



APPLICATION FOR FUNERAL DIRECTOR INTERN LICENSE

State Form 28138 (R13 / 9-17)

Approved by State Board of Accounts, 2017

STATE BOARD OF FUNERAL & CEMETERY SERVICE
PROFESSIONAL LICENSING AGENCY
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-3031
 E-mail: pla12@pla.in.gov
 www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$25.00, payable to the Indiana Professional Licensing Agency, in accordance with 832 IAC 2-1-2.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number issued	Date license issued (month, day, year)	License obtained by

DO NOT WRITE ABOVE THIS LINE

Name of applicant (last, first, middle)		Social Security number *
Date of birth (month, day, year)	Place of birth (city and state or country)	
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()	E-mail address	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.)		
<input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest, court documents, disciplinary action against your license, or complaints. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

- A. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
- | | | |
|---|------------------------------|-----------------------------|
| (1) have you ever been arrested; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- B. Have you ever been denied a license in this or any other state? Yes No
- C. Have you ever had a complaint filed against you with any state board of funeral and cemetery service? Yes No

1. I have graduated from an accredited high school and have successfully completed either (check applicable alternative):
- a. (i) thirty (30) semester hours of forty-five (45) quarter hours of college level work in a regionally accredited institution of higher education that includes course work in the subjects of English, Humanities, Science, Business, and other electives that apply toward a baccalaureate degree from the institution; and
- (ii) four (4) academic quarters or its equivalent in an accredited college, school, or department of mortuary science approved by the board. (Certified copies of the transcripts verifying the courses and grades completed must be enclosed.)
- b. A twenty-one (21) month program in an accredited college, school, or department of mortuary science approved by the board. (A letter of certification of graduation from the institution must be enclosed.)
2. I cannot engage in the practice of funeral service as defined by IC 25-15-2-22 unless I am employed by a licensed funeral home and under the direct supervision of a funeral director licensed by the Indiana State Board of Funeral and Cemetery Service.
- I am acting as the agent for the _____ Funeral Home
Name of Indiana funeral home
- located at _____,
Number and street, city, state, ZIP code, and county _____, _____
Funeral home license number
- where I will be performing services as a funeral director intern. I acknowledge that I will notify the State Board of Funeral and Cemetery Service of any change of funeral home where I will be acting as a funeral director intern.

VERIFICATION AND SIGNATURE

I do hereby certify that I am the above named applicant, that I have personally prepared the foregoing application, and that the same is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

Signature of applicant	Date (month, day, year)
I hereby certify that the above named applicant will be working under my direct supervision.	
Signature of funeral director	License number