



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

APPRENTICE FUNERAL DIRECTOR AND/OR EMBALMER CERTIFICATE REQUIREMENTS AND APPLICATION PROCESS OVERVIEW

Before calling in to the Board Office – You may check your application status online at: <https://llr.sc.gov/fs/>

CERTIFICATE REQUIREMENTS

A person is qualified to receive an **Apprentice Funeral Director** certificate when the following requirements are met:

1. Be at least 18 years of age or older.
2. Be a full-time employee in a Board approved facility, working under the direct supervision of a SC licensed Funeral Director.
3. Provide the Board with an official statewide criminal background check for every state you have resided in within the past 5 years.

A person is qualified to receive an **Apprentice Embalmer** certificate when the following requirements are met:

1. Be at least 18 years of age or older.
2. Be a full-time employee in a Board approved facility, working under the direct supervision of a SC licensed Embalmer.
3. Provide the Board with an official statewide criminal background check for every state you have resided in within the past 5 years.

A person is qualified to receive a dual **Apprentice Funeral Director and Embalmer** certificate when all the above requirements have been met.

APPLICATION PROCESS OVERVIEW

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 resubmit the application. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

1. Application – In addition to a completed application, the following must also be sent:

- **Application Fee:** Checks or money orders should be made out to SC Board of Funeral Service. (Fees are non-refundable and non-transferable) A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
 - \$65 for Apprentice Funeral Director certificate only
 - \$65 for Apprentice Embalmer certificate only
 - \$130 for dual Apprentice Funeral Director and Embalmer certificate
- **Identification:**
 - Copy of your valid driver's license, state issued ID, passport or military ID
 - Copy of Social Security card
- **Notarized [Verification of Lawful Presence Form](#)**
- **[Apprenticeship Supervision Attestation Form](#):** Form must be completed and signed by supervising licensee(s) and Funeral Home Manager.
- **[Legal documentation of name change](#)** (marriage certificate, divorce decree, etc.)

- **Background Check:** A statewide background check from the state(s) you have resided in for the past five (5) years is required. If a conviction(s) is reported, the applicant is to provide a written explanation on the matter. Applicants with prior criminal convictions will be reviewed on a case-by-case basis and may require an appearance before the Board.
- **Personal History Questions:** For any “Yes” answer in the Personal History section, you must provide a [detailed statement of the events](#) surrounding the conviction(s), denial or discipline of licensure, including all pertinent information (such as charges, dates, locations, and sentences). Provide copies of any case, file or licensing documents or records showing the final disposition, if applicable.

2. Documents to be sent directly to the Board from issuing agency/institution

- **Certification of Licensure:** Contact each state jurisdiction you are currently or have previously been licensed with and have the certificate of licensure sent directly to the Board office via email at contact.funeral@llr.sc.gov or mail.
- 3. Issuance of Certificate** – Upon receipt of a complete application, the Board office will send notification of apprentice certification. A copy of the certificate may be printed from the Online Portal at <https://eservice.llr.sc.gov/PocketCard/>. A physical copy of the certificate will be mailed to the mailing address indicated on the application.
 - 4. Apprenticeship Maintenance** – In order to maintain an apprentice certification with the Board, review the [Apprenticeship Program Overview](#).



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APPLICATION FOR APPRENTICE 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):

- ☐ \$65 – Apprentice Funeral Director ☐ \$65 – Apprentice Embalmer
☐ \$130 – Dual Apprentice Funeral Director and Embalmer
- Copy of your valid driver's license, state issued ID, passport or military ID
 - Copy of your Social Security card
 - Notarized [Verification of Lawful Presence Form](#) (attached)
 - [Apprenticeship Supervision Attestation Form](#)
 - Official statewide background check from your state(s) of residence covering the past 5 years (South Carolina residents must use <https://www.sled.sc.gov/>).
 - Legal documentation for name change (marriage cert., divorce decree, court order, etc.), if applicable

Have submitted directly to the Board office address above from the issuing agency:

Documentation may be sent from the issuing agency via email to contact.funeral@llr.sc.gov or mailed to the address above:

- Certification of Licensure, if applicable

I. APPLICANT INFORMATION

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

Have you ever legally changed your name? ☐ Yes ☐ No Prior Name/Alias: _____

If yes, you are required to enclose a copy of the legal document indicating the official change.

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

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

(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

For statistical purposes only: Race: _____ Gender: ☐ Female ☐ Male

II. 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)

III. PRIOR LICENSURE

List all states in which you have been licensed to practice funeral service or embalming in; regardless of status: Active, Inactive, Expired, etc. You will need to contact each licensing agency and request of Certification of Licensure be sent directly to the Board. Attach additional sheets if needed.

State	License Type	License Number	Expiration Date

IV. PERSONAL HISTORY

All questions must be answered. You must complete the [Explanation Form](#) for any “Yes” answers. Provide copies of any case, file or licensing documents or records showing the final disposition, if applicable.

1. Have you ever 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. Have you ever had any other business or professional license of any type suspended, revoked, and/or surrendered in this or any other state or jurisdiction? ☐ Yes ☐ No
3. Have you ever 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? ☐ Yes ☐ No

Instructions: Include 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. Exclude 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”).

OATH AND 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

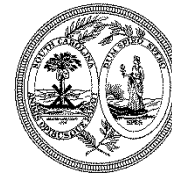
I, the named Supervisor of the named apprentice applicant, certify that the above attestations are true and correct.

Signature of Supervisor

Date



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)