



Important information:

- ◆ Passage of an examination is not required for issuance of the Funeral Director and Embalmer Intern License. However, the National Conference Examination must be successfully completed prior to the issuance of the Funeral Director and Embalmer license. For further information regarding the National Conference Examination, please visit: <https://theconferenceonline.org>.
- ◆ Licensed Funeral Director and Embalmer Interns **MUST** accomplish their internship under the supervision of a person who holds a combined Illinois Funeral Director and Embalmer license.
- ◆ All documents in a foreign language required to be submitted with an application, or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
- ◆ Applications are valid for three years from the date received by the Department.
- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.illinois.gov/About/FAQ.html>) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** or TTY **866.325-4949** for assistance.

APPLICATION INSTRUCTIONS

Before completing the application, read these instructions as this will aid you in accurately completing your application and eliminate any delay in processing.

Step I - FULLY COMPLETE THE 4-PAGE APPLICATION

An incomplete or illegible application will be returned. Type or print in black ink.

1. Use the chart below to complete **PART IB 1- 4** of the application.

Profession Name:	Profession Code	Licensure Method	Fee
Funeral Director and Embalmer Intern	033	Non Examination	\$50

2. NOTE:

- a) Indicate all college/university level coursework in **PART III**, number 6 on the application.
- b) Indicate Mortuary Science Program in **PART III**, number 7 on the application.
- c) Do not complete **PART VII**.

Step II - APPLICATION FEE

Payment of \$50.00 in the form of a U.S. check or money order made payable to IDFPR or payment online by visiting:
<https://idfpr.illinois.gov/epay.html>.

Step III - MAIL APPLICATION

Mail the application, fee (unless paying online), and a copy of all necessary support documents to the address below.

Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

Step IV - WAIT

Please allow eight business weeks from applying before making an inquiry concerning its status.

APPLICATION INSTRUCTIONS

1. Supporting Document **ED** must be submitted certifying your Associate's degree or Bachelor's degree in mortuary science from an approved mortuary science program. An authorized school official must complete the **ED** form in its entirety and affix school seal;

or

 - a) Official transcripts showing proof of successful completion of at least 30 semester (45 quarter) hours of college credit which shall include at least 20 semester (30 quarter) hours of courses in liberal arts, physical, biological, or applied sciences;
 - and*

b) Supporting Document **ED** must be submitted certifying your graduation from a 12-month course of study in an approved program of mortuary science.
2. Supporting Document **HL** must be completed by a licensed healthcare provider (does not have to be by a physician) attesting that you have been immunized against diphtheria, Hepatitis B and tetanus.
3. Supporting Document **CA** must be completed by the licensed funeral director and embalmer under whose supervision your internship will be performed. (**SPECIAL NOTE:** Should your sponsor change during your internship, you must notify the Division within 30 days of such change. You must submit a Change of Sponsor application to be completed by the licensed Funeral Director and Embalmer under whose supervision you will complete the internship. Failure to comply with this requirement will result in an extended period of internship.)

APPLICATION CHECKLIST

APPLICANT NAME: _____

All applicants must complete this checklist and return with the completed application. Check only what applies to you. All supporting documents must be submitted for the license to be issued.

ALL APPLICANTS TO REVIEW AND SUBMIT:

- ☐ A completed application.
- ☐ An application fee of \$50.
- ☐ 1) Completed **ED** Form for an Associate or Baccalaureate Degree from an approved Mortuary Science program.
OR
- ☐ 2) A) Official Transcripts for an Associate or Baccalaureate Degree meeting the required coursework.
B) Completed **ED** Form for graduation of 12-month course of study in an approved program of mortuary science.
- ☐ Completed Certificate of Health **HL** Form
- ☐ Completed Certification of Acceptance **CA** Form
- ☐ Proof of name change (if applicable)

Signature of Applicant

Date

IMPORTANT INFORMATION ONCE ISSUED

- ◆ All Illinois Funeral Director and Embalmer Intern licenses expire on May 31 of every odd-numbered year.
- ◆ An internship shall not commence prior to official notification from the Division which will provide the issuance date of the Intern License.
- ◆ Only training accomplished on or after the issuance date of the Intern License will be credited toward fulfillment of requirements for permanent licensure.

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Funeral Director and Embalmer Intern	033	Nonexamination	\$50.00

NOTICE

Successful completion of an examination is not required for issuance of the Funeral Director and Embalmer Intern License. However, the National Conference Examination must be successfully completed prior to the issuance of the Funeral Director and Embalmer license.

For further information regarding the National Conference Examination contact: the International Conference of Funeral Service Examining Boards, Inc., 1885 Shelby Lane, Fayetteville, Arkansas 72704, 479-442-7076, Fax: 479-442-7090, or email: info@theconferenceonline.org.

