

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 41/1 et.seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## FUNERAL DIRECTOR AND EMBALMER INTERN CHANGE OF SPONSOR APPLICATION

**This portion is to be completed by the funeral director and embalmer intern.**

INTERN'S NAME

LICENSE NUMBER

**033-**

HOME ADDRESS

BUSINESS ADDRESS

**This portion is to be completed by the former sponsor.**

*NOTE: The former sponsor must submit a verification of experience form to verify intern's previous cases handled or assisted.*

NAME OF FORMER SPONSOR

LICENSE NUMBER

ADDRESS (Include Street, City, State and ZIP Code)

INDICATE NUMBER OF MONTHS INTERN WAS UNDER YOUR SUPERVISION

DATE INTERN TERMINATED THEIR INTERNSHIP WITH YOU

I certify that the above-named funeral director and embalmer intern has been under my supervision as shown.

\_\_\_\_\_  
Signature of Former Sponsor

\_\_\_\_\_  
Date

**This portion is to be completed by the new sponsor.**

NAME OF NEW SPONSOR

LICENSE NUMBER

NAME OF FUNERAL HOME

TELEPHONE NUMBER

ADDRESS (Include Street, City, State and ZIP Code)

DATE INTERN STARTED INTERNSHIP

I certify that the above-named funeral director and embalmer intern will be under my supervision as shown.

\_\_\_\_\_  
Signature of New Sponsor

\_\_\_\_\_  
Date

Return completed form to:

Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation, Professional Services Unit  
320 West Washington, 3rd Floor  
Springfield, IL 62786