



South Carolina Board of Funeral Service

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4497 • Contact.Funeral@llr.sc.gov

llr.sc.gov/fs

**FUNERAL DIRECTOR/EMBALMER APPRENTICE CERTIFICATE
REQUIREMENTS AND INSTRUCTIONS**

To review the complete regulations, visit: <https://www.scstatehouse.gov/coderegs/Chapter%2057.pdf>

Apprenticeship requirements:

- (1) An apprentice embalmer or funeral director must serve an apprenticeship of not less than twenty-four (24) months. Apprentice embalmers and funeral directors must be full-time employees as defined in this chapter;¹ working under the direct supervision of a funeral director for funeral director apprentices or embalmer for embalmer apprentices who is licensed in South Carolina.
- (2) During the course of the apprenticeship, an apprentice must submit reports of his or her funeral activities, indicating the actual number of funerals that he or she has assisted with and in what preparation he or she assisted with. All apprentices must report to the Board quarterly upon the forms provided by or approved by the board indicating all work completed during the reporting period.
- (3) The apprentice must report quarterly, regardless of whether or not there has been any activity during the quarter. March 31, June 30, September 30 and December 31 are the due dates for quarterly reports for reporting purposes. Quarterly reports must be submitted to the office of the Board Administrator no later than thirty (30) days after the deadline. It is the sole responsibility of the apprentice to ensure that quarterly reports are received in the office of the Board Administrator. Quarterly reports not received on time may not be accepted for credit toward completion of the apprenticeship. In no case shall an apprentice be permitted to complete his or her apprenticeship unless the reporting requirement is met.
- (4) The apprentice embalmer or funeral director must conduct all embalming and funeral direction activities under the direct supervision of the designated supervising licensee as approved by the Board. When the apprentice is assisting with funeral directing activities or embalming activities, the supervisor must be present.
- (5) If the apprentice leaves the supervision of the licensee in whose service he or she has been engaged, the supervisor shall give the apprentice an affidavit showing the length of time served toward completion of the apprenticeship. The apprentice must request and obtain permission from the Board to change supervisors by completing a Change of Supervisor/Location Application and receiving approval to change supervisors from the Board.
- (6) To complete his or her apprenticeship, an apprentice embalmer or funeral director must assist in the embalming of at least fifty (50) cases for an apprentice embalmer or assist the funeral director in at least fifty (50) funerals for an apprentice funeral director. The apprentice embalmer or apprentice funeral director must document all embalming and funeral cases that he or she assists in during the apprenticeship period.
- (7) A certificate of apprenticeship is renewable twenty-four (24) months after registration for an additional twelve (12) months. A certificate of apprenticeship may not be renewed more than three (3) times.
- (8) If an apprentice does not become licensed as a funeral director or embalmer within five (5) years of completing his or her apprenticeship, the Board may require the applicant to complete all or part of the apprenticeship period.

¹ “Full-Time Employee” means a person whose work schedule requires that the employee be present a minimum of thirty-five (35) hours per week for the entire normal year of operation. S.C. Code Ann. Regs. 57-01(D).

(9) If an apprentice embalmer or funeral director does not complete his or her apprenticeship within five (5) years from the date of application, the Board may require the applicant to complete all or part of the apprenticeship period.

When submitting an application to the Board's Office for a funeral director, embalmer, or funeral director/embalmer apprentice certificate, the requirements are as follows:

Complete the apprentice application form and submit the following with it:

- Check or money order made payable to LLR-Board of Funeral Service
 - \$50 – Apprentice Funeral Director
 - \$50 – Apprentice Embalmer
 - \$100 – Apprentice Funeral Director/Embalmer
 - \$100 – Apprentice Funeral Director Extension
 - \$100 – Apprentice Embalmer Extension
 - \$200 – Apprentice Funeral Director/Embalmer Extension

- Copy of your valid Driver's License, State-Issued ID, Passport or Military ID
- Copy of your social security card
- A 2"x2" color photo (Passport Type Photo) less than 6 months old
- Official Statewide Background check from your state(s) of residence covering the past 5 years. (South Carolina residents must use www.sled.sc.gov)
- Supervisor/Location Funeral Director/Embalmer Form
- Legal documentation for name change (marriage cert, divorce decree, court order, etc.), if applicable

STATEWIDE BACKGROUND CHECK

Please provide a statewide background check from the state(s) you have resided in for the past five (5) years. An applicant for licensure as an embalmer/funeral director must not have been convicted of a violent crime or found guilty of a felony or crime of moral turpitude. (S.C. Code Ann. § 40-19-230)

If for any reason you must appear before the Board the completed application packet must be in our office no later than **10 business days** prior to the Board meeting date if you wish to be on the Board meeting agenda. You can find Board meeting dates on our website here: <https://llr.sc.gov/fs/cal.aspx>

Processing time (initial review of items submitted) may take between 7-10 business days after your application has been received in our office. Please log-in at the below link to check your application status.

