

## DEPARTMENT OF FINANCIAL SERVICES

Division of Funeral, Cemetery & Consumer Services 200 East Gaines Street Tallahassee, FL 32399-0361

## Certification for General Supervision of Intern

Under Section 497.375(1)(d), Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

This application is used by an intern and their supervisor to certify to the Board that an intern is eligible to shift from direct supervision to general supervision. This application form can only be used by the interns who applied for and were granted internship under s. 497.375(1)(b)2., Florida Statutes (they had not completed their required professional education at time of internship application and were enrolled in a required course of study at the commencement of internship). See Rule 69K-18.002, Florida Administrative Code, for additional information. That statute and rule are available on the Division's website at "www.MyFloridaCFO.com/FuneralCemetery". 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. PRINT all entries except signatures.

SECTION 1. GENERAL INFORMATION	
Intern's full name as shown on intern license:	
Intern license #	Intern phone #
Intern mailing address:	
Name of training agency:	
Address of training agency:	
Have you completed at least 6 month of the internship? (check answer)YesNo	
You are not eligible to shift to general supervision unless the accurate answer is Yes. See s. 497.375(1), F.S.	
Have you graduated from the Type 1 or Type 2 course of study you were enrolled in when you began your internship? (check answer):YesNo	
You are not eligible to shift to general supervision unless the answer is Yes. See s. 497.375(1), F.S. Attach an official academic transcript or certificate of completion, issued by college or university, showing your graduation.	
Have you taken and passed the Florida law & rules exam? (check answer):YesNo	
SECTION 2. INTERN CERTIFICATION	
I, the Intern named above, certify that the answers in Section 1 of this form are true and correct to the best of my knowledge and belief. I hereby apply for approval to be subject to general supervision by my supervisor.	
Signature	Date
SECTION 3.FDIC CERTIFICATION	
I, the Funeral Director In Charge of the training agency named above, where the above named intern is training, certify to the State Licensing Board that the intern named above is competent to complete their internship under general supervisions.	
Signature of FDIC Date	License # of FDIC
Print FDIC's name:	