

# INTERNSHIP APPLICATION



I hereby make application to the  
LOUISIANA STATE BOARD OF EMBALMERS  
AND FUNERAL DIRECTORS  
STATE OF LOUISIANA  
3500 N. Causeway Blvd. Suite 1232, Metairie, LA 70002

for an Embalmer and Funeral Director Internship  
in accordance with State Law and Board requirements

**General Instructions and Important Notice:** Completion of this application form, four (4) pages total, is necessary for consideration for an internship as a funeral director in Louisiana, according to LA R.S. 37:831. **PLEASE RETURN ALL THREE (3) SUBSEQUENT PAGES OF THIS APPLICATION.** Failure to disclose all requested information may result in rejection of this application and may subsequently result in denial of this application. *All applicants have a continuing obligation to update and supplement the information and responses on this application if they change.* Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction with the exception of social security numbers, date of birth, grades from any tests or transcripts and telephone numbers.

Carefully follow the directions on this application form. In addition, please note the following;

- 1) Type or print legibly with black or blue ink only.
- 2) Disclosure of your U.S. social security number is mandatory. The social security number will be provided to the Department of Child and Family services to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans.
- 3) If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, a copy of your marriage license, divorce decree, affidavit or court order.

**Supporting Documentation and Fees checklist:**

- \_\_\_\_\_ Applicable fee - \$100.00 - MUST be included – non-refundable
- \_\_\_\_\_ \*High school diploma, transcript or GED equivalent - \*Must be submitted prior to applying for licensure – see note below
- \_\_\_\_\_ \*Official certified transcript submitted directly from the mortuary science program/school (program MUST be accredited by the ABFSE – American Board of Funeral Service Education) - \*Must be submitted prior to applying for licensure
- \_\_\_\_\_ \*Certified Official scores from the ICFSEB - \*Must be submitted prior to applying for licensure – see note below

The application and fee MUST be received and approved prior to starting an internship.

***\*The application and fee is all that is required to begin an internship, the supporting documentation may be submitted at any time during the internship but MUST be received prior to applying for a license.***

INTERNSHIPS ARE NOT RETROACTIVE.  
START DATE WILL BEGIN ON THE DAY OF APPROVAL BY THE BOARD.  
APPLICANT WILL BE NOTIFIED VIA EMAIL COMMUNICATION.

**PART I: PERSONAL**

First Name		Middle Name		Last Name	
Social Security Number		Date of birth	Male ____ Female ____	Telephone / contact number	
Street Address		City	State	Zip	
Mailing Address		City	State	Zip	
Email – required for communication and notifications					
Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change:					
Are you a U.S. citizen? ____ YES ____ NO					
If you answered no to the above, please specify if you are: a qualified alien (as defined in 8 U.S.C.A. §1641), a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. §1101 et seq), an alien who is paroled into the United States under * U.S.C.A. §1182 (d)(5) for less than one year, a foreign national no physically present in the United States. If other, please explain:					

**PART II: EDUCATION** – List the educational institutions attended that satisfy the educational requirement for licensure:

High School/GED institution attended
SACS Accredited University/Institution or Mortuary Science program attended accredited by the American Board of Funeral Service Education (ABFSE); Degree (official transcript required); date graduated;

**PART III: INTERNSHIP - FUNERAL ESTABLISHMENT AND SUPERVISOR**

<p>Internship will be served as outlined below:</p> <p>Printed name, signature and license no. of Supervisor: _____</p> <p style="text-align: center;">Printed Name <span style="float: right;">License Number</span></p> <hr/> <p>Signature <span style="float: right;">Email address – required for communication and notifications</span></p> <p>Funeral establishment name, address and telephone number: _____</p> <p style="text-align: center;">Please Print - Name of Establishment</p> <hr/> <p>Address</p> <hr/> <p>Telephone number</p> <hr/> <p>Hours of work (estimated) per week: _____</p>
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Empty rectangular box for additional information.

**PART IV: LICENSE IN OTHER JURISDICTIONS/STATES**

I hold license no. \_\_\_\_\_ issued by the State of \_\_\_\_\_ Date \_\_\_\_\_

I hold license no. \_\_\_\_\_ issued by the State of \_\_\_\_\_ Date \_\_\_\_\_

I hold license no. \_\_\_\_\_ issued by the State of \_\_\_\_\_ Date \_\_\_\_\_

**PART V: EXAMINATION INFORMATION**

Have you passed the State Board Exam (SBE) administered by The International Conference of Funeral Service Examining Boards (ICFSEB)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, Month and year passed: \_\_\_\_\_

\*You must have a certified copy of your SBE results sent to this licensing agency directly from the ICFSEB.

**PART VI: PAST DISCIPLINARY ACTION**

Have you ever had any license to practice embalming, funeral directing, or any other regulated profession, revoked, suspended, fined, placed on probation, reprimanded, or otherwise disciplined by any regulator authority in this state or any other state of jurisdiction? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have any actions pending? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PART VII: CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor or a felony in this or any other state, local jurisdiction, or any other foreign country, or are criminal charges currently pending against you? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, attach an explanation that included the type of violation, the date, circumstances and location and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court and verification of successful completion of probation. You must include all misdemeanor and felony convictions regardless of the age of the conviction including those which have been set aside and/or dismissed. Traffic violations of \$500.00 or less need not be reported.

Multiple horizontal lines provided for providing details of criminal history.

**PART VIII: CERTIFYING STATEMENT**

I hereby certify under penalty of perjury that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I am of good moral character and have reviewed and will at all times comply with all applicable state laws, rules and regulations governing the internship for the license I am seeking to obtain. I hereby and direct any person, agency, firm, or other entity, to release upon request of the Louisiana State Board of Embalmers and Funeral Directors, any information, communication, report, record, statement, recommendation or disclosure that may have bearing on my eligibility for an internship of the license for which I am applying. I understand that by signing this application, I am authorizing the release of information about me that may otherwise be protected and confidential.

Additionally, I understand and agree that any false information, misrepresentation, or omission of facts in this application and during the application process is cause for denial of this application.

Signature \_\_\_\_\_  
Full name of Applicant

Signed and Dated at \_\_\_\_\_  
City State

This the \_\_\_\_\_ day of \_\_\_\_\_  
Month/Year

State of \_\_\_\_\_ Parish/County 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.

\_\_\_\_\_ My Commission expires \_\_\_\_\_  
Notary Public

Any discovered misstatements given herein will bring about the immediate cancellation of any license granted to the applicant.

All information and communication from this office will be conducted via email. Please submit all reports via email in which a reply verification can be made. Fax and USPS mail is not reliable.

PLEASE keep your email up to date and check for possible delivery in junk or spam folders.

This application may be submitted via USPS mail with payment or other method of personal delivery or email with credit/debit card information.

If submitting by USPS mail, please keep copies in the event of mail loss.