<https://eservice.llr.sc.gov/SSO/>

Quarterly Report Forms, Change of Supervisor/Location Forms and Affidavit of Completion of Apprenticeship Forms may be found at: <https://llr.sc.gov/fs/pub.aspx>



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APPLICATION FOR APPRENTICE FUNERAL DIRECTOR AND/OR EMBALMER CERTIFICATE

Include with your application:

- Application fee in the form of a check or money order (no cash) made payable to LLR-Board of Funeral Service. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)

Type of Apprentice Application (check one):

- \$50 – Funeral Director \$100 – Funeral Director Extension
- \$50 – Embalmer \$100 – Embalmer Extension
- \$100 – Funeral Director/Embalmer \$200 – Funeral Director/Embalmer Extension

- Copy of your valid Driver’s License, State-Issued ID, Passport or Military ID
- Copy of your Social Security card
- Current 2x2 color passport-like photograph
- Official STATEWIDE background check from your state(s) of residence covering the past 5 years (South Carolina residents must use www.sled.sc.gov)
- Supervisor/Location Funeral Director/Embalmer Form
- Legal documentation for name change (marriage cert., divorce decree, court order, etc.), if applicable

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Have you ever legally changed your name, including marriage or divorce? Yes No Prior Name: _____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

For SC Residents only: County: _____ Congressional District: _____
To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

PRIOR LICENSURE

List **any** current or prior funeral director or embalmer licensure information you have in SC or elsewhere. If you have had any type of disciplinary action, attach a detailed explanation. Feel free to attach an additional sheet, if necessary.

License Type: _____ State: _____ License No.: _____

Date Licensed: _____ Status: _____
(Active, lapsed, disciplined, etc.)

License Type: _____ State: _____ License No.: _____

Date Licensed: _____ Status: _____
(Active, lapsed, disciplined, etc.)

License Type: _____ State: _____ License No.: _____

Date Licensed: _____ Status: _____
(Active, lapsed, disciplined, etc.)

PRIOR RESIDENCES

List all places of residence during the last five years, beginning with the most recent. (Attach additional sheet, if needed)

ADDRESS	From (mo/yr)	To (mo/yr)

EMPLOYMENT

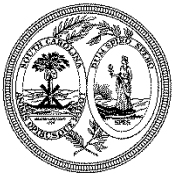
List **all** places of employment, even if not funeral related, for the past five years. List present employment first. Include current and past positions with funeral homes, if applicable. (Attach additional sheet, if needed)

COMPANY NAME	ADDRESS	POSITION	From (mo/yr)	To (mo/yr)

PERSONAL HISTORY

Answer the following questions. Attach detailed additional information for any “Yes” answers.

- Have you ever had any license to practice in the funeral profession in this or any other state or jurisdiction canceled, revoked, suspended or otherwise disciplined? Yes No
- Have you ever had any other license to practice a regulated profession or occupation in this or any other state or jurisdiction canceled, revoked, suspended or otherwise disciplined? Yes No
- Have you ever been convicted of or pled guilty or nolo contendere to a violent crime, a felony, or a crime involving drugs or moral turpitude? Yes No
- Have you read and understood the South Carolina Funeral Service Laws and the Rules and Regulations of the Funeral Board? Yes No



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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APPRENTICE SUPERVISOR AND LOCATION FORM

APPRENTICE INFORMATION

Name: _____ License No.: _____
Initial applicants use "pending"

FUNERAL HOME INFORMATION

Funeral Home Name: _____

Permit No.: _____ Phone No.: _____

Physical Address: _____

Mailing Address: _____

This is to acknowledge the understanding that an apprentice is required to work full-time with a minimum of 35 hours a week. The apprentice and supervisor/preceptor understand that the supervisor/preceptor must be present any time the apprentice is working for the apprentice to receive credit towards the apprenticeship.