CHART IV - SCHOOL CODES

**NOT APPLICABLE FOR
FUNERAL DIRECTOR AND EMBALMER INTERNS
ENTER N/A IN PART VII c) OF APPLICATION
FOR LICENSURE AND/OR EXAMINATION**

* * * * * REQUEST FOR ASSISTANCE * * * * *

If assistance is needed, direct your request to one of the following telephone numbers:

1-800-560-6420

TTY - 1-866-325-4949

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. ☐ Military ☐ Military Spouse ☐ Not Military ☐ Decline to Answer

Military service member is defined as. "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
| <input type="checkbox"/> Other: _____ | |

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. SSN OR ITIN ____-____-____
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY ____-____-____
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY ____-____-____
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		
7. PLACE OF BIRTH CITY STATE/COUNTRY	8. DATE OF BIRTH ____/____/____ Month Day Year	9. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
10. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____-____ Home: (____) _____-____ (Area Code) (Area Code)		
11. EMAIL ADDRESS (REQUIRED)		12. I CONSENT TO PROFESSIONAL ORGANIZATIONS HAVING MY EMAIL ADDRESS <input type="checkbox"/>

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? ☐ Yes ☐ No Received OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION

____ / ____
Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8 Graduated? ☐ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)

LOCATION (City and State or Country)

DATES OF ATTENDANCE

FROM

TO

TYPE OF DEGREE EARNED

Month/Year

Month/Year

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME

LOCATION (City and State or Country)

DATES OF ATTENDANCE

FROM

TO

Did You Complete Training?

Month/Year

Month/Year

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)

YES NO

1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.*
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*

PART VII: Examination Coding Information (This part is for examination applicants only)

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

- a) CHART II - Select examination(s) you desire
-
- and enter Test Codes

- b) CHART III - Select the examination site you desire and enter Test Center Code:

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- c) CHART IV - Find your School of Graduation and enter school code:

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- d) Record the number of times you have taken this exam in Illinois or any other state:

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PART VIII: Child Support, Tax Information and Workers' Compensation (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.")Yes ☐ No ☐

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

Yes ☐ No ☐

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations?

Yes ☐ No ☐

4. Do you certify you have fully complied with this profession's continuing education requirements?

Yes ☐ No ☐

NOTE: Continuing education is not required for the first renewal of this license. If this is your first renewal, please answer (Yes) to this question.

Making a false statement may subject the licensee to disciplinary action.You may verify the continuing education requirements of your profession here: <https://idfpr.illinois.gov/rules2015.html>**PART IX: Method of Payment and Certifying Statement**☐ Check / Money Order. Check Number: _____☐ Online. Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of _____. Approved #: _____Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**_____
Signature of Applicant_____
Date

NAME (Last, First, MI):

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

SSN OR ITIN:

I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _____, 20_____.

Date of Expiration

Signature of Notary Public

Profession:

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATE OF HEALTH

SUPPORTING DOCUMENT

HL

APPLICANT: Complete the applicant section of this form. The physician who examines you **MUST** hold an active license in the jurisdiction in which he/she practices. Direct the physician to complete the Examining Physician Section of this form and return the completed form to you for inclusion with your Application for Licensure and/or Examination.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SSN OR ITIN ____-____-____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME		

EXAMINING PHYSICIAN: Complete the remainder of this form. Reference the above profession name to determine the appropriate statement to check-off. **RETURN THE COMPLETED FORM TO THE APPLICANT.** Physical examination must have occurred within the preceding 12 months.

A. PHYSICIAN NAME FIRST MIDDLE LAST	B. PHYSICIAN LICENSE NUMBER
C. STREET ADDRESS	D. STATE OR TERRITORY OF LICENSURE
E. CITY, STATE, ZIP CODE	F. DATES OF APPLICANT'S PHYSICAL EXAMINATION OR IMMUNIZATION

STATEMENT I: COMPLETE THIS STATEMENT FOR THE PROFESSION OF:

NURSING HOME ADMINISTRATOR

The above-named applicant is of sound physical and mental health.

☐ Yes

☐ No

STATEMENT II: COMPLETE THIS STATEMENT FOR THE PROFESSION OF:

FUNERAL DIRECTOR AND EMBALMER

The above-named applicant received the following: 1)Diphtheria-Tetanus (adult type) immunizations
2)Hepatitis B

☐ Series ☐ Booster
☐ Series

I hereby declare that the above information is true and correct.

Signature

Date

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**CERTIFICATION
OF
ACCEPTANCE**

SUPPORTING DOCUMENT

CA

APPLICANT: *Complete the applicant section of this form, then forward it to the sponsor(s) who will verify your intern status.*

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SSN OR ITIN - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME		

LICENSED SPONSOR: *Complete the remainder of this form, then return it to the applicant.*

PART I. SPONSOR INFORMATION

A. LICENSED SPONSOR'S NAME	B. BUSINESS/INSTITUTION NAME
B. SPONSOR'S LICENSE NUMBER	D. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE
E. BUSINESS/INSTITUTION LICENSE NUMBER (If applicable)	F. BUSINESS TELEPHONE NUMBER Area Code (____) ____ - ____

PART II. APPLICANT INTERNSHIP INFORMATION

A. TYPE OF INTERNSHIP <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	B. HOURS PER WEEK	C. BEGINNING DATE ____/____/____ Month Day Year
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I do hereby declare that I am the sponsor of the above-named applicant as indicated.

Licensed Sponsor Signature

Title

Date