



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

STATE OF DELAWARE
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR FUNERAL RESIDENT INTERN REGISTRATION INSTRUCTION SHEET

When to Apply

Use this form 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 Funeral Director license in any jurisdiction (state, U.S. territory or District of Columbia), **or**
- hold a *current* Funeral Director license 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 the non-refundable [processing fee](#) for Funeral Resident Intern by check or money order made payable to "State of Delaware."
- Complete the *Authorization for Release of Information* form to request a State of Delaware and Federal Bureau of Investigation criminal background check. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - This is required *even if* you recently had a criminal background check done for some other reason.
- 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 [Official Scores](#).
 - 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 complete information about the examination, see the [Delaware Laws, Rule & Regulations Examination Candidate Handbook](#). To register online for the examination, see [Online 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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APPLICATION FOR FUNERAL RESIDENT INTERN REGISTRATION

IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last/Family Name
First
Middle
2. Other Name(s) Used: None _____
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: _____ Email: None _____

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 license application? 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 any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes No

Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.

14. Are criminal charges against you pending in any jurisdiction? Yes No **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

15. Have you received any administrative penalties (disciplines) 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 any voluntary surrender of license? Yes No **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

16. Are you currently under investigation or are any complaints pending against you in any other jurisdiction? Yes No **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

17. Do you currently have, or have you ever had, an impairment related to drugs or alcohol? Yes No **If yes, submit a letter explaining fully.**

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 ensure 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 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 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.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.

