

NORTH CAROLINA BOARD OF FUNERAL SERVICE
APPLICATION FOR REGISTRATION AS RESIDENT TRAINEE IN EMBALMING

INSTRUCTIONS

1. The application must be typed or printed in ink, signed by the applicant and notarized.
2. This application must be accompanied by a fee of \$50.00, which is the traineeship registration fee. Review registration requirements carefully as the fee is non-refundable. Pursuant to 21 NCAC 34A .0202 and GS 25-3-506, a fee of \$25.00 will be charged for returned checks.
3. This application must be accompanied by a small, recent photo of the applicant, to be attached to the application in the space provided.
4. Applicants must be at least 18 years old, of good moral character, and a graduate of a high school or the equivalent thereof. Proof of graduation from high school or the equivalent thereof, and an original certified transcript of high school records must accompany this application.
5. Applications that are not fully completed within thirty (30) days of submission to the North Carolina Board of Funeral Service (“Board”) shall be denied.
6. Upon receipt of a completed application, the Board will provide you with instructions on how to submit fingerprints to the NC State Bureau of Investigation for a criminal background check, along with the appropriate fee.

ATTACH CURRENT
PHOTO HERE

1. Name in Full _____
(Mr., Mrs., or Ms.) First Middle Last

2. Address _____
 Number & Street County

_____ City State Zip

3. Telephone Number _____ Social Security Number _____

4. Email Address: _____

5. Date of Birth _____ Place of Birth _____ Sex _____

6. Name of High School _____ Date of Graduation _____

7. Have you attended a Mortuary Science College¹? No _____ Yes _____ If yes, complete numbers 8-10 below.

8. Name of Mortuary Science College _____

9. Dates of Attendance _____

10. Date of Graduation _____ Degree _____

11. Did you take National Board Exam – Arts? No _____ Yes _____ Date _____

If yes, were you successful? No _____ Yes _____

12. Did you take National Board Exam – Sciences? No _____ Yes _____ Date _____

If yes, were you successful? No _____ Yes _____

13. Funeral Establishment at which Traineeship will be done:

Address _____

Manager _____

Email Address _____

Telephone Number _____ Fax Number _____

14. Record of Occupations for Past Five Years:

| <u>Employer</u> | <u>Address</u> | <u>Dates of Employment</u> | <u>Nature of Work</u> |
|-----------------|----------------|----------------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

15. Are you or have you ever been certified, licensed or registered to practice by this Board, by another occupational Board, or in another state/jurisdiction? No _____ Yes _____

If yes, attach a statement providing the credential, state, issue date, expiration date, and exams taken.

16. Have you ever been denied a license in another state? No _____ Yes _____

If yes, attach a statement giving the name of the state and the reason for the denial of your application.

¹ In order to be licensed for the practice of embalming after completion of a resident traineeship, an applicant must be a **graduate** of a mortuary science college approved by the Board, and must pass examinations required by the Board.

17. Have you ever been convicted of any crime, either a misdemeanor or felony? No _____ Yes _____

18. Are any criminal charges currently pending against you? No _____ Yes _____

If yes, attach a statement giving complete details as to charge, date, place of trial, sentence, or other disposition. Provide the Board with a certified copy of all court records.

19. Has any court, board, agency, or professional organization found you guilty of misconduct, unprofessional conduct, dishonest or fraudulent practice, or incompetent practice? No _____ Yes _____

20. Are charges pending against you before any court, board, agency, or professional organization for unprofessional conduct, dishonest or fraudulent practice of incompetent practice? No _____ Yes _____

If yes, attach a statement giving complete details as to jurisdiction and allegations. Provide the Board with a certified copy of all pertinent records. _____

AFFIDAVIT OF APPLICANT

21. I, _____, being first duly sworn, deposes and says that I am the applicant named in the foregoing application. I affirm that I have read the foregoing application and that the same is true to my own knowledge except as to matters and things therein stated on information and belief and that as to such matters and things I believe them to be true. I further understand that the Board reserves the right to make inquiries about me, including criminal record checks, and any of the information I have given in support of my application. I agree to update the Board in the event that my contact information set forth above changes. I understand that, should a license be granted, it may be revoked or suspended under the provisions of Article 13A, Chapter 90, General Statutes of North Carolina and the Rules of the North Carolina Board of Funeral Service adopted pursuant to said Article.

Applicant Signature: _____

Date: _____

STATE OF NORTH CAROLINA

COUNTY OF _____

Sworn to and subscribed before me this the _____ day of _____, 20____.

My commission expires: _____

Notary Public

AFFIDAVIT OF LICENSED EMBALMER OR FUNERAL SERVICE LICENSEE

22. I, _____, duly licensed as an Embalmer or Funeral Service licensee by the State of North Carolina, hereby certify that _____ (NAME OF APPLICANT) is a full-time employee of _____ (NAME OF FUNERAL ESTABLISHMENT) where I am employed as a funeral service licensee or embalmer. I have practiced funeral service continuously for at least the previous five (5) years, or have taken a Trainee Supervisor Certification course provided by the Board. I have not had any disciplinary action taken by the Board against my funeral service or embalming license within the preceding five (5) years. Likewise, no other jurisdiction has suspended or revoked my funeral service or embalming license during the preceding five (5) years. I hereby agree to notify the Executive Director of the Board when said Resident Trainee ceases his (her) training under me.

Supervisor Signature: _____

Supervisor License No.: _____

Date _____ Address _____

STATE OF NORTH CAROLINA COUNTY OF _____

Sworn to and subscribed before me this the _____ day of _____, 20_____.

My commission expires: _____

Notary Public

Note to Embalmer or Funeral Service Licensee: Failure to notify the Board upon the completion or termination of the Resident Traineeship of this Trainee WILL jeopardize the future training of Resident Trainees by you.