



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

**APPLICATION FOR FUNERAL DIRECTOR INTERN LICENSE**

Under Section 497.375, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

**Required fees: \$105 Application fee**

This form is used to apply for a **funeral director-only** internship license. There are different forms for applying for an embalmer internship, or for a concurrent funeral director & embalmer combo internship.

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. Unless specifically indicated otherwise, all questions and requests for data in this Application relate to the Applicant. Where the answer is YES or NO, circle the correct answer. Instructions concerning completing this Application, and the requirements for this license, may be reviewed and printed from the website of the Division of Funeral, Cemetery & Consumer Services, as follows: go to the website of the Department of Financial Services ([www.myfloridacfo.com](http://www.myfloridacfo.com)), click on FLDFS Divisions and Offices, click on Funeral and Cemetery Services, click on Application Information & Instructions.

**PRINT CLEARLY.**

SECTION 1. APPLICANT INFORMATION			
First name			
Middle name (leave blank if none)			
Last name			
Name Suffix (examples: Jr., II) (leave blank if none)			
Social Security Number		Birth Date (mm/dd/yyyy)	
SECTION 2. APPLICANT RESIDENCE ADDRESS			
Street Address (No P.O. Box allowed here)			
Apartment # (leave blank if not applicable):		Country:	
City	County	State	Zip Code
<b>For DFS RECEIPTS OFFICE use only</b> BT TYCL FT V 2403 F \$100 V 3800 F \$5			

**SECTION 3. PREFERRED MAILING ADDRESS**

Check here if preferred 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: (e.g., SmithJ@xyz.com)

Area code \_\_\_\_\_ Phone number: \_\_\_\_\_ - \_\_\_\_\_

**SECTION 5. OTHER LICENSURE INFORMATION**

Do you now hold, or have you ever in the past held, in Florida or any other state, any license as a funeral director, embalmer, direct disposer, funeral director intern, embalmer intern, or funeral establishment? **YES NO**

*If your answer to the above question is YES, you must fill out and submit with this application, an "Other Licenses" form. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

**SECTION 6. ADVERSE LICENSING HISTORY QUESTIONS**

(a) Have you ever had any license to practice funeral directing, embalming, direct disposing, or any other regulated profession, 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 license as a funeral director, 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) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction, in regards to alleged misconduct or incompetency in the performance of work as a funeral director, 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, an "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. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

**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 1. 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 1. which was committed within the 5 years immediately preceding the date you submit this application? **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*

*"Criminal History Form." You must disclose on that form details of every criminal action against you that requires a "YES" answer to any of a, b, or c above. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

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

Name

Period

Reason

**SECTION 9A. EDUCATION REQUIREMENTS**

CHECK THE CATEGORY BELOW WHICH DESCRIBES YOUR SITUATION:

(1) I have been awarded a 2-year or 4-year college degree by a college or university, with a major in Funeral Services, in a program that covered both funeral directing and embalming, and the college or university's program was accredited by the American Board of Funeral Science Education (ABFSE) when I received by degree. (application under s. 497.375(1)(b)1., F.S.) (Complete section 9B below, then skip to Section 10.)

(2) I have a 2-year or 4-year college degree, but my major was not in mortuary science or funeral services. However, I have a certificate of completion from a Board-approved Type 1 course of study (funeral directing and embalming) or Type 2 course of study (funeral service arts) (application under s. 497.375(1)(b)1., F.S.) (Complete section 9B and 9C below, then skip to Section 10.)

(3) I have a 2-year or 4-year college degree, but it is not related to funeral services. However, I am currently enrolled in a Board-approved Type 1 (combination funeral directing and embalming) course of study or a Type 2 (funeral service arts) course of study (application under s. 497.375(1)(b)2., F.S.) (Complete section 9B and 9D below, then skip to Section 10.)

*See the Division website for a list of colleges or universities offering Board-approved Type 1 and Type 2 courses of study. The course of study must have been approved by the Board as of when you received the certificate of completion.*

**SECTION 9B. COLLEGE DEGREE**

*All applicants must complete this section. These questions relate to the college or university that awarded you the college degree that you indicated, in Section 9A above, that you hold.*

(1) Name of College or University: \_\_\_\_\_

(2) Address of School Registrar (street, city, state, zip):  
\_\_\_\_\_

(3) Name of Degree (e.g., Associate in Science): \_\_\_\_\_

(4) Name of Major \_\_\_\_\_

(5) Date degree awarded: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*All Applicants must prove award of the above degree by attaching to this application an original academic transcript, issued by the college or university awarding the degree, showing your name, classes taken, major area of study, degree awarded, and date awarded.*

**SECTION 9C. COMPLETED COURSE OF STUDY**

Complete this section if you checked item (2) in Section 9A above. This section seeks information concerning the Type 1 (combination funeral directing and embalming) or Type 2 (funeral service arts) course of study you have completed, as referred to in item (2) of section 9A above.

(1) Name of college or university that conducted course of study:

(2) Address of college or university that conducted the course of study (street, city, state, zip):

(3) Name of the Course:

(4) The course of study I completed was a Board approved (check one):

Type 1 (combination funeral directing and embalming)

Type 2 (funeral service arts)

*(Applications proceeding under item (2) of section 9A above, will be denied unless the course of study completed was a Board approved Type 1 or Type 2 course of study.)*

(5) Month and year you completed the course of study: \_\_\_\_\_

*Attach a proof of course completion consisting of either: 1) an academic transcript issued by the college or university where you took the course of study, or 2) a certificate of course completion signed by a faculty member or employee of the college or university where you took the course. The transcript or certificate of completion must name you, name the course, and state the date you completed the course.*

#### SECTION 9D. CURRENTLY ENROLLED IN COURSE OF STUDY

Complete this section 9D if you checked item (3) in Section 9A above. Enter information concerning the course of study you are currently enrolled in, as referenced in item (3) of section 9A above)

(1) Enter the name of the college or university where you are currently enrolled in the course of study:

(2) Enter address of the that college or university (street, city, state, zip):

(3) Enter the name of the course of study you are currently enrolled in:

(4) The course you are currently enrolled in is a (check applicable):

Board approved Type 1 (combination funeral directing and embalming) course of study.

