

**APPRENTICE REQUIREMENTS:** Before beginning the apprenticeship, you must apply for an apprentice License. You must show that you have completed at least 20 semester hours of college credit. You may complete the 12-month apprenticeship in either a split apprenticeship (6-months prior to mortuary school and 6-months after mortuary school) or a full apprenticeship (12-months after mortuary school).

**If you are considering a split apprenticeship:**

You may complete 6 months of apprenticeship prior to attending a mortuary science program and then complete the final 6 months after completion of a mortuary science program. To apply for the 1<sup>st</sup> 6-month apprentice License, you must have completed at least 20 semester hours of college credit. The License will be valid for 6-months, must be completed over a continuous 6-month period from the date of issuance, and cannot be extended by the board.

To apply for the final 6-month apprenticeship, you must have:

- (a) Successfully completed a full course of study in an accredited school of mortuary science.
- (b) Successfully passed the national standardized exam.

The license will be valid for 6-months, must be completed over a continuous 6-month period from the date of issuance, and cannot be extended by the board.

**If you are considering a full 12-month apprenticeship,** to apply you must have:

- (a) Successfully completed a full course of study in an accredited school of mortuary science.
- (b) Successfully passed the national standardized exam.

The license will be valid for 12-months, must be completed over a continuous 12-month period from the date of issuance, and cannot be extended by the board.

**License Fee Waiver:** If you meet one of the following waiver options, your initial license fee **is waived**:

1. **Young Worker:** You are between the ages of 19 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 <https://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 unremarried 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 <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

**Checklist of Required Information:** Use the following checklist to help organize your application.

**NON-ENGLISH DOCUMENTS:** Documents written in a language other than English must include a complete English translation. The translation must be an original document with the translator's notarized signature. You cannot translate your own documents.

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

**A Driver's License is NOT acceptable**

- US Citizenship
  - Birth Certificate (Hospital issued keepsake birth certificates is not acceptable)
  - U.S. Passport (unexpired or expired)
  - Certificate of Naturalization
  - Other documents that show U.S. Citizenship
- NOT a U.S. Citizen
  - I-551: Permanent Resident Card (Green Card)
  - Form I-94 (Arrival-Departure Record)
  - Form I-94 (Arrival-Departure Record) and Unexpired Foreign Passport
  - I-766: Employment Authorization Card
  - Machine Readable Immigrant Visa
  - I-20: Certificate of Eligibility for Nonimmigrant (F-1) Student Status
  - DS2019: Certificate of Eligibility for Exchange Visitor (J-1) Status
  - Temporary I-551 Stamp on Passport or I-94
  - I-327: Reentry Permit
  - I-571: Refugee Travel Document
  - Other

**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:**

- Pre-mortuary Education:** An **OFFICIAL** school/college/university transcript.
- Mortuary School:** If applying for a 12 month apprenticeship or final 6 month apprenticeship, an **OFFICIAL 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:** If applying for a 12 month apprenticeship or final 6 month apprenticeship, a **certified copy** of your National Board Examination Scores **must be 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**

<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI / Open Container</li> <li>• Controlled Substance</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Fail to Appear in Court</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• False Information or Reporting</li> <li>• Reckless Driving / 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 / Fireworks / Bad Check</li> </ul>
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**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: <https://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**), 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**).
- Disciplinary Action:** If you had any disciplinary action(s) taken against your credential, submit a copy of the discipline

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

- If your application **is missing information**, you will be contacted **by e-mail**; the e-mail will list the information that is required to complete 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 apprentice 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](mailto:dhhs.licensure2117@nebraska.gov)

**APPLICATION FOR A FUNERAL DIRECTING AND EMBALMING APPRENTICE LICENSE**

Enter your **LEGAL NAME** below

First Name:		Middle Name:	
Last Name:		Suffix:	
List any other names you are or have been known as (AKA), including maiden and your last name on your birth certificate.)			

**APPLICANT DEMOGRAPHICS**

Mailing Address

Country:		Zip Code:	
Address Line 1:		City:	
Address Line 2:		State:	
Address Line 3:		County:	

Is your Physical address the same? Yes  No

Physical Address (complete if different than Mailing Address)

Country:		Zip Code:	
Address Line 1:		City:	
Address Line 2:		State:	
Address Line 3:		County:	

Do you have a social security number?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Social Security Number (SSN):	
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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.

Are you a US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are not a U.S. Citizen, list your A# or I-94#:	<input type="checkbox"/> A#	
	<input type="checkbox"/> I-94 #	
Date of Birth:		
Place of Birth (City/State or Country):		
E-Mail Address:		
Primary Phone Number: <input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Mobile	
	<input type="checkbox"/> Work	Ext:
Secondary Phone Number: <input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Mobile	
	<input type="checkbox"/> Work	Ext:

**APPLICATION FEES**

**Fee Waivers**

**LICENSE FEE WAIVER:** If the applicant meets one of the following options, the initial license fee is waived.

- Young Worker:** Under 26 years old.
- Low-Income Individual:**
  - 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.

