



State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
**MORTUARY SCIENCES SECTION**  
State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2691 ★ Fax: (907) 465-2974  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [www.commerce.alaska.gov/occ/pmor.htm](http://www.commerce.alaska.gov/occ/pmor.htm)

## **EMBALMER TRAINEE PERMIT APPLICATION PACKET**

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### **GENERAL INSTRUCTIONS**

Please read the application and all the instructions carefully. An incomplete or incorrect application will be returned and 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 embalmer who will oversee the training, and the form signed by both the supervisor and 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 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 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 direct 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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EMBALMER TRAINEE PERMIT APPLICATION

Nonrefundable application fee: \$50 Permit fee: \$65

Name: Last First Middle Maiden/Other

Social Security Number: Birthdate: Sex:

Mailing Address: City State ZIP Code

Residence Address: City State ZIP Code

Telephone - Business: Home:

Email Address (optional):

Please send correspondence via: [ ] Email [ ] US Mail

Name of Establishment Where Training Will Take Place:

License Number of Establishment:

Physical Location:

Name of Licensee Providing Supervision: License Number:

TRAINEE PROFESSIONAL FITNESS QUESTIONS (AS 08.42.085)

- 1. Have you ever been arrested?
2. Have you been convicted of a crime or are you currently charged with committing a crime?
3. Are you aware of any investigations against you, in any state, jurisdiction or in Canada?
4. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?
5. Are your rights to obtain or exercise the privileges granted by a Mortuary Sciences trainee permit and/or license currently revoked or suspended in this state, another state, or Canada?
6. Have you ever secured or attempted to secure a permit/license through deceit, fraud, or intentional misrepresentation?
7. Have you ever failed to comply with a Board or Division order?

**TRAINEE PERSONAL HISTORY QUESTIONS (AS 08.42.085)**

**Within the last five years:**

**YES      NO**

- 8. Have you been or are you currently being treated for bipolar disorder, schizophrenia, paranoia, Psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? .....
- 9. Have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates or habit forming drugs? .....
- 10. Have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to provide mortuary services? .....

A "yes" answer may not prejudice your application, failure to report honestly may.

**If you answered "yes" to any of the above questions (1 – 7), you MUST submit a full explanation of the circumstances of the event(s) in your own words on a separate piece of paper. Also, you MUST submit any/all supporting documents that are applicable (court records including charging documents, judgments, certificate of completion, Board actions, investigation notices, etc.)**

**If you answered "yes" any of the above questions (8 – 10), you MUST also submit documentation from your health care provider stating their relationship to the issue of concern and attesting to your ability to provide mortuary sciences services.**

**TRAINEE AND SUPERVISOR:** By signature below, we acknowledge that training may not begin until the required permit from the State of Alaska has been received and that no hours will be credited outside the issue and expiration date of the permit. We further acknowledge and agree that training will take place only when the above-named supervisor is on the premises of the establishment named in this application.

We further certify that the information in this application is true and correct and that any false or misleading information may result in failure to issue the permit or revocation of the permit.

\_\_\_\_\_  
Signature of Applicant (Trainee)

\_\_\_\_\_  
Signature of Embalmer Supervisor

SUBSCRIBED AND SWORN TO before me on \_\_\_\_\_(date).

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_



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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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**EMBALMER SPONSOR AND SUPERVISION PROPOSAL FORM**

This form must be completed and signed by the Alaska-licensed embalmer 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 an embalmer 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 an embalmer trainee's first six months of apprenticeship training, the sponsor will be present and provide direct supervision during each entire embalming process. For the remainder of the apprenticeship training, the sponsor will be present for the beginning of each embalming and available for consultation during or after the procedure; 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 activities  
 Sponsor's Name  
 of \_\_\_\_\_. I currently hold Alaska Embalmer License # \_\_\_\_\_,  
 Trainee's Name  
 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  
 embalmer 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 embalming process  
 as required.

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Trainee's Signature

\_\_\_\_\_  
 Date



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**EMBALMER TRAINEE CASE REPORT**

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure (AS 08.42.050)

**Please type or print. Case Reports with illegible writing will be returned.**

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

Full Name of Trainee: \_\_\_\_\_ Trainee Permit No.: \_\_\_\_\_  
 Full Name of Sponsor: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Report for the quarter (circle one): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>  
 Quarter date: \_\_\_\_\_ TO \_\_\_\_\_

**CASE IDENTIFICATION:**

Case No. \_\_\_\_\_ Date of Embalming Operation: \_\_\_\_\_  
 Time and Date Started: \_\_\_\_\_ Time and Date Completed: \_\_\_\_\_

