



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

REGISTRATION AS A TRAINING AGENCY

CHECK TRANSACTION REQUESTED		
Transaction (check one)	Application Requirements	
<input type="checkbox"/> Registration <input type="checkbox"/> Change of Ownership	1. Complete this application. 2. Performed at least 40 funeral services and/or 20 embalming cases per year per intern. 3. Attach copies of your Monthly Report of Cases Embalmed or Bodies Handled to reflect that the establishment meets the requirements of performing at least 40 funeral services and/or 20 embalming cases per year per intern.	
BUSINESS INFORMATION		
Intern Training Offered:		
Funeral Director <input type="checkbox"/> Embalmer <input type="checkbox"/> Funeral Director/Embalmer <input type="checkbox"/>		
Name of Business:	License #:	
Name of Licensee in charge:	License #:	
LOCATION INFORMATION		
Street:		
City:		State:
Telephone Number:	E-mail Address:	Zip:
BUSINESS ACTIVITIES		
Number of bodies embalmed during the past 12 months:		
Number of funerals conducted during the past 12 months:		
Do you understand, if the funeral home does not have an embalming facility on premise, it cannot be approved as a training agency for embalmer internships.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the facility comply with inspection criteria as stated in Rule 69K-21.003(1), Florida Administrative Code?		Yes <input type="checkbox"/> No <input type="checkbox"/>

SUPERVISING LICENSEES	
<i>Please list all individuals assigned to supervise intern training.</i>	
Name:	License #:
Name:	License #:
Name:	License #:
CURRENT INTERNS	
<i>If currently training interns list their names and license numbers.</i>	
Name:	License #:
Name:	License #:
Name:	License #:

OWNERSHIP	
<i>Complete if application regards a change of ownership.</i>	
Name of former owner, either corporate or individual, as is applicable:	
Former name of business:	
Former business license #:	
Name of current owner:	
Date of change of ownership:	

STATEMENT OF DISCIPLINARY ACTION
<p>Have there been disciplinary proceedings made by any regulatory authority with jurisdiction within the last five (5) years against this facility, or against an owner or employee of this establishment?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If YES, state the case number, name of subject, and provide complete details (attach separate page(s) as necessary):</p>

CERTIFICATION

We, the undersigned, have read the foregoing and hereby attest that the information provided in this application is true and correct. We understand that ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE. We further attest that we are familiar with the laws and rules regulating Training Agencies and that this establishment meets the requirements of Chapter 497, Florida Statutes, the chapter 69k, Florida Administrative Code, and that this establishment will be operated in compliance with all applicable laws and rules.

Signature of Individual in Charge

Date

Name of Individual in Charge

License Number

Signature of Licensee Supervising Interns

Date

Name of Supervising Licensee

License Number