



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

Certification for General Supervision of Intern

Section 497.375, Florida Statutes (F.S.)

This form is for an intern to request eligibility to perform the tasks, functions, and duties under general supervision pursuant to section 497.375, F.S. *Also See* Rule 69K-18.002, Florida Administrative Code.

SECTION 1. GENERAL INFORMATION		
Intern's full name as shown on intern license:		
Intern license #:	Intern phone #:	
Intern mailing address:		
Email address of intern:		
Name of training agency:		
Address of training agency:		
Have you completed at least six (6) months of the internship? (check answer): Yes <input type="checkbox"/> No <input type="checkbox"/> <i>You are not eligible to shift to general supervision unless you answer "Yes"</i>		
Date internship began (mm/dd/yy):		
Have you graduated from the Type 1 or Type 2 course of study you were enrolled in when you began your internship? (check answer): Yes <input type="checkbox"/> No <input type="checkbox"/> <i>You are not eligible to shift to general supervision unless the answer is Yes. Attach an official academic transcript or certificate of completion, issued by the college or university, showing your graduation.</i>		
Have you taken and passed the Florida Law & Rules Exam? (check answer): Yes <input type="checkbox"/> No <input type="checkbox"/> <i>You are not eligible for general supervision unless you have taken and passed the Florida Law & Rules Exam.</i>		
SECTION 2. INTERN CERTIFICATION		
Under penalties of perjury, I declare that I have read the foregoing certification and that the facts stated in it are true.		
_____ Signature of intern	_____ Date	
SECTION 3. FDIC CERTIFICATION		
I, the Funeral Director in Charge (FDIC) of the training agency named above, where the above named intern is training, certify that the intern named above is competent to complete his or her internship under general supervision.		
_____ Signature of FDIC	_____ Date	_____ License # of FDIC
Print FDIC's name: _____		