

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**FUNERAL SERVICE INTERN**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**In addition to submitting a completed application, complete the following:**

1. Submit a copy of your high school diploma, or a copy of your GED, equivalent or an official transcript documenting a degree of higher education.  
  
**Note:** Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.
2. Submit the "Verification of Association or Disassociation of Funeral Service Intern" form (*attached to this application*) completed by the supervising funeral service director.
3. Submit an **\$85.00** non-refundable application-processing fee, made payable to "DOPL."

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Law Examination:** Enclosed as part of this application is the take-home Utah Funeral Service Law Examination. Return the completed examination with your application for licensure. Do not submit it separately.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ❑ Division of Occupational and Professional Licensing Act
  - ❑ General Rules of the Division of Occupational and Professional Licensing
  - ❑ Funeral Services Licensing Act
  - ❑ Funeral Services Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
  3. **License Renewal:** Funeral service intern licenses are granted only for a period of two years. After two years, if the intern has not qualified for licensure as a funeral service director, the intern license may be reissued for one additional two-year term upon approval by DOPL in collaboration with the funeral services board. Thereafter the person must qualify for licensure as a funeral service director.
  4. **Qualified Professional Education:** Once licensed as a funeral service director, you will be required to complete twenty (20) hours of qualified professional education during each two-year renewal period as a condition of renewing the license.
  5. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
  6. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
  7. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.

8. **Submit Completed Application to:**

<b>By U.S. Mail</b>	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
<b>By Express Mail or In Person</b>	Division of Occupational & Professional Licensing 1 <sup>st</sup> Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

9. **Telephone Numbers:** (801) 530-6628 or (866) 275-3675 – Toll-free in Utah

# APPLICATION FOR LICENSURE

## FUNERAL SERVICE INTERN

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>				
Last Name:		First Name:		Middle Name:
Social Security Number:     -     -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:	
<input type="checkbox"/> Female				
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>	
License/Certificate Number: _____	
Date License/Certificate Approved: ___/___/___	
Approved By: _____	
Date License/Certificate Denied: ___/___/___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_ / \_\_\_ / \_\_\_\_\_

**EDUCATION REQUIREMENT:** *(Use additional sheets if necessary.)*

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ To \_\_\_\_\_  
Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ To \_\_\_\_\_  
Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ To \_\_\_\_\_  
Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_ / \_\_\_ / \_\_\_

**INTERN SUPERVISION:**

Name of Licensed Funeral Service Director Supervisor: \_\_\_\_\_

Funeral Service Director License Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(Continued on the next page.)*

Name of Licensed Funeral Service Establishment: \_\_\_\_\_

Funeral Service Establishment License Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**BLANK PAGE**  
**(FOR TWO-SIDED PRINTING)**

# FUNERAL SERVICE QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
11. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

(Continued on the next page.)

13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

# UTAH FUNERAL SERVICE LAW EXAMINATION

Answer each question. Do not leave any questions blank.

1. \_\_\_\_\_ Paying a hospice worker, police officer, nurse or doctor to secure a deceased human remain for disposition is “Unprofessional Conduct”?
  - a. False
  - b. True
  
2. \_\_\_\_\_ It is the responsibility of the funeral service intern to notify the division of any change in the intern’s supervising funeral service director?
  - a. False
  - b. True
  
3. \_\_\_\_\_ Any goods or services selected in the preneed contract which are not provided at the time of need, and any earnings accumulated become the property of the sales agent or funeral service director?
  - a. False
  - b. True
  
4. \_\_\_\_\_ After an intern is determined to have sufficient experience, direct supervision is no longer required during the remainder of the internship.
  - a. False
  - b. True
  
5. \_\_\_\_\_ How much time does a provider or sales agent have to deposit cash payments for the purchase of a pre-need funeral arrangement?
  - a. 7 calendar days
  - b. 7 business days
  - c. 10 calendar days
  - d. 10 business days
  
6. \_\_\_\_\_ A funeral service intern may be denied further licensure if the internship period lasts longer than 4 years?
  - a. False
  - b. True
  
7. \_\_\_\_\_ The number of embalmings required for an intern’s completion of the internship before qualification for licensure as a Funeral Director is:
  - a. 20
  - b. 40
  - c. 30
  - d. 50
  - e.
  
8. \_\_\_\_\_ Failing to accurately document, report and supervise the activities of a funeral service intern is considered “Unprofessional Conduct”?
  - a. False
  - b. True

*(Continued on the next page.)*

9. \_\_\_\_\_ Replacing body fluids in a dead human body with preserving and disinfecting chemicals is:
  - a. Calcination
  - b. Embalming
  - c. Entombing
  - d. Mummification
  
10. \_\_\_\_\_ Within each 2 year licensing period, a funeral service director is required to complete 20 hours of continuing education?
  - a. False
  - b. True
  
11. \_\_\_\_\_ Each funeral service establishment shall maintain an annual report of preneed trust funds and insurance?
  - a. False
  - b. True
  
12. \_\_\_\_\_ A funeral service director may supervise more than one intern at any given time?
  - a. False
  - b. True

## VERIFICATION OF ASSOCIATION OR DISASSOCIATION OF FUNERAL SERVICE INTERN

### TO BE COMPLETED BY THE SUPERVISING FUNERAL SERVICE DIRECTOR:

Pursuant to Utah Code 58-9-307(3) Supervision of a Funeral Service Intern:

Within 30 days after the day on which the supervisor-supervisee relationship between a licensed Funeral Service Director and a licensed Funeral Service Intern terminates, the Funeral Service Director shall furnish to DOPL a report of the performance of the Funeral Service Intern. The report shall be in a form and content as prescribed by DOPL.

Select one option below (A, B, or C) and complete the corresponding section:

- A. I am verifying the disassociation of a licensed funeral service intern, who was previously associated with me.

Name of Funeral Service Intern: \_\_\_\_\_

Address of Funeral Service Intern: \_\_\_\_\_

Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

Dates Supervised: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Satisfactory Performance

Unsatisfactory Performance

- B. I am verifying the association of a licensed funeral service intern.

Name of Funeral Service Intern: \_\_\_\_\_

Address of Funeral Service Intern: \_\_\_\_\_

Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

- C. I am verifying the association of an unlicensed funeral service intern.

Provide this form to the applicant to submit to DOPL with his/her application for licensure. Pursuant to Utah Administrative Code R156-9-402(9), a Funeral Service Director must assure each supervisee is appropriately licensed as a Funeral Service Intern prior to beginning the supervision. It is unlawful to employ a Funeral Service Intern prior to his/her becoming licensed.

Name of Funeral Service Intern: \_\_\_\_\_

Address of Funeral Service Intern: \_\_\_\_\_

Phone: \_\_\_\_\_

(Continued on the next page.)

Name of Responsible Licensed Funeral Service Director: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Funeral Service Establishment: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ License Number: \_\_\_\_\_

I do hereby certify that I am a licensed funeral service director in the state of Utah, and that the above information is accurate. I have read the current Funeral Service Licensing Act and Rules and understand the requirements of supervising an intern. I further certify that I have met all of the requirements of eligibility to be an approved funeral service director supervisor, and to the best of my knowledge there is no reason that I am not competent or qualified to supervise. I further certify that I will comply with all the requirements of laws and rules governing the practice of funeral service and that I am responsible to ensure that the person named as the applicant complies with the requirements of law and rule. I agree as provided by applicable law to notify DOPL within 30 days of the termination of the supervision of the intern and to provide a report on the performance of the intern during the period of supervision.

Signature of Supervising Funeral Service Director: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_