First:	MI:	Last:
Address:	Street/PO/Route:		
	City:	State:	Zip:

**SECTION B - EDUCATION** (The following section must be completed by all applicants. All courses must have been completed independently from coursework completed in mortuary science college and used towards a mortuary science certificate or degree. Within these 60 semester hours, you must complete the specified semester hours in the areas identified below. To assist this review process, if the title does not clearly reflect the content, please attach a course description. *A transcript verifying completion of this coursework must be submitted.*  
**NOTE: Quarter hours are calculated into semester hours as follows: # of quarter hours x .666 = # of semester hours**

<b>English – at least 6 semester hours</b>	Course Code and Course Title:	College/University:	Credit Hours:

<b>Accounting – at least 6 semester hours</b>	Course Code and Course Title:	College/University:	Credit Hours:

<b>Chemistry – at least 8 semester hours</b>	Course Code and Course Title:	College/University:	Credit Hours:

<b>Biology relating to the Human Body – at least 12 semester hours</b>	Course Code and Course Title:	College/University:	Credit Hours:

<b>Psychology or Counseling – at least 6 semester hours</b>	Course Code and Course Title:	College/University:	Credit Hours:



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CHANGE OF FUNERAL DIRECTING & EMBALMING APPRENTICE SUPERVISOR

Please Type or Print Clearly – It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

SECTION A – APPRENTICE INFORMATION (All applicants must complete this section)

Form with fields for Name (First, MI, Last), Address (Street/PO/Route, City, State, Zip)

SECTION B – INFORMATION REALTING TO NEW SUPERVISOR

Form with fields for Name of Supervisor, License #, Name of Back-up Supervisor, License #, Date change will become effective

SECTION C – ESTABLISHMENT WHERE YOU WILL NOW BE APPRENTICING

Form with fields for Establishment Name, Address (Street/PO/Route, City, State, Zip), Date change will become effective

SECTION D - ATTESTATION (The supervisor, back-up supervisor and apprentice must sign this application)

SUPERVISOR(S):

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

Signature of Supervisor: \_\_\_\_\_

Signature of Back-up Supervisor: \_\_\_\_\_

APPRENTICE:

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

Signature of Apprentice: \_\_\_\_\_