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

APPLICATION FOR EMBALMER APPRENTICE LICENSURE

Under Section 497.371, Florida Statutes.

NONREFUNDABLE REQUIRED FEE: $55

This application form is for embalmer apprentice licensure. As used in this application: "Division" refers to the Division of Funeral, Cemetery, and Consumer Services; "Board" refers to the Board of Funeral, Cemetery, and Consumer Services; "F.S." refers to Florida Statutes; "Principal" includes any person involved in the business enterprise; "Deathcare industry license" refers to any licensure as an embalmer, funeral director, direct disposer, funeral establishment, direct disposal establishment, centralized embalming facility, cinerator facility, removal service, refrigeration service, cemetery, monument establishment, or preneed sales business.

Unless specifically indicated otherwise, all questions and requests for data in this application relate to the applicant.

Section 1. APPLICANT 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):			
Phone number with area code:			
Email address:			
Section 2. RESIDENTIAL ADDRESS			
Street Address:			
City:	**State:**	**Zip Code:**	**County**:

For Office Use Only

BT	TYCL	FT	
V	2304	L	$50
	3800	F	5
			$55

Section 3. APPLICANT'S PREFERRED MAILING AND EMAIL ADDRESS

Enter applicant's preferred mailing and email address the Division should use for routine correspondence and notices.

Street or PO Box:

City:	**State:**	**Zip Code:**

Email address:

Section 4. OTHER LICENSURE INFORMATION

Does the applicant now hold, or has applicant ever in the past held, a deathcare industry license or registration in Florida or any other state or jurisdiction? ☐ **YES** ☐ **NO**

*If your answer to the question in this Section is YES, complete and attach to this application the **Other Licenses Form** for each current or prior license.*

Section 5. ADVERSE LICENSING HISTORY QUESTIONS

(a) Have you ever had a deathcare industry license or any other regulatory license revoked, suspended, 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 a deathcare industry license or any other regulatory license denied for any reason by any regulatory authority in Florida or any other state or jurisdiction?

☐ **YES** ☐ **O**

(c) Have you ever voluntarily relinquished or surrendered a deathcare industry license or any other regulatory license while under investigation, or after initiation of a disciplinary proceeding against you or the license?

☐ **YES** ☐ **O**

(d) Are you currently under investigation by any law enforcement agency, in Florida or any other state or jurisdiction, for any regulatory license, including a deathcare industry license, in which you possess or have an application pending?

☐ **YES** ☐ **NO**

*If the answer to any of the questions above is YES, completed and attach to this application, an **Adverse Licensing Action History Form**.*

Section 6. CRIMINAL HISTORY QUESTIONS

Have you ever plead guilty, been convicted, or entered a plea of no contest, regardless of whether you were adjudicated guilty or adjudication of guilt was withheld, in the courts of Florida or another state of the United States or a foreign country, regarding any crime indicated below:

a. Any felony, no matter when committed?

☐ **YES** ☐ **NO**

b. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.?

☐ **YES** ☐ **NO**

c. Any other misdemeanor not already disclosed under question b. above, which was committed within the five (5) years immediately preceding the date this application is submitted?

☐ **YES** ☐ **NO**

*If the answer to any of the above questions is YES, complete and attach to this application a **Criminal History Form**.*

Section 7. PRIOR NAME INFORMATION

Have you ever used, or been known by, other than the name used to make this application?

☐ **YES** ☐ **NO**

If you answered **YES**, enter in the space below every such prior name in full, and the period of time it was used (attach additional sheets if necessary):

1. *2.*

3. *4.*

Section 8. EDUCATION REQUIREMENTS

8.a. Did you graduate from high school and receive a high school diploma? ☐ **YES** ☐ **NO**

If the answer to 8.a. is **YES**, you must either:

☐ Attach a copy of your high school diploma to this application when submitting to the Division; or

☐ Attach the Certification of High School Graduation, completed by the high school's registrar or other duly authorized government official, to this application when submitting to the Division.

If the answer to 8.a. is **NO**, have you received a high school Graduate Equivalency Degree (GED)? ☐ **YES** ☐ **NO**

If YES, you must attached a copy of your GED to this application. ☐ Attached ☐ Not Attached

Section 9. 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., Marriott Hotel, International Drive, Orlando, Florida)*:

_____

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) ☐ Attached ☐ Not Attached

Section 10. AGE REQUIREMENT

Are you at least 18 years old when you submit this application? ☐ **YES** ☐ **NO**

Section 11. MISCELLANEOUS MATTERS

a. Do you understand that, pursuant to Section 497.371, F.S., if licensed as an embalmer apprentice, throughout your apprenticeship 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, throughout your apprenticeship, concerning your embalmer apprentice activities?

