

GEORGIA STATE BOARD OF FUNERAL SERVICE
237 COLISEUM DRIVE
MACON, GA 31217
478.207.1460
FAX 478.207.1468
www.sos.state.ga.us/plb/funeral

FUNERAL SERVICE APPRENTICESHIP

INSTRUCTIONS FOR APPLICANTS
FOR INITIAL REGISTRATION OR ANY CHANGE IN LOCATION OR SUPERVISOR

RULE 250-4 Before filing an application for registration as a Funeral Service Apprentice, please read Board Rule, Chapter 250-4, which details specifically the requirements for apprenticeship. The rule may be reviewed on our website.

REQUIREMENTS

- **FEE** Refer to fee listing on the application. Application fees are non-refundable. Make payment by check or money order to Georgia State Board of Funeral Service.
- **AGE** You must be 18 years of age on the date that the Board receives your application.
- **EDUCATION** You must attach a copy of your high school diploma or GED Certificate to this application.

APPRENTICESHIP DETAILS

- **DATE OF REGISTRATION:** The date your apprenticeship begins will be determined by the date your application is approved by the Board. **The Board will approve your application only when it is completed.** It is imperative that you the applicant review your application prior to submitting it to the Board office, as incomplete applications will result in unnecessary delays in the approval of the applications.
- **HOURS:** **3120 hours** (the equivalent of 18 months of full-time service).
- **DURATION:** **A minimum of 18 months.** The apprenticeship registration, which is valid for two years, may be renewed twice. The apprenticeship time is in addition to the time required to graduate from a college of funeral service or other college.
- **SUPERVISION:** An apprentice must serve at a Board-approved establishment and under a Board-approved embalmer and funeral director.
- **REPORTS:** An apprentice must complete report forms which may be obtained from the Board office or on the Board website. **It is the responsibility of the apprentice to maintain records of service.**
- **CHANGES:** An apprenticeship is approved for a specific establishment and under a specific supervising embalmer, funeral director, or both. **Any change shall terminate the apprenticeship immediately.** You must then submit a new application, which must be presented to the Board for approval. Reports must be kept current and must be available for review by the Board inspector.

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DO NOT WRITE IN THIS SECTION	
RECEIPT #	_____
AMOUNT	_____
APPLICANT #	_____
INITIAL	_____ DATE _____

APPLICATION FOR FUNERAL SERVICE APPRENTICESHIP

REASON FOR APPLICATION: *Make checks payable to: The GA Board of Funeral Service*

- () Initial Funeral Service Apprenticeship \$ 40.00 Non Refundable
- () Change in Apprenticeship Site(to include change of supervisors) \$ 20.00 Non Refundable
- () Change in Supervising Embalmer&/Or Funeral Director Only \$ 20.00 Non Refundable
- () Reinstatement of Apprenticeship Registration # _____ \$180.00 Non Refundable

Instructions:

- Apprentice Applicant must complete Part I and Part V
- Supervising Embalmer must complete Part II
- Supervising Funeral Director must complete Part III
- Funeral Director in Full & Continuous Charge, on behalf of the Funeral Establishment, must complete Part IV

PART I – APPRENTICE APPLICANT (Please print or type)

FIRST	MIDDLE	LAST
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*FOR CHANGE OF SITE OR SUPERVISOR ONLY, LIST APPRENTICESHIP REGISTRATION # _____

CURRENT RESIDENCE ADDRESS					
STREET(INCLUDE APT/LOT #)	CITY	COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER

<p>SOCIAL SECURITY NO.*: _____ - _____ - _____</p> <p><small>*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.</small></p> <p>U.S. CITIZEN : _____ YES _____ NO*</p> <p><small>*LIST CITIZENSHIP: _____ & SUBMIT A COPY OF REGISTRATION CARD</small></p>	<p>PLACE OF BIRTH:</p> <p>_____ CITY STATE OR COUNTRY</p> <p>AGE: _____</p> <p>DATE OF BIRTH : ____/____/____</p> <p>GENDER : _____ MALE _____ FEMALE</p> <p>_____ HEIGHT WEIGHT EYES HAIR</p>
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APPRENTICESHIP SITE INFORMATION

FUNERAL ESTABLISHMENT NAME	LICENSE NUMBER
SUPERVISING DIRECTOR	LICENSE NUMBER
SUPERVISING EMBALMER	LICENSE NUMBER

PART I – APPRENTICE APPLICANT (CONTINUED)

