



APPLICATION FOR FUNERAL DIRECTOR INTERN LICENSE

State Form 28138 (R12 / 8-16)

Approved by State Board of Accounts, 2016

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. All fees are non-refundable and non-transferable.
 3. Please refer to the instructions on our website at 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	Social Security number *
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Address (number and street, city, state, and ZIP code)

Date of birth (month, day, year)	Telephone number ()	E-mail address
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Are you the spouse of a member of the military who is assigned to a duty station in Indiana (Optional)? Yes 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; 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
- 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

located at _____, _____ 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)
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I hereby certify that the above named applicant will be working under my direct supervision.

Signature of funeral director	License number
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