

Applicant – print name here: _____



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

**APPLICATION
 FOR EMBALMER INTERN LICENSE**

Section 497.370, Florida Statutes

Required fee: \$105 (Nonrefundable)

(Attach check or money order payable to the Department of Financial Services)

As used in this application, “Division” refers to the Division of Funeral, Cemetery, and Consumer Services, and the “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. Failure to write legibly or to provide requested information may delay processing and may be cause for denial of application. All referenced forms can be found on the Division’s website at <https://www.myfloridacfo.com/division/funeralcemetery/licensing>.

Section 1. PERSONAL INFORMATION			
First Name:			
Middle Name (leave blank if none):			
Last Name:			
Name Suffix (examples: Jr., II) (leave blank if none):			
Birth Date (mm/dd/yyyy):			
Section 2. RESIDENCE ADDRESS			
Street Address (No P.O. Box allowed here):			
Apartment # (if applicable):		Country:	
City:	County:	State:	Zip Code:
Section 3. PREFERRED MAILING ADDRESS			
<input type="checkbox"/> Check here if mailing address is same as residence address, then skip this Section.			
Street Address or P.O. Box:			
City:	State:	Zip Code:	Country:
Section 4. PHONE & EMAIL			
Primary phone number:		E-Mail Address:	

FOR OFFICE USE ONLY:			
<u>BT</u>	<u>TYCL</u>	<u>TF</u>	
V	2303	F	\$100
	3800	F	<u>\$</u> 5
			\$105 TOTAL

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Section 5. OTHER LICENSURE INFORMATION

- (a) Have you ever held a license or registration in Florida as an embalmer apprentice? Yes No
- (b) Have you ever 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, 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 [Form DFS-NI- 1717, "Other Licenses Form."](#) You must disclose on that form details of each current or prior license that required a "YES" answer to any of the questions in this Section of this application.

Section 6. ADVERSE LICENSING HISTORY QUESTIONS

- (a) Have you ever had any license to practice embalming, direct disposing, or any other regulated profession revoked or suspended; or have you ever been 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 an embalmer, 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, with regard to alleged misconduct or incompetency in the performance of work as an embalmer 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, a [Form DFS-NI- 1715, "Adverse Licensing Action History Form."](#) You must disclose on that form details of each adverse licensing action and pending investigation that required a "YES" answer to any of the questions in this Section of this application.

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:

- (a) 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. Yes No
- (b) Any other felony not already disclosed under subparagraph (a) immediately above, which was committed within the 20 years immediately preceding the date you submit this application. Yes No
- (c) Any other misdemeanor not already disclosed under subparagraph (a) which was committed within the five (5) years immediately preceding the date you submit this application? Yes No

If you circled "YES" to any question in this Section, you must fill out and submit with this application, a [Form DFS-NI-1716, "Criminal History Form."](#) You must disclose on that form details of every criminal action against you that requires a "YES" answer to any of the questions in this Section of this application.

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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, the period it was used, and a brief explanation. For example, "Mary Smith, 1979-1999, it was my maiden name."

Section 9. BASIC EDUCATION REQUIREMENTS

State law requires that you have graduated from high school or have received a Graduate Equivalency Degree (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 [Form DFS-NI-1714, "Certification of High School Graduation"](#) form and attach to this application when submitting same to this Division.*

(b) Have you received a high school Graduate Equivalency Degree (GED)? Yes No
If YES, attach a copy of your GED to this application when you submit same to the Division.

Section 10. 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 11. ADVANCED EDUCATION REQUIREMENT

Note: A college degree is not required for this license. However, the college degrees referred to in (c) and (d) of (A1) below, will substitute for the one-year course in mortuary science that is otherwise required in (a) and (b) of (A1) below.

(A1) Check whichever of the following is applicable to you:

- (a) I have completed a course in mortuary science in a school that is accredited by the American Board of Funeral Science Education (ABFSE), and the course covered the following subjects: theory and practice of embalming, restorative art, pathology, anatomy, microbiology, chemistry, hygiene, and public health and sanitation.
- (b) I have completed a course in mortuary science in a school that is not accredited by the ABFSE, and the course covered the following subjects: theory and practice of embalming, restorative art, pathology, anatomy, microbiology, chemistry, hygiene, and public health and sanitation.
- (c) I received a degree from a 4-year college or university, with a major in the school's mortuary science program, and the program is accredited by the ABFSE.
- (d) I received a degree from a 2-year junior or community college (or other 2-year college degree institution), with a major in the school's mortuary science program, and the program is accredited by the ABFSE.