State in which assistance is received: \_\_\_\_\_

NOTE: If you are enrolled in a state other than Nebraska, provide a copy of the state or federal documents verifying your enrollment.

OR

- Household adjusted gross income is below 130% of the federal income poverty guideline, provide a copy of your most recent tax return
- Military Family:** 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.

**LICENSE CATEGORY** (check the process by which you will be serving your apprenticeship)

<input type="checkbox"/>	<b>Full 12 month</b> You must have completed at least 20 of the required 40 hours of pre-mortuary education, submit an official pre-mortuary transcript, an official transcript showing completion of mortuary school, and official documentation of successful completion of the National Examination.	FEE: \$25
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**OR SPLIT APPRENTICESHIP**

<input type="checkbox"/>	<b>First 6 month</b> You must complete training prior to attending mortuary school. You cannot earn more than 6 months nor less than 6 months of training if you are completing a split-apprenticeship. You must have completed at least 20 of the required 40 hours of pre-mortuary education and submit an official pre-mortuary transcript.	FEE: \$25
<input type="checkbox"/>	<b>Final 6 month</b> You must submit an official transcript showing completion of mortuary school and official documentation of successful completion of the National Examination.	NO FEE

**FUNERAL DIRECTING AND EMBALMING SUPERVISOR**

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

**NAME AND LOCATION WHERE APPRENTICESHIP WILL BE COMPLETED**

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

**SUPERVISOR ATTESTATION** (this section must be signed by the supervisor)  
 The supervisor and back-up supervisor must sign this section of the application

**SUPERVISOR(S):**

I state that I will be the supervisor(s) for the applicant and I am of good character.

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

Signature of Back-up Supervisor: \_\_\_\_\_  
 (if applicable)

**PRE-MORTUARY EDUCATION**

To obtain your license as a funeral director and embalmer (FDE), all courses must have been **completed separately** from coursework you complete in a mortuary science college that is used towards a mortuary science degree. Within these 40 semester hours of pre-mortuary education, you must complete the specified semester hours in the areas identified below. While the specific listed courses below are NOT required for the apprentice license, they are required for licensure as a funeral director and embalmer. This will provide you with an overview of course work met to-date and any coursework that you may need to complete to obtain your FDE license.

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</b> A minimum of 6 semester hours	Course Code and Course Title:	College/University:	Credit Hours:

<b>Business</b> A minimum of 12 semester hours	Course Code and Course Title:	College/University:	Credit Hours:

**Examples of business courses may include, but are not limited to:**

- accounting
- business administration
- business communication
- business law/ethics
- computer science
- economics
- finance
- human resources
- information systems/technology
- management
- marketing
- statistics

<b>Chemistry</b> A minimum of 4 semester hours	Course Code and Course Title:	College/University:	Credit Hours:

<b>Biology relating to the Human Body</b> A minimum of 12 semester hours	Course Code and Course Title:	College/University:	Credit Hours:

<b>Psychology or Counseling</b> A minimum of 6 semester hours	Course Code and Course Title:	College/University:	Credit Hours:

**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.

**CONVICTIONS**

Are you currently on court-ordered probation? Yes  No

(If you marked yes, submit a letter from your probation officer addressing the terms and current status of your probation)

Have you **EVER** been convicted of a misdemeanor or felony? Yes  No

**If yes,** enter **ALL** misdemeanor or felony convictions (regardless of when they occurred); 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 and felony convictions.

Name of Conviction	Date of Conviction	Name of Court Taking Action

**Provide a letter of explanation** for each conviction that you entered above.

**If your convictions were in a state other than Nebraska,** attach copies of the court documents for each conviction.

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
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**OTHER LICENSES**

These questions relate to a license that you currently hold or have held, to provide health related services in a state **other** than Nebraska.

Have you ever been denied the right to take a license examination in any State? Yes  No

Explain:

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Have you ever been denied the issuance of a license in any state? Yes  No

If yes, what state(s)?		What type of license?
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Explain:
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**Disciplinary Action:** If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

Do you hold or have held licenses to provide health-related services, health services, professional services, or environmental services in another state(s)?

Yes <input type="checkbox"/>	Type of License:		State Licensed:	
No <input type="checkbox"/>	Type of License:		State Licensed:	
	Type of License:		State Licensed:	

If <b>YES</b> , 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 <input type="checkbox"/> No <input type="checkbox"/>			

**Other Licensing Information:** If you currently hold or have held a credential to provide health related services in a state or jurisdiction **other than Nebraska**, you must submit verification of the license(s) even if that license is no longer current.

**PRACTICE PRIOR TO BEING LICEDNSD BY NEBRASKA**

**Applicant who** practice prior to issuance of a license 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 license.

Have you practiced funeral directing and embalming in Nebraska without a Nebraska license?  **Yes**  **No**

If yes, what are the actual number of days 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 #:

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

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

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

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