**IDENTIFICATION OF DECEASED:**

Name of Deceased: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  
 Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Cause of Death: \_\_\_\_\_  
Month Day Year  
 Place of Death: \_\_\_\_\_ Approx Weight: \_\_\_\_\_ Approx Height: \_\_\_\_\_

**PRE EMBALMING CONDITION OF BODY (check all that apply):**

Normal  Decomposing  External/Internal Wounds  Jaundice  Rigormortis  
 Mutilation  Tumor/Ulcer  Skin Slip  Odor  Discoloration  Gangrene  
 Purge  Tissue Gas  Surgery  Edematous/Dropsical  
 Autopsy Partial or Full (describe) \_\_\_\_\_  
 Organ and /or Tissue Donor (describe) \_\_\_\_\_

**EMBALMING**

Time between death and embalming: \_\_\_\_\_  
 Body Refrigerated?  YES  NO If YES, location of refrigeration: \_\_\_\_\_  
 Features Set:  YES  NO  
 Arteries Used for Injection: \_\_\_\_\_ Veins Used for Drainage: \_\_\_\_\_  
 Method of Injection:  Machine  Gravity  Hand Pump  
 Fluids Used: (trade name and index) a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
 Amount of Fluid Used: \_\_\_\_\_ Other supplemental chemicals or fluids used: \_\_\_\_\_

**EMBALMING CONTINUED**

Cavity Treatment Done?  YES  NO Cavity Fluid Name: \_\_\_\_\_ Ounces Injected Undiluted: \_\_\_\_\_

Vicera Treatment:  YES  NO Suturing (describe): \_\_\_\_\_

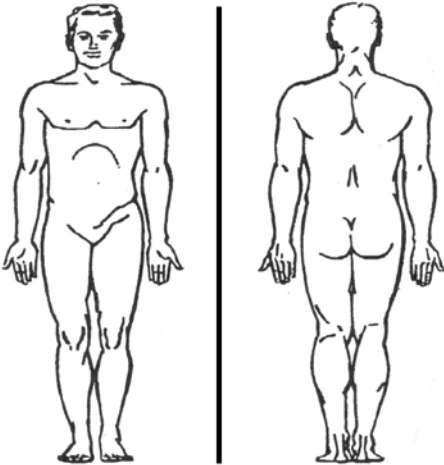
Instrument Disinfection:  YES  NO

Method Used for Disposal of Hazardous Materials:  Bio Hazard Bag  Sharps  Soiled Linen  Other

Universal Precautions Used:  Gloves  Mask  Gown  Face/Eye Shield  Shoe Covering

Did any of the following occur during embalming?  Clearing  Firming  Purge  Leakage  
 Distention of face or hands  Vascular problems

How were any problems encountered, rectified? \_\_\_\_\_



Indicate on chart all identifying scars, moles, birthmarks, tattoos, missing digits, and special body characteristics:

**Description of items marked on chart**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Condition of body at completion of embalming: \_\_\_\_\_ On second day: \_\_\_\_\_

At time of service: \_\_\_\_\_ Comments: \_\_\_\_\_

**RESTORATIVE AND COSMETIC TREATMENT, DRESSING AND CASKETING OF REMAINS**

**(write a brief explanation of each):**

Describe Special Restorative Treatments: \_\_\_\_\_

Describe Cosmetic Application: \_\_\_\_\_

Cosmetics Used: \_\_\_\_\_

Hair styling \_\_\_\_\_

Clothing \_\_\_\_\_

Jewelry/Other items (List all jewelry items, wedding rings, watches, glasses, personal items, etc.): \_\_\_\_\_

Remained on Deceased

Returned to Family

Describe Dressing of Remains: \_\_\_\_\_

Other treatment or comments: \_\_\_\_\_

Restorative and cosmetic treatment, dressing, and casketing by \_\_\_\_\_

Assistant \_\_\_\_\_

\_\_\_\_\_  
Signature of Trainee Date

\_\_\_\_\_  
Signature of Supervisor Date



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EMBALMER TRAINEE CASE REPORT - EXTENSION REQUEST

12 AAC 50.200(d) requires six case reports of embalmings performed by a trainee during the previous quarter to be submitted to the division every three months of an embalmer trainee's apprenticeship. If good cause is shown, the division may grant an extension of time to complete this requirement.

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 embalmer 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 \_\_\_\_\_

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\_\_\_\_\_ Number Quarterly Reports Submitted Timely \_\_\_\_\_ Number 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 EMBALMER APPRENTICESHIP TRAINING

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

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

- s/he completed at least 24 embalmings 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: \_\_\_\_\_

Actual training completed (please state type and number of embalmings, removals, or other duties performed): \_\_\_\_\_

Sign Here [arrow]

Signature of Supervisor License Number

Date

SUBSCRIBED AND SWORN TO before me on (date)

Notary Public, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**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 in 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 direct 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.