



**Secretary of State  
Office of Professional Regulation**

**FUNERAL SERVICE  
Funeral Embalmer Apprenticeship Initiation Form**

The applicant must document completing at least 20 embalming's, competently exercising under supervision the essential responsibilities of a funeral embalmer.

**APPLICANT**

| First Name | MI | Last Name & Title (Jr., Sr., II, III, etc.) | Date of Birth |
|------------|----|---|---------------|
|            |    |   |               |

**SUPERVISOR**

| Supervisor Name         | License #  | License Expiration Date |
|-------------------------|------------|-------------------------|
|                         | 019. _____ |                         |
| Name of Establishment   |            |                         |
| Establishment License # | 023. _____ |                         |

**Competencies**

The apprenticeship must specifically establish the applicant's proficiency in the following competencies. Please provide a detailed plan for training and supervision for each of the competencies required for licensure. Any changes which occur to the approved plan must be submitted to the office in advance.

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|---|
| <b>Competency: 20 Embalming's of human bodies</b> |
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**STATEMENT OF SUPERVISOR AND APPRENTICE**

**I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)**

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**(Signature of Supervisor)**

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**(Date)**

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**(Signature of Apprentice)**

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**(Date)**