

DEPT. OF HEALTH AND HUMAN SERVICES
Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-4918 or DHHS.licensure2117@nebraska.gov

CHANGE OF SUPERVISOR Funeral Directing & Embalming Apprentice

Please Type or Print

If you change your supervisor or add a new supervisor, you must submit this completed form to the Department within 30 days following the change.

SECTION A: APPRENTICE INFORMATION								
Name:	First:	MI:			L	ast:		
Address:	Street/PO/Rout	ute:						
	City:		State:		Zip:			
SECTION B: INFORMATION RELATING TO NEW SUPERVISOR								
Name of Supervisor:			License #:					
Name of Back-up Supervisor (if applicable):			License #:					
Date change will/has become effective:								
			<u>I</u>					
SECTION C: ESTABLISHMENT WHERE YOU WILL BE APPRENTICING								
Establishment Name:								
Address: S			Street/PO/Route:					
		City:		State:			Zip:	
							·	
Date change will become effective:								
The supervisor, back-up supervisor (if applicable) and apprentice must sign this section SECTION D: ATTESTATION								
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SUPERVISOR(s): I hereby state that I have agreed to supervise the apprentice listed above and I am of good moral character.								
Thereby state that that	ve agreed to supe	71 1130 1110	арргонио	c noted abo	ve and rain or	good morar c	Sildradioi.	
Signature of Superviso		Signature of Back-up Supervisor (if applicable)						
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:				Apprentice #:				