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(A2) If you checked (c) or (d) in (A1) above, provide the following information about the 2-year or 4-year college from which you have a degree.

(a) Name of College or University:

(b) Address of School Registrar (street, city, state, zip):

(c) Name of Degree (e.g., Associate in Science):

(d) Name of Major:

(e) Dates of Attendance: From (month & year): _____ To (month & year): _____

(f) Date of Graduation: _____

(A3) If you checked (a) or (b) in (A1) above, provide the following information:

Name of school that conducted the mortuary science course:

Address of school that conducted the course (street, city, state, zip):

Month and year you began the course: _____

Month and year you completed the course: _____

(A4) Attach proof of graduation and/or course completion.

(a) If you completed a mortuary science course ((a) or (b) in response to (A1) above), attach a certificate of course completion or similar document, issued by the school that conducted the course and on that school's letterhead.

(b) If you completed a mortuary science program ((c) or (d) in response to (A1) above), attach a certified true copy of your college transcript as issued by the school, showing all courses taken and date of graduation.

Section 12. COMMUNICABLE DISEASE COURSE

(a) Have you completed a course on communicable diseases? Yes No

(b) Was the course at least two (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? Yes No

(d) Name of school or entity that conducted or sponsored the course:

(e) Where was the course held (e.g., *online; Marriott Hotel, International Drive, Orlando*):

(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).

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Section 13. APPROVED TRAINING FACILITY

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

- (a) Name of facility: _____
- (b) Street address: _____
- (c) City, state, and zip code: _____
- (d) Telephone number: _____
- (e) Facility’s license number: _____
- (f) Is this facility approved by the Board as a training agency? Yes No

If the training location changes during the internship, the intern must promptly file with the Division a [Form DFS-NI-1734, “Notice of Change of Supervisor and/or Location”](#).

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.

- (a) Name of licensed embalmer: _____
- (b) License number: _____
- (c) Phone number: _____

Supervising Embalmer Acknowledgement. I, the licensed embalmer identified in this Section, am licensed in good standing as an embalmer in the State of Florida. If the embalmer intern applicant herein is approved for intern licensure, I will provide supervision to the intern at the facility indicated in this application and will file quarterly reports with the Division concerning the intern’s activities, as required by rule.

Embalmer’s signature _____
Date signed

To notify the Division of a change in supervision, the intern must file with the Division a [Form DFS-NI-1734, “Notice of Change of Supervisor and/or Location”](#).

Section 15. MISCELLANEOUS MATTERS

- (a) Do you understand that after licensure you have a continuing duty under state law (Section 497.146, F.S.) to notify this Division within 30 days of any change in your residence address, mailing address, or place of practice? Yes No

To notify the Division of a change in residence address, mailing address, or place of practice, use [Form DFS-NI-1704, “Change of Mailing Address or Contact Data -- Individuals”](#).

- (b) Do you understand that if licensed as an embalmer intern under Section 497.370, F.S., throughout your internship you may only perform embalming-related work under the direct supervision of a Florida licensed embalmer in good standing and that your supervising licensed embalmer must submit quarterly reports to the Division, concerning your intern activities? Yes No

- (c) Do you understand that an embalmer intern may only perform embalmer intern activities at a licensed funeral home or centralized embalming facility that has been approved by the Board as an approved Training Agency? Yes No

- (d) Do you understand that an embalmer intern must promptly advise the Division if the intern changes training location or supervising embalmer? Yes No

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(e) 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 online at <https://www.myfloridacfo.com/division/funeralcemetery/licensing/fingerprinting>.

Please note: *If you are approved for an embalmer intern license, the license will be good for only one year and cannot be renewed or extended (except as provided in chapter 497, F.S.). If you hope in the future to become licensed in Florida as an embalmer, please note that the general requirement is that you have successfully completed an embalmer internship, which means completing 40 hours a week of embalming related work, for 50 weeks, completed within the contiguous 52-week period following issuance of the internship license.*

Section 16. APPLICANT’S CERTIFICATION & SIGNATURE

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

I declare that I have or will prior to commencing operations under this license comply with all requirements under Chapter 497, F.S., 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, and Consumer Services, 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, and Consumer Services
Revenue Processing
P.O. Box 6100
Tallahassee, FL 32314-6100

CONFIDENTIAL SOCIAL SECURITY NUMBER

Enter Applicant’s Social Security Number:

Privacy Statement:

Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under Section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency’s duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. Section 666, and Section 497.141(2), F.S. The purpose(s) for the requested information is that social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery, and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by Section 119.071(5)(a)3., F.S.