



State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Mortuary Science Section
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-2961
E-mail: license@alaska.gov

MOR

FUNERAL DIRECTOR TRAINEE PERMIT APPLICATION PACKET

GENERAL INSTRUCTIONS

Please read the application and all the instructions carefully. An incomplete or incorrect application will be returned and will cause delays in processing. Please type or print all requested data.

APPLICATION FOR PERMIT

The applicant must complete the application accurately, and the application must be signed by both the trainee and supervisor before a notary public. The sponsor and supervision form (p. 2) must be completed by the Alaska-licensed funeral director who will oversee the training, and the form signed by both the supervisor and the trainee. Send the complete application, sponsor and supervision form, and a check or money order for \$115 (\$50 nonrefundable application fee plus \$65 permit fee) payable to the State of Alaska to the address above.

Permits are usually issued within approximately three weeks of the division's receipt of a complete and correct application. The permit is issued for a one-year period from date of issue and may be renewed once. When issued, the trainee permit will be mailed with an accompanying cover letter providing further licensing information. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees.

GENERAL INFORMATION

SOCIAL SECURITY NUMBERS - AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed. If you are a foreign citizen unable to obtain a U.S. Social Security Number, please contact the division for further instructions.

ADDRESS CHANGES - In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division of Corporations, Business and Professional Licensing, in writing, of changes of address. The address of record with the division will be used for all official notifications and correspondence.

ABANDONMENT - Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of license and other fees paid. If no request for refund is received, all fees are forfeited.

AUTHORITIES FOR REGULATION OF MORTUARY SCIENCE TRAINEES

Sec. 08.42.085. Qualifications for trainees. (a) A person may apprentice as an embalmer trainee if the person

- (1) is at least 18 years of age;
- (2) applies on a form provided by the department; and
- (3) furnishes evidence satisfactory to the department that an embalmer licensed in this state will supervise the training and that the training will take place in a funeral establishment that meets the requirements of AS 08.42.100.

(b) A person may apprentice as a funeral director trainee if the person

- (1) is at least 18 years of age;
- (2) applies on a form provided by the department; and
- (3) furnishes evidence satisfactory to the department that a funeral director licensed in this state will supervise the training and that the training will take place in a funeral establishment that meets the requirements of AS 08.42.100.

(c) The department shall issue a permit valid for one year to an applicant who meets the requirements of this section. The department shall renew a permit for one year if the trainee applies for renewal on a form provided by the department and shows that the training activity continues to satisfy the requirements of this section. The department will charge a fee for processing applications and renewals under this section which will be sufficient to cover administrative costs.

(d) A person may apprentice as a funeral director trainee or as an embalmer trainee for no more than two years.

Sec. 08.42.200(4).

(4) "trainee" means a person who has met the qualifications set out in AS 08.42.085(a) and is engaged in learning the practice of embalming under the direction and control of a person properly licensed to practice embalming, or a person who has met the qualifications set out in AS 08.42.085(b) and is engaged in learning the practice of funeral directing under the direction and control of a person properly licensed to practice funeral directing.

12 AAC 50.200. APPRENTICESHIP TRAINING. (a) Apprenticeship training must be provided by a sponsor approved under 12 AAC 50.100.

(b) A funeral director trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

- (1) assisting or participating in the preparation of at least 24 funerals, including all necessary documentation required by law;
- (2) assisting in the arrangement of a selection room, including buying, pricing, and providing a description of each casket.

(c) An embalmer trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

- (1) assisting the preparation and embalming for at least 24 deceased human bodies, including cosmetic application, dressing, and casket preparation;
- (2) making removals of human bodies.

(d) Each embalmer and funeral director trainee shall submit case reports on forms provided by the department, for each of the 24 funerals or embalming required in (b) or (c) of this section. Unless the department finds good cause to grant an extension under this subsection, six case reports shall be submitted every three months and shall be signed by the trainee and the sponsor. If a trainee is unable to complete six case reports in a three month period, the trainee shall submit the case reports that were completed and a written request for an extension explaining why the trainee was unable to complete all six cases within the time period specified under this section. The department will grant the request for an extension if it finds good cause outside of the control of the trainee.

(e) An apprenticeship must consist of training of a minimum of 30 hours per week, excluding up to 30 days of leave time per year for the trainee.

(f) Apprenticeship training as a funeral director or embalmer may be earned concurrently. If the training is not completed within one year, the trainee may apply for renewal of the permit for one year under AS 08.42.085(c).

(g) Upon completion of the apprenticeship training, the sponsor shall complete an affidavit on a form provided by the department, stating that the trainee has satisfactorily completed the apprenticeship requirements of AS 08.42 and this chapter under the sponsor's director supervision. If the apprenticeship training is terminated before completion of the apprenticeship, the sponsor shall complete an affidavit on a form provided by the department, stating what requirements of AS 08.42 and this chapter that the trainee completed under the sponsor's direct supervision.

12 AAC 50.400. SUPERVISION OF TRAINEES. (a) During an embalmer trainee's first six months of apprenticeship training, the sponsor for the trainee shall be present and providing direct supervision during the entire embalming process. For the remainder of the apprenticeship training, the sponsor shall be present for the beginning of each embalming and available for consultation during or after the procedure.

(b) During a funeral director trainee's first six months of apprenticeship training, the sponsor shall be present and providing direct supervision during each entire arrangement conference and funeral. For the remainder of the apprenticeship training, the sponsor shall be present for the beginning of each arrangement conference and funeral and available for consultation during or after the event.



