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, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2691 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/pmor.htm

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.

CONTINUED ON REVERSE

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 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

Email Address (optional): _____

Please send correspondence via: ☐ Email ☐ US Mail

Telephone – Business: _____ Home: _____

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)

		YES	NO
1.	Have you ever been arrested?	☐	☐
2.	Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.	☐	☐
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 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 Funeral Director 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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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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FUNERAL DIRECTOR 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 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.: _____

Full Name of Sponsor:_____ License No.:_____

Report for the quarter (circle one): 1st 2nd 3rd 4th

Quarter date: _____ TO _____

CASE IDENTIFICATION

Case No:_____ 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: _____ /_____ /_____ Place of Death: _____
Month Day Year

Primary Cause of Death: _____

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

Who helped decide method of burial/disposition of remains: _____

TYPE OF FUNERAL SERVICE (Check all that apply):

☐ Full Service Funeral ☐ Calling/Visitation Hours ☐ Memorial Service ☐ Graveside Service ☐ Direct Cremation

Date of Funeral Service: ____ /_____ /_____ Place of Funeral Service: _____
Month Day Year

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 State

FUNERAL PARTICIPATION (Check all items performed by Trainee):

A. Removal of remains:

Place of removal_____

- ☐ Accompanied supervisor on first call
- ☐ Assisted in making arrangement appointment
- ☐ Discussed necessary clothing and information needed for arrangements
- ☐ Secured information from place of removal (hospital, nursing home, etc.

B. Funeral Arrangements

- ☐ Present in arrangement room
- ☐ Prepared newspaper notices
- ☐ Completed death certificate
- ☐ Filed death certificate and secured permits
- ☐ Assisted in music arrangements
- ☐ Made cemetery arrangements
- ☐ Made arrangements for and ordered outer receptacle

C. Final Setup Details

- ☐ Assisted in placing the casket in visitation room
- ☐ Received friends and family during visitations
- ☐ Seated guests
- ☐ Assisted in setting up visitation room (flowers, pictures, etc.)

Write a brief explanation of your involvement in arrangement of visitation room:

_____

_____

_____

_____

_____

D. Merchandising

- ☐ Was present during merchandise selection OR observed casket/urn sale
- ☐ Observed sale of outside container
- ☐ Observed selection of clothing
- ☐ Recorded merchandise sold
- ☐ Observed pricing methods
- ☐ Discussed service cost with employer
- ☐ Prepared funeral service statement

Write a brief explanation of what merchandise was selected:

_____

_____

_____

F. Funeral Service

- ☐ Assisted in directing service
- ☐ Assisted the family and relatives
- ☐ Seated guests
- ☐ Drove hearse, service car, family car
- ☐ Assisted in directing casket bearers & honorary groups
- ☐ Assisted in the committal service & cemetery details

Write a brief explanation of your involvement with the service: _____

_____

Additional services offered and/or provided: _____

_____

Additional comments:_____

_____

Supervisors, please read this report before signing!!!

Trainees: It is highly unlikely that you did a removal, conducted the funeral and buried all in the same day. Please re-check the dates on your list.

➡ _____ ➡ _____

Signature of Trainee Date Signature of Supervisor Date

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FUNERAL DIRECTOR TRAINEE CASE REPORT - EXTENSION REQUEST

12 AAC 50.200(d) requires six case reports of funeral arrangements performed by a trainee during the previous quarter to be submitted to the division every three months of a funeral director 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 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 apprentice-ship 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: _____

 CONTINUED ON REVERSE

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 of 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.