

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 a 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 FOUR (4) PAGES OF THIS APPLICATION.** Failure to disclose all requested information may result in this form not being processed 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
- _____ Work schedule outlining hours to be employed – MUST be attached
- _____ Outline of job duties and work to be performed – MUST be attached
- _____ *High school diploma, transcript or GED equivalent - *Must be submitted prior to completion of internship
- _____ *Official certified transcript submitted directly from 1) a SACS or equivalent accredited institution or university OR 2) the mortuary science program/school (program MUST be accredited by the ABFSE – American Board of Funeral Service Education) - *Must be submitted prior to completion of internship
- _____ *Certified Official scores from the ICFSEB – *MUST be submitted prior to applying for licensure

Your application is NOT considered complete until all supporting documents and fees have been received by the Louisiana State Board of Embalmers and Funeral Directors.

INTERNSHIPS ARE NOT RETROACTIVE.

START DATE WILL BEGIN ON THE DAY OF APPROVAL BY THE BOARD. APPLICANT WILL BE NOTIFIED IN WRITING BY MAIL.

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 | | | | | |
| 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:

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|---|
| 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

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| <p>Internship will be served as outlined below:</p> <p>Printed name, signature and license no. of Supervisor: _____ <div style="text-align: center;">Printed Name</div> <hr/> <div style="display: flex; justify-content: space-between;"> Signature License number </div> <p>Funeral establishment name, address and telephone number: _____ <div style="text-align: center;">Please Print - Name of Establishment</div> <hr/> <p>Address</p> <hr/> <p>Telephone number</p> <hr/> <p>Hours of work (estimated) per week: _____</p> </p></p> |
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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.

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.