



**APPLICATION FOR FUNERAL DIRECTOR
INTERN LICENSE**

State Form 28138 (R14 / 11-21)
Approved by State Board of Accounts, 2017

**INDIANA BOARD OF FUNERAL AND 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.
5. Submit a completed Employment Notification form, State Form 54982, indicating where you will be employed under direct supervision of an Indiana licensed Funeral Director.

* This agency is requesting disclosure of your Social Security Number 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

APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden)		Social Security Number*
Address (number and street or rural route, city, state, and ZIP code)		City, state, and ZIP code
Date of birth (month, day, year)	Telephone number (daytime) ()	
Email 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). <input type="checkbox"/> I am authorized by the Federal Government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)		Are you an active duty member of the military? (Optional)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

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) quarters 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.

b. A twenty-one (21) month program in an accredited college, school, or department of mortuary science approved by the board.

EMPLOYMENT

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.

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or 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.

- 1. *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; Yes No
 - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; Yes No
 - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
 - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
 - (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? Yes No
- 2. Have you ever been denied a license in this or any other state? Yes No
- 3. Have you ever had a complaint filed against you with any state board of funeral and cemetery service? Yes No

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (month, day, year)