Supervisor/Preceptor acknowledges the above named applicant/apprentice will, when properly registered, be associated with or engaged by me in the capacity of an apprentice. I will exercise proper direct supervision over and assume responsibility for his/her acts as an apprentice while associated with me, that to the best of my knowledge, he/she is a person of honesty, truthfulness and integrity and that I will personally appear before the Board in connection with this application if requested to do so.

Proposed Work Schedule: Please enter your proposed weekly work schedule below. (Ex. 9 am – 5 pm)

Table with 7 columns: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

Apprentice Signature:

Date

Supervising Funeral Director:

Supervising Funeral Director (Signature)

Funeral Director's License Number

Supervising Funeral Director (Print Name)

Date

Supervising Embalmer:

Supervising Embalmer (Signature)

Embalmer's License Number

Supervising Embalmer (Print Name)

Date

Funeral Home Manager:

Funeral Home Manager (Signature)

Funeral Home Manager's License Number

Funeral Home Manager (Print Name)

Date



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**APPRENTICE QUARTERLY REPORT
 FOR FUNERAL DIRECTOR AND/OR EMBALMER**

Certificate Type: Funeral Director Embalmer Dual

Name: _____ Certificate No.: _____ Date: _____

Reporting Period: From _____ through _____

Quarters are as follows: 1st: Jan, Feb, Mar 2nd: Apr, May, Jun 3rd: Jul, Aug, Sept 4th: Oct, Nov, Dec

Name and Address of Funeral Establishment: _____

All activities of an apprenticeship are important and every apprentice should have ample experience in the areas below. However, there are certain activities that are required for the certification of an apprenticeship.

Supervisors must be present during all tasks for either a funeral or embalming.

An Apprentice Funeral Director must assist with at least fifty (50) funerals in order to complete the apprenticeship. Twenty-five (25) of those funerals **MUST INCLUDE ALL** of the following activities: **A, D, F, G, and H (in bold) performed with the same funeral.**

An Apprentice Embalmer must assist with at least fifty (50) bodies in order to complete the apprenticeship. Twenty-five (25) of those bodies **MUST INCLUDE ALL** of the following activities: **N, O, P, Q, T, U, and X (in bold) performed on the same body.**

Funeral Directing

Embalming

- A.** Arranging with family and clergy
- B. Preparing obituaries
- C. Arranging funeral procession
- D.** Arranging for transportation of decedent, to include obtaining the proper documentation
- E. Checking and arranging flowers
- F.** Selling of funeral service, to include preparing funeral service purchase agreement and presenting general price list to family
- G.** Conducting funeral service
- H.** Preparing death certificate
- I. Preparing correspondence and maintaining bookkeeping
- J. Receiving visitors
- K. Observing sale and coordination of pre-need
- L. Arranging for cremation, to include acquiring appropriate documentation, verifying cremation authorization, and coordinating efforts with coroner's office and crematory

- M. Bathing and creaming face
- N.** Posing features
- O.** Mixing fluids
- P.** Raising vessels
- Q.** Injecting fluids
- R. Hypodermic treatment
- S. Preparing of autopsied body
- T.** Suturing incisions
- U.** Trocar cavity treatment
- V. Applying cosmetics
- W. Restorative art procedures
- X.** Dressing and casketing of decedent

The apprentice must keep a record of the names of the deceased and the work done in each case. List the name of the deceased, the date on which the activities were first engaged, and the type of activity. Please include additional sheets, if necessary.

	Name	Date	Activity	
			Funeral Directing	Embalming
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

IMPORTANT REQUIREMENT: The supervisor/preceptor of record is the supervisor that is allowed to sign your quarterly reports. Your supervisor(s) must sign for both funeral director and embalmer on every report if you are serving a dual apprenticeship. **All signatures are required to process this report.**

Signature of Apprentice

Date

Print Name

I hereby certify that the statements above are true and correct to the best of my knowledge and belief:

Signature of Funeral Director Supervisor

FD License No.

Signature of Embalmer Supervisor

Embalmer License No.

The supervisor of record is the only supervisor that should be signing the form.

This report must be returned to the Board of Funeral Service, PO Box 11329, Columbia, SC 29211-1329, **within 30 days after the close of each quarter or your report will not be accepted.** Quarterly reports may be emailed **in PDF format only** to Contact.Funeral@llr.sc.gov. Quarterly reports **are not** acceptable by fax.