



South Carolina Department of Labor, Licensing and Regulation
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 • Fax: 803-896-4554
llr.sc.gov/fs

APPLICATION FOR APPRENTICE EXTENSION FUNERAL DIRECTOR AND/OR EMBALMER CERTIFICATE

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

Submit the following with your application:

- Check or money order made payable to LLR-Board of Funeral Service (Fees are non-refundable and non-transferrable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. NO CASH IS ACCEPTED.

Type of Application (check one):

- ☐ \$130 – Apprentice Funeral Director Extension ☐ \$130 – Apprentice Embalmer Extension
☐ \$260 – Dual Apprentice Funeral Director & Embalmer Extension
- Copy of your valid Driver's License, State Issue ID, Passport, or Military ID
 - Apprenticeship Supervision Attestation
 - Legal documentation for name change (marriage cert., divorce decree, court order, etc.), if applicable

I. APPLICANT INFORMATION:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Since your initial application have you legally changed your name? ☐ Yes ☐ No Prior Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, court order, etc.)

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

Mailing Address: _____ City: _____ State: _____ Zip: _____

(If different than above)

Phone: _____ Email Address: _____

II. APPRENTICE CERTIFICATE INFORMATION

Apprenticeship Certificate Number: _____ Original Date of Issue: _____

Prior Extension Dates: _____

III. PERSONAL HISTORY

All questions must be answered. For any “Yes” answers, attach a detailed explanation and submit any supporting documentation such as court dispositions, board orders, etc.

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|---|-----|----|
| 1. Since your initial application, have you had any license to practice in the funeral profession denied, suspended, revoked, and/or surrendered by the licensing authorities in this or any other state or jurisdiction? | YES | NO |
| 2. Since your initial application, have you had any other business or professional license of any type suspended, revoked or surrendered in this or any other state or jurisdiction? | YES | NO |
| 3. Since your initial application, have you been convicted of or pled guilty or nolo contendere to a felony, a crime involving drugs, or a crime that directly relates to the duties, responsibilities, or fitness for being an embalmer or a funeral director? INSTRUCTIONS: <u>Include</u> any convictions for which you have been pardoned and specifically identify the conviction(s) you received pardons for, the dates of those pardons, and include a copy of the pardon. <u>Exclude</u> any convictions for which you have received an expungement or for which you received a non-judicial punishment from the military (a.k.a. an Article 15 or “Captain’s Mast”). | YES | NO |

IV. OATH & ATTESTATION

I do solemnly swear by that which I hold most sacred; that I shall be loyal to the Funeral Service Profession, and just and generous to its members; that I shall not let the constant relationship and familiarity with death give me cause to yield to carelessness or to violate my obligation to society or to the dignity of my profession. That I shall obey the Civil Laws; that I shall not divulge professional confidences; and that I shall be faithful to those who have placed their trust in me. While I continue to keep this oath inviolate, may it be granted to me to enjoy honor in my life and in my profession; and may I be respected by all people for all time.

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that the information provided or in connection with this application may be investigated and verified, and false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

I hereby represent and warrant to the Board that I will, at all times, comply with the South Carolina Funeral Services Laws and Regulations.

Applicant Signature

Date

PRIVACY DISCLOSURE:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with the South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



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APPRENTICESHIP SUPERVISION ATTESTATION

Apprentice Applicant Name: _____ Certificate No.: _____

SUPERVISOR INFORMATION

Direct supervision by the designated supervising licensee is required when the apprentice is assisting with embalming and/or funeral directing services. Direct supervision means the supervisor must be present on the premises and readily available.

Supervising Licensee Name: _____ License No.: _____

License Type: ☐ Funeral Director ☐ Dual Funeral Director and Embalmer

Facility Name: _____ License No.: _____

Facility Manager Name: _____

Facility Phone: _____ Contact Email: _____

Supervising Licensee Name: _____ License No.: _____

License Type: ☐ Embalmer

Facility Name: _____ License No.: _____

Facility Manager Name: _____

Facility Phone: _____ Contact Email: _____

APPRENTICE EMPLOYMENT

I, the named Supervisor(s), attest to the above-named apprentice applicant being a full-time employee at the above listed facility. I understand that full-time employment means a work schedule of no less than thirty-five (35) hours per week for the entire normal year of operation.

TRAINING

I, the named Supervisor(s), attest that during the duration of the 24-month apprenticeship program, the above-named apprentice applicant will assist me in no less than 50 cases of embalming and/or 50 cases of funeral directing services. Of the 50 cases, 25 cases **must include performing in each of those cases all** of the specific tasks indicated below in bold:

<u>Funeral Directing</u>	<u>Embalming</u>
<u>A.</u> Arranging with family and clergy	M. Bathing and creaming face
B. Preparing obituaries	<u>N.</u> Posing features
C. Arranging funeral procession	<u>O.</u> Mixing fluids
<u>D.</u> Arranging for transportation of decedent, to include obtaining the proper documentation	<u>P.</u> Raising vessels

E. Checking and arranging flowers	<u>Q.</u> Injecting fluids
<u>F.</u> Selling of funeral service, to include preparing funeral service purchase agreement and presenting general price list to family	R. Hypodermic treatments
<u>G.</u> Conducting funeral service	S. Preparing of autopsied body
<u>H.</u> Preparing death certificate	<u>T.</u> Suturing incisions
I. Preparing correspondence and maintaining bookkeeping	<u>U.</u> Trocar cavity treatment
J. Receiving visitors	V. Applying cosmetics
K. Observing sale and coordination of pre-need	W. Restorative art procedures
L. Arranging for cremation, to include acquiring appropriate documentation, verifying cremation authorization, and coordinating efforts with coroner's office and crematory.	<u>X.</u> Dressing and casketing of decedent

I, the named Supervisor of the named apprentice applicant, certify that the above attestations are true and correct.

Signature of Supervisor

Date