☐ **YES** ☐ **NO**

b. Do you understand an embalmer apprentice may only perform embalmer apprentice activities at a funeral establishment that is approved by the Board as an Approved Training Agency?

☐ **YES** ☐ **NO**

c. Do you understand an embalmer apprentice must promptly advise the Division if the apprentice changes training location or supervising embalmer?

☐ **YES** ☐ **NO**

If the training location changes during the apprenticeship, submit the Notice of Change of Supervisor And/Or Location to the Division.

d. Do you understand an embalmer apprenticeship is issued for three (3) years and you may extend no longer than two (2) years, if the apprentice is enrolled in and attending and accredited mortuary science course or funeral service education at any mortuary college or funeral service education college or school?

☐ **ES** ☐ **NO**

e. Are you currently enrolled in a junior college or community college mortuary science or funeral service education program, or other mortuary science program?

☐ **YES** ☐ **NO**

If **YES**, provide the following:

Name of college or school: _____

Address of college or school (street, city, state, zip): _____

_____

Month and year you enrolled: _____

If you are not currently enrolled in a qualifying mortuary science course or program, but otherwise qualify for an embalmer apprentice license, you will be issued a three (3) year license. Then, if while holding the three (3) year license, you enroll and commence study in an accredited mortuary science course or program by the American Board of Funeral Science Education, you may apply to extend the apprenticeship to five (5) years by submitting the ***Application to Extend Embalmer Apprenticeship, Form DFS-N1-1755.***

f. Do you understand that after licensure, you have a continuing duty under Section 497.146, F.S., to notify the Division within 30 days of any change in your mailing address?

☐ **YES** ☐ **NO**

To notify the Division of a change in mailing address, submit a ***Change of Mailing Address or Contact Data - Individuals.***

g. Do you understand that as part of this application, you must submit your fingerprints for a criminal background check? ☐ **YES** ☐ **NO**

Instructions for Fingerprint Submission

Applicant may attach to this application one or more additional pages to explain any answer herein, or provide additional information the applicant desires the Division and Board to consider regarding this application.

Are you attaching any such additional pages? ☐ **YES** ☐ **NO** If yes, how many pages: _____

Section 12. APPROVED TRAINING FACILITY

Provide the information below regarding the approved training facility where you will receive embalmer apprentice training.

Name of funeral establishment or centralized embalming facility:

_____

Street address: _____

City, state, and zip code: _____

Phone number: _____

Funeral establishment or centralized embalming facility license number: _____

Is this funeral establishment or centralized embalming facility approved by the Board as a training agency?

☐ **YES** ☐ **NO**

*If the training location changes during the apprenticeship, the apprentice is responsible to file the **Notice of Change of Supervisor And/Or Location**.*

Section 13. SUPERVISING EMBALMER IDENTIFICATION & SIGNATURE

Provide the information below regarding the licensed embalmer who will supervise the applicant if the license is issued.

Name of supervising embalmer: _____

License number of supervising embalmer: _____

Phone number: _____

Email address: _____

Supervising Embalmer Acknowledgment

I, the licensed embalmer identified in this section, hereby certify that I am licensed in good standing as an embalmer in the state of Florida, and that if the embalmer apprentice licensure applicant herein is approved for apprentice licensure, I will provide supervision to the apprentice at the approved training facility indicated in this application, and will file quarterly reports with the Division concerning the apprentice's activities.

_____ _____

Supervising Embalmer's Signature Date Signed

*If the supervising embalmer changes during the apprenticeship, the apprentice is responsible to file the **Notice of Change of Supervisor And/Or Location.***

Section 14. MILITARY STATUS

Pursuant to Section 497.140, F.S., a member of the United States Armed Forces, such member's spouse, and a veteran of the United States Armed Forces who separated from service within two (2 years preceding the application for licensure, are exempt from the initial application licensure fee of $50.00 and the special unlicensed activity fee of $5.00 associated with initial licensure.

Are you a member of the United States Armed Forces, such member's spouse, or a veteran of the United States Armed Forces who separated from service within the last two (2) years?

◯ **NO**
◯ **YES**

If **YES**, attach one of the following to this application:

☐ Military identification card
☐ Military dependent identification card
☐ Military service record
☐ Military personnel file
☐ Veteran record
☐ Discharge paper
☐ Other separation document that indicates such member is currently in good standing or such veteran was honorably discharged

Section 15. SOCIAL SECURITY NUMBER

Enter Applicant's Social Security Number:

Purpose and Use:
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 42 U.S.C. Section 666(a), and section 497.141, Florida Statutes. The purpose(s) for the requested information is that social security numbers collected 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 section 119.07(1), F.S., and section 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 section 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.

Section 16. APPLICANT'S CERTIFICATION & SIGNATURE

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

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 in the 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 Office
P.O. Box 6100
Tallahassee, FL 32314-6100

Attach check or money order payable to Department of Financial Services