



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR FUNERAL RESIDENT INTERN REGISTRATION INSTRUCTION SHEET

When to Apply

Use this form and instructions when you are applying for a permit to begin a resident internship with the intention of later applying for Delaware licensure as a Funeral Director. You must serve a Delaware resident internship when you

- do **not** hold a current license as a Funeral Director in any jurisdiction (state, U.S. territory or District of Columbia), or
- hold a *current* license as a Funeral Director in another jurisdiction but have not practiced as a funeral director at least three of the past five years.

If you hold a current license as a Funeral Director in another jurisdiction **and** you have practiced as a funeral director at least three of the past five years, file the [Application for Funeral Director Licensure](#).

Obtaining a Sponsor Before Applying

You must serve a one-year resident internship in a Delaware-licensed funeral establishment under the sponsorship of a Delaware-licensed Funeral Director. Before filing this application, select your sponsor. Your sponsor must complete the **SPONSORSHIP** section of the application form. If you end the relationship with your sponsor before the end of your internship, you must promptly notify the Board office in writing.

Requirements for All Applicants

The following requirements apply to all persons filing to become a Resident Intern.

- Submit a completed, signed and notarized [Application for Resident Intern Registration](#).
- Enclose non-refundable [processing fee](#) for Funeral Resident Intern by check or money order made payable to "State of Delaware."
- Arrange for the Board office to receive an official transcript sent *directly* from the high school where you graduated to the Board office.
- Arrange for the Board office to receive an official transcript sent *directly* from each college/university you attended to the Board office.
- Arrange for the Board office to receive an official transcript sent *directly* from your mortuary school to the Board office.
 - The transcript must show the degree conferred (if any) and date.
- Arrange for the Board office to receive your official National Board Examination score report sent directly from the International Conference of Funeral Service Examining Boards.
 - To request a score report, see www.cfseb.org.
 - Your internship may be approved before you pass the National Board Examination. However, you must pass the exam and request the score report before your internship ends.
- If you have ever held a funeral license of any kind in another jurisdiction, arrange for the Board office to receive a letter of good standing from *each* jurisdiction where you are now (or have ever been) licensed, sent *directly* from each jurisdiction to the Board office.
 - If the jurisdiction issues separate licenses for funeral directors and embalmers, letters of good standing for both licenses are required.

- If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
- *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Completing Reports During Your Internship

When the Board approves the internship, you will be notified of the beginning and ending dates. During this one-year period, you must complete and submit 25 [embalming reports](#) and four [quarterly work reports](#). You may submit the reports periodically, or you may submit all of them at the end of your internship.

Applying for Funeral Director Licensure After Your Internship

At the end of the internship, you must take the following actions to apply for a Funeral Director license.

- File an [Application for Funeral Director Licensure](#), following the instructions on that application.
- Your sponsor must submit a **notarized** letter confirming that you have successfully completed your internship.

State Examination Requirement

All applicants, whether applying for licensure by resident internship or by reciprocity, must pass an examination on Delaware law, rules and regulations with a minimum score of 70%.

- The Board must review your [Application for Funeral Director Licensure](#) and all other required documentation, listed above, *before* you can schedule the examination.
- When the Board has approved your application contingent on your passing the exam, the Board office will notify you to schedule the examination.
- For information on scheduling the examination, see [Exam Brochure](#). To register online for the examination, see [Online Exam Application](#). To print and mail your exam application, see [Paper Exam Application](#).
- The testing service will send your examination results directly to the Board office. Allow two business days for the Board office to receive your results.
- Your license will be issued when you pass the examination.



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IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last/Family Name First Middle

2. Other Name(s) Used: _____

3. Date of Birth (month/day/year): _____ Gender: Male Female

4. Have you been issued a U.S. Social Security Number? Yes No If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

5. Mailing Address: _____

City State Zip

6. Phone: _____ Daytime Home Email: _____

EDUCATION

7. Enter the following information about the high school from which you graduated.

NAME	STREET ADDRESS	CITY, STATE ZIP	DATE GRADUATED

8. Enter the following information about the university or college you attended.

NAME	STREET ADDRESS	CITY STATE ZIP	DATES ATTENDED	DEGREE RECEIVED

9. Other institutions from which credit is desired: _____

10. Enter the following information about the mortuary school you attended:

NAME	STREET ADDRESS	CITY, STATE ZIP	YEAR GRADUATED	DEGREE RECEIVED

Arrange for the Board office to receive official transcripts from ALL of the following, sent *directly* from the institution to the Board office:

- high school from which you graduated
- each college or university you attended
- mortuary school you attended

LICENSURE HISTORY

11. Do you hold, or have you ever held, a license to practice funeral services issued by any jurisdiction (state, U.S. territory, District of Columbia)? Yes No If yes, give the following information about *each* license you have held:

JURISDICTION	LICENSE NUMBER	LICENSE STATUS

Arrange for the Board office to receive a license verification (also called a letter of good standing) sent *directly* to the Board office from each jurisdiction listed above.

12. Has any jurisdiction ever rejected or denied your application for licensure? Yes No **If yes, submit a letter of explanation.**

DISCLOSURES

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**

14. Have you been the recipient of any administrative and/or disciplinary penalties regarding your practice of funeral services including, but not limited to, fines, formal reprimands, license suspensions or revocations (except for license revocation for non-payment of renewal fees), probationary limitations, and/or have you entered into any consent agreements which contain conditions placed by a Board on your professional conduct and practice, including nay voluntary surrender of license? Yes No **If yes, submit a letter of explanation.**

15. Are you currently under investigation or are any complaints pending against you in any other jurisdiction? Yes No **If yes, submit a letter of explanation.**

SPONSORSHIP – Sponsor completes and signs this section.

STATEMENT OF SPONSOR			
I certify that I will direct and personally supervise the named Intern during his or her period of training to become a Delaware-licensed funeral director.			
Sponsor Name: _____			
Last/Family Name	First	Middle	
Delaware License Number: K1- _____ Expiration Date: _____			
Funeral Establishment Name: _____			
Business Address: _____			
_____	Delaware	_____	
City	State	Zip	
Signature of Sponsor: _____			Date: _____

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-12 weeks to receive your license.

AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, jurisdictions that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

Signature of Applicant: _____ Date: _____

State of _____ County or City of _____

The applicant named above, being first duly sworn, deposes and says that he/she is the person who executed this application, that the jurisdictionments in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____ 2 _____

Signature of Notary Public: _____

SEAL

My commission expires _____

APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.