Board approved Type 2 (funeral service arts) course of study.

*(The course of study must be a Board approved Type 1 or Type 2 course of study. See the Division website for a most current list of Board approved course of study and colleges or universities offering them)*

(5) Are you currently enrolled in the course of study? (circle applicable) YES NO

*(You must be currently enrolled in the course of study when you submit this application, or this application will be denied; see Rule 69K-18.002, F.A.C.)*

*(6) Attach to this application proof of current enrollment in the course of study referred to in items (1) through (5) of this Part 9D. Proof of current enrollment must be either: 1) an academic transcript issued by the college or university where you are taking the course, showing you enrolled; or 2) a certificate of course enrollment signed by a faculty member or employee of the college or university where you are taking the course. The transcript or certificate of enrollment must have been issued within 45 days of the date you submit this application for concurrent internship.*

**SECTION 10. COMMUNICABLE DISEASE COURSE**

- a. Have you completed a course on communicable diseases? YES NO
- b. Was the course at least 2 hours long? YES NO
- c. Was the course approved by Board of Funeral, Cemetery, and Consumer Services for at least 2 hours of continuing education in communicable disease training?  
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 completion or other documentary evidence of having taken the course (must be issued by the entity that sponsored or conducted the course).

**SECTION 11. APPROVED TRAINING FACILITY:**

*Please provide the information requested below, regarding the funeral home where you will receive funeral director 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 is responsible to promptly file with the Division a Notice of Termination/Change of Supervisor form. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

**SECTION 12. SUPERVISING FUNERAL DIRECTOR IDENTIFICATION & SIGNATURE**

*Please provide the information requested below, concerning the licensed funeral director who will supervise you if this application is approved. Have that funeral director sign and date this section, where indicated.*

- a. Name of licensed funeral director: \_\_\_\_\_
- b. License Number: \_\_\_\_\_
- c. Phone number: \_\_\_\_\_

**Supervising Funeral Director's Acknowledgement.** I, the licensed funeral director identified in this Section, hereby certify that I am licensed in good standing as an funeral director in the state of Florida, and that if the funeral director 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 Board rule.

\_\_\_\_\_  
Funeral Director's signature

\_\_\_\_\_  
Date signed

*To notify the Division of termination of supervision and/or change in supervisor, the intern must file a Notice of Termination/Change of Supervisor form, with the Division. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

**SECTION 13. MISCELLANEOUS MATTERS**

(a) Do you understand that after licensure, you have a continuing duty under state law [s. 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**

*(A "Change of Address or Contact Data" form may be found on the Division website)*

(b) SUPERVISION REQUIREMENT. Funeral director interns must work under direct supervision of a licensed Florida funeral director throughout their internship. The only exception is if you checked item (3) in section 9A of this form and after 6 months of direct supervision you meet the requirements of s. 497.375(1)(d), F.S., and you complete and file with the Division a Form DFS-N1-2039, "Certification for General Supervision," and the Division notifies you that you are approved to move to general supervision. Do you understand this?

**YES NO**

(c) Do you understand that a funeral director intern may only perform funeral director intern activities at a licensed funeral home facility that has been approved by the Board as an Approved Training Agency?

**YES NO**

(d) Do you understand that a funeral director intern must promptly advise the Division if the intern changes training location or supervisor? **YES NO**

(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 and printed from the website of the Division of Funeral, Cemetery & Consumer Services, as follows: go to the website of the Department of Financial Services ([www.fldfs.com](http://www.fldfs.com)), click on FLDFS Divisions and Offices, click on Funeral and Cemetery Services, click on Fingerprint Information & Procedures.*

(f) TRAINING REPORTS. Do you understand that it is the intern's responsibility to assure that his or her supervisor completes and files quarterly training reports with the Division, concerning your internship activities, throughout the internship? **YES NO**

(g) LENGTH OF INTERNSHIP. Pursuant to s. 497.375(4), F.S., a funeral director intern license expires 1 year after issuance. Successful completion of a funeral director internship requires that you successfully complete 50 weeks of supervised internship, with each of the 50 weeks containing at least 40 hours of supervised intern activities, all completed within the one year period following issuance of the internship license. In certain limited situations as specified at s. 497.375(4), F.S., a funeral director intern may apply to renew their internship, but the intern must apply for and show compliance with applicable requirements; there is no guarantee that an intern license will be found eligible for renewal. No person will be granted more than one funeral director internship license during their lifetime; see Rule 69K-18.002, F.A.C. Do you understand this? **YES NO**

**SECTION 14. APPLICANT'S CERTIFICATION & SIGNATURE**

Under penalties of perjury, I, the applicant named herein, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in this application and any attachments are true and correct.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery & 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

\_\_\_\_\_  
Print Name and Title

**Mail completed application with all attachments, and required fees to:**

Division of Funeral, Cemetery & Consumer Services  
P.O. Box 6100  
Tallahassee, FL 32314-6100

**COLLECTION OF SOCIAL SECURITY NUMBERS – PURPOSE AND USE**

The collection of social security numbers on applications for licensure under Chapter 497, F.S., is expressly authorized by Section 497.141(2), F.S. 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. The social security number may also be used for any other purpose required or authorized by federal or Florida law.