

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

INTERN

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

INTERN'S NAME	LICENSE NUMBER 033-
HOME ADDRESS	
BUSINESS ADDRESS	

FORMER SPONSOR

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.

_____ Date

Signature of Former Sponsor

NEW SPONSOR

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.

_____ Date

Signature of New Sponsor

Email completed form to: ***FPR.PSSUnit@Illinois.gov***