

# Verification of Work Experience as a Licensed Funeral Service Intern

## APPLICANT INFORMATION

To be completed by the applicant:

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**License Number** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

## EMPLOYMENT INFORMATION

To be completed by the Funeral Establishment Employer:

**Name of Establishment:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**Telephone Number** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates of Supervision:** \_\_\_\_\_ to \_\_\_\_\_ **Total Number of Embalmings Performed:** \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

**Approximate Number of Hours Worked Per Week:** \_\_\_\_\_ **Total Hours Worked:** \_\_\_\_\_

I certify that the applicant has completed the internship program for licensure as a funeral service director

I do hereby certify that the applicant:

☐ is qualified and competent to practice as a licensed funeral service director.

☐ is not qualified and competent to practice as a licensed funeral service director.

\*If the applicant is not qualified, please explain the nature of the problem and recommendations for becoming qualified.

I further certify that the information contained in this verification is truthful, complete and discloses all material facts regarding the applicant.

I understand that is unlawful and punishable as a Class A misdemeanor to apply for or obtain a license or to otherwise deal with DOPL through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_