

NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108 RALEIGH, NC 27605

PHONE (919) 733-9380 FAX (919) 733-8271

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

INSTRUCTIONS

- 1. The application must be typed or printed in ink, signed by the applicant and notarized.
- 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.

ATTACH CURRENT PHOTO HERE

- 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.

City

- 5. Applications that are not 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.

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

2. Address Number & Street County

State

Zip

3.	Telephone Number	Social Security Number			
4.	Email Address				
5.	Date of Birth	Place of Birth S			
6.	Name of High School	Date of Graduation			
7.	Have you attended a Funeral Director Program at a	Mortuary Science College ¹ ? Yes	No		
	If yes, complete numbers 8-10 below.				
8.	Name of Mortuary Science College				
9.	Dates of Attendance				
10.	Date of Graduation If r	not graduated, how many semester ho	ours?		
11.	Did you take National or State Board Exam – Arts?	No Yes	Date		
ı	f yes, were you successful?	No Yes			
12.	Did you take State Board Exam – Sciences or the North Carolina Pathology Exam?	No Yes	Date		
ı	f yes, were you successful?	No Yes			
13. Funeral Establishment at which Traineeship will be done:					
,	Address				
I	Manager				
ı	Email Address				
	Telephone Number	Fax Number			
14.	Record of Occupations for Past Five Years:				
<u>Em</u>	<u>ployer</u> <u>Address</u>	<u>Dates of Employment</u>	Nature of Work		

¹ In order to be licensed as a funeral director after completion of a resident traineeship, one must possess a degree in mortuary science or have graduated from a Funeral Director Program, or the equivalent, from a program approved by the Board and accredited by the American Board of Funeral Service Education, and must pass examinations required by the Board.

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	n date,	and exams taken.
۱6.	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 d	of your application.
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 Provide the Board with a certified copy of all court records.	e of tria	al, sentence, or oth
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
	If yes, attach a statement giving complete details as to jurisdiction and alleg copy of all pertinent records.	ations.	Provide the Board v
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 alleg copy of all pertinent records.	ations.	Provide the Board v
21.	Within the preceding two (2) years, have you been the subject of any investigation for employee misclassification?	o	_Yes
	If yes, attach a statement giving complete details as to the results of the inv	estigati	on.

NC INDUSTRIAL COMMISSION PUBLIC NOTICE STATEMENT

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the

North Carolina Industrial Commission: Employee Classification Section, North Carolina Industrial Commission, 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582 Fax: (919)715-0282 Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

	AFFIDAVIT OF APPLICANT					
22.	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					
	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:					
	bate.					
STA	TE OF NORTH CAROLINA COUNTY OF					
Swo	orn to and subscribed before me this the day of, 20,					
Му	commission expires:					
	Notary Public					
	AFFIDAVIT OF LICENSED FUNERAL DIRECTOR OR FUNERAL SERVICE LICENSEE					
	ALTIDATION OF EIGENSED FONEIGHE DIRECTOR OR FONEIGHE SERVICE EIGENSEE					
23.	I,					
	Director 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 director					
	or funeral service licensee. I have practiced funeral service continuously for at least the previous five (5) years. I have					
	not had any disciplinary action taken by the Board against my funeral service or funeral director license within the					
	preceding five (5) years. Likewise, no other jurisdiction has suspended or revoked my funeral service or funeral director					

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 und	er me.

	Supervisor Signature:				
	Supervisor License No.:				
	Date	<i>A</i>	Address		
STATE OF NORTH CAROLI	NA		COUNTY OF		
Sworn to and subscribed	pefore me this the	day of		, 20 __	
My commission expires: _					
			Notary Pub	olic	

Note to Funeral Director 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.