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FUNERAL DIRECTOR SPONSOR AND SUPERVISION PROPOSAL FORM

This form must be completed and signed by the Alaska-licensed funeral director who will supervise the trainee named. Please print or type the requested information. A supervisor must meet and follow the requirements of 12 AAC 50.100, .200, and .400 as follows:

1. The supervisor must have an active license to practice as a funeral director in Alaska, must directly supervise the trainee at a licensed funeral establishment, and supervise no more than one trainee at a time; and
2. During a funeral director trainee's first six months of apprenticeship training, the sponsor will be present and provide direct supervision during each entire funeral preparation process. For the remainder of the apprenticeship training, the sponsor will be present for the beginning of each arrangement conference and funeral, and available for consultation during or after the event; and
3. If the supervisor/trainee relationship is terminated before the trainee permit expires, written notice of that termination, including termination date, will be sent to the division.

Before beginning apprenticeship training, the following must be completed, then submitted to and approved by the division:

I, _____, certify that I will directly supervise the training
 Sponsor's Name
 activities of _____. I currently hold Alaska Funeral Director
 Trainee's Name
 License # _____, which was originally issued on _____, and will expire
 on _____, and have been employed since _____
 (date) in the position of _____,
 at _____,
 the funeral establishment where the funeral director trainee will complete apprenticeship training activities. I agree to fulfill the duties and responsibilities of sponsor as outlined in 12 AAC 50.100, .200, and .400, including direct supervision during the funeral preparation process as required.

 Supervisor's Signature Date Trainee's Signature Date



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AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, _____

residing at _____

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as an embalmer. This authorization expires one year from the date of my signature below.

Signature: _____

Date:

Social Security Number: _____

Date of Birth:

Home Telephone: _____

Work Telephone:



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FUNERAL DIRECTOR TRAINEE CASE REPORT

12 AAC 50.200(d) requires six case reports of funeral preparations performed by a trainee during the previous quarter to be submitted to the division every three months of a funeral director trainee's apprenticeship.

Full Name of Trainee: _____ Trainee Permit No.: _____
 Report for the period (show dates of training):
 1st quarter _____ 2nd quarter _____
 3rd quarter _____ 4th quarter _____

Case/Reference Number: _____ Today's Date: _____

Time Started: _____ Time Completed: _____

Decedent: _____
 Last Name First Middle

Birth Date: _____ Sex: M F Date of Death: _____

Manner of Death: Natural Pending Investigation Accident Could not be determined
 Suicide Homicide

Family member(s) worked with and relationship to decedent: _____

What was your involvement in arrangement of selection room? _____

What services did you offer or provide (indicate as appropriate: O = Offer P = Provide)?

_____ Casket price list	_____ Cremation	_____ Burial
_____ Clergy	_____ Music	_____ Flowers
_____ Obituary Announcement	_____ Program Outline	_____ Photographer
_____ Video Equipment	_____ Food/Beverages	

Additional services offered or provided: _____

Who helped decide method of burial? _____

Services held at: _____ Date: _____

Medical certification of cause of death received on: _____

Personal data received from next of kin on: _____

Death Certificate filed on (date): _____

Death Certificate filed at (place): _____

Is Certificate of Death being filed more than one year after death? _____

Death Certificate filed by (person): _____

If body or fetus is to be removed from state, burial transit permit was obtained on _____
 from _____ Date

Trainee's Signature _____ Date _____ Supervisor's Signature _____ Date _____

Trainee's Printed Name _____ Permit # _____ Supervisor's Printed Name _____ License # _____



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FUNERAL DIRECTOR TRAINEE CASE REPORT - EXTENSION REQUEST

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Name of Trainee: _____ Trainee Permit No.: _____

Name of Establishment where Training: _____

Supervisor: _____ License No.: _____

Period for which insufficient reports were provided:
 _____ quarter of training _____ dates

This request must include an explanation why the trainee was unable to complete all six cases within the time period shown. Please provide details upon which the division may make a determination.

Explanation: _____

I, the undersigned funeral director trainee, request an extension of time to provide the remaining _____ report(s) not submitted during the last quarter of training.

 Trainee's Signature Date Supervisor's Signature Date

 Trainee's Printed Name Date Supervisor's Printed Name Date

Division Use Only

_____ # Quarterly reports submitted timely _____ # of Missing Reports
 _____ Extension request submitted timely _____ Good cause shown
 _____ Extension **granted** on _____ Notified on _____
 _____ Extension **denied** on _____ Notified on _____

 Division Authorized Signature Date



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AFFIDAVIT OF FUNERAL DIRECTOR APPRENTICESHIP TRAINING

This form must be completed and signed by the Alaska-licensed funeral director who supervised the training. Please type or print the requested information. Training verified by supervisor must have been within the time frame of a valid trainee permit and in accordance with 12 AAC 50.200 (copy of reverse).

I certify that the trainee named below was under my direct supervision and satisfactorily completed the funeral director apprenticeship requirements of AS 08.42 and 12 AAC 50. I further certify that

s/he completed at least 24 funeral arrangements of dead human beings during the period _____ to _____ (dates - minimum one year) and that the apprenticeship consisted of at least 30 hours of training per week, excluding up to 30 days of leave time allowed under 12 AAC 50.200(e);

OR

apprenticeship training was terminated before completion of the full period; I supervised training from _____ to _____ (dates) and listed below are the requirements the trainee completed during that period.

Full Name of Trainee: _____

Trainee Permit No.: _____ Issue Date of Trainee Permit: _____

Name of Establishment Where Training was Received: _____

Address: _____

Supervisor's Name: _____ License No.: _____

Actual training completed (please state type and number of funeral arrangements made or other duties performed): _____

Sign Here

 Signature of Supervisor Date

SUBSCRIBED AND SWORN TO before me on _____ (date)

Notary Public, State of _____

My Commission Expires: _____

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