The Apprentice Applicant must answer the following questions. If your answer is “Yes” to any of the following questions, please explain, giving current status and attach additional sheets and documentation, if necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently registered as an Apprentice? If “Yes,” please provide your Apprentice Registration Number: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been registered you as an Apprentice in this state? If “Yes,” please provide your Apprentice Registration Number: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a high school graduate, or have you obtained a GED Certificate? You must attach a copy of your diploma or GED certificate to this application.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you now hold, or have you in the past held, a professional license in any state? If “Yes”, submit an original notarized letter from the state of licensure.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had revoked or suspended or otherwise sanctioned any license issued to you by any board or agency in Georgia or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were you denied issuance of or, pursuant to any disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have your been arrested, charged or sentenced for the commission of a felony or any crime involving moral turpitude?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you unable to practice with reasonable skill and safety due to illness or use of alcohol, drugs, narcotics, chemicals or any other types of material, or as a result of any mental or physical condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any suit filed against you related to the practice of a profession?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation), entered a plea of guilty or nolo contendere, entered a plea under first offender provision? If “Yes”, attach a certified copy of the judgment rendered.

AFFIDAVIT

I Hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a registration from the Georgia State Board of Funeral Service.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____,

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE

PART II – SUPERVISING EMBALMER

INSTRUCTIONS:

- Supervising Embalmers must have been employed as a licensed embalmer at least 3 years prior to the supervision.
- One supervisor may not supervise more than 4 apprentices.
- Supervising Embalmers must provide direct supervision, which shall mean a licensed supervisor present in the same room as apprentice during the embalming of a body.
- **Trade Embalmers** – Must appear before the Board and must embalm at the establishment where the Apprentice is registered.

() Yes () No Are you a Trade Embalmer?

When did you become licensed as an Embalmer? _____

OTHER APPRENTICES CURRENTLY SUPERVISING

NAME	REGISTRATION NUMBER

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

STATE OF GEORGIA
 COUNTY OF _____

 SIGNATURE OF THE SUPERVISING EMBALMER

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 _____ DAY OF _____, _____

 PRINT NAME

 NOTARY PUBLIC
 MY COMMISSION EXPIRES: _____

 DATE

PART II – SUPERVISING FUNERAL DIRECTOR

INSTRUCTIONS:

- Supervising Funeral Directors must have been employed as a licensed funeral director at least 3 years prior to the supervision.
- One supervisor may not supervise more than 4 apprentices.
- Supervising Funeral Directors must provide direct supervision, which shall mean a licensed supervisor present in the same room as apprentice during arrangements, or conducting funeral services.

When did you become licensed as a Funeral Director? _____

OTHER APPRENTICES CURRENTLY SUPERVISING

NAME	REGISTRATION NUMBER

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

STATE OF GEORGIA
 COUNTY OF _____

 SIGNATURE OF THE SUPERVISING DIRECTOR

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 _____ DAY OF _____, _____

 PRINT NAME

 NOTARY PUBLIC
 MY COMMISSION EXPIRES: _____

 DATE

PART IV – CERTIFICATION OF FUNERAL ESTABLISHMENT

INSTRUCTIONS:

This section of the application must be completed and signed by the **Funeral Director in Full and Continuous Charge (FDFCC)** of the funeral establishment.

_____	_____
PRINT NAME OF FDFCC	LICENSE NUMBER
_____	_____
PRINT NAME OF FUNERAL ESTABLISHMENT	LICENSE NUMBER
_____	_____
DATE ESTABLISHMENT LICENSE WAS ISSUED	EXPIRATION DATE OF ESTABLISHMENT LICENSE

- The funeral establishment has had no violations in the last three inspections. (Rule 250-4-.06(1)(b))
- The funeral establishment has embalmed an average of at least 30 bodies per year over the preceding five years,
- OR**
- The funeral establishment has embalmed a minimum of 150 bodies to date. (Rule 250-4-.06(1)(c))

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE FDFCC

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE

PART V – AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Georgia State Board of Funeral Service to conduct a background investigation of me to determine my suitability for a registration. I give my consent for full and complete disclosure of all records and information concerning myself to the Board or authorized representatives, whether such records and information are of a public, private, or confidential nature, to include criminal history records.

_____	_____	_____
Full Name Printed	Sex	Race
_____		_____
Social Security Number		Date of Birth
_____		_____
Street Address		Home Phone Number
_____		_____
City, State, Zip Code		Work Phone Number
_____		_____
Signature		Date