

INTERNSHIP APPLICATION



I hereby make application to
LOUISIANA STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
STATE OF LOUISIANA

for a
Funeral Director Internship

My name is: _____

My Social Security Number and date of birth is: _____

Physical Address: _____

My mailing address is: _____
Street or P. O. Box Number City State Zip Code

I graduated from _____ High School at _____
City Date

I plan to enroll in the following: _____
Name of Institution Date to begin

I received higher education as follows: _____
SACS Accredited University or equivalent

I am serving my internship under the following licensed embalmer and funeral director /or funeral director:

Printed name and Signature of Supervisor and License No. _____

I am employed by the _____ Funeral Home
located at _____ Phone # _____

Hours worked per week will be: _____

Please attach the following:

_____ A copy of high school diploma, high school transcript, GED or equivalent

_____ A work schedule must be submitted with this application showing:
hours to be worked and duties to be performed.

I promise and agree that if this application is accepted I will at all times lead a temperate life, obey the laws of the State and the rules and regulations of the Louisiana State Board of Embalmers and the Department of Health and Hospitals.

I also promise to maintain the honor and dignity of the profession. It is understood that if I should fail to keep the above agreements, or if I have made any false statements in the above application that my internship may be suspended or revoked by the Board at any time.

Signed and Dated at _____ Signature _____
Full name of Applicant

City State

This the _____ day of _____
Month/Year

State of _____

Parish of _____

Name _____ the above named person, personally known to me, signed the application in my presence and being duly sworn, he/she states that he/she read the above application and that the statements which he/she made therein are true to the best of his/her knowledge, information, and belief.

Notary Public My Commission expires _____

PLEASE NOTE:

You must respond to the inquiry statement below by stating "YES" with an explanation or "None" if the statement does not apply.

The applicant herein, under oath, hereby certifies that he/she has never been convicted of a felony and is not now addicted to narcotics, alcohol, or other unlawful stimulants, except: _____

\$100.00 FEE MUST BE ENCLOSED WITH APPLICATION

Application and Fee must be sent to the Board prior to commencement of internship.

INTERNSHIPS ARE NOT RETROACTIVE AND BEGIN DATE IS BOARD'S APPROVAL OF APPLICATION OF WHICH YOU WILL BE NOTIFIED.

Once the internship has been completed and before a license will be issued, the following items must be submitted to this office:

_____ Certified official transcript from a SACS* accredited University/College, reflecting a minimum of 30 freshman hours, or an ABFSE accredited mortuary school funeral director program reflecting the hours completed for certification (copies will not be accepted and must be certified official from the institution - transcript will be verified) *SACS or equivalent.

_____ Certified official exam scores from the ICFSEB (copies will not be accepted; scores will be mailed from the ICFSEB).

These items will be accepted at anytime during the internship period.

Board use only

Internship beginning date/hours Internship ending date/hours Two-Thirds Internship Deadline
Based upon the listed hours
To be calculated by monthly reports

