

Office use only:
0636 41701 \$25.00 Intern Permit

Oregon Mortuary and Cemetery Board
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**APPLICATION FOR AN OREGON INTERN APPRENTICE CERTIFICATE
WHILE ENROLLED IN AN ACCREDITED FUNERAL SERVICE EDUCATION PROGRAM**

As part of your application for an initial or renewed occupational or professional license, certification, or registration issued by the State of Oregon Mortuary and Cemetery Board (OMCB), it is mandatory that you provide your Social Security Number (SS #). The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your SS # will be a basis to refuse to issue or renew the license, certification, or registration. This record of your SS # will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your SS # appears on the face of the licenses, certificates, or registrations issued by OMCB, your SS # will remain on file with OMCB.

I hereby apply for an Oregon Intern Apprentice Certificate according to the provisions of ORS 692.190 and submit the following information as evidence of my qualifications for such licensure:

Print Name _____
(Last) (First) (Middle)

Current Physical Address: _____
(Street) (City & State) (Zip)

Home Phone # _____ Work Phone # _____

You are **REQUIRED** to provide all residences within the last ten years (including **current** residence). Please list below each residence along with the dates of residence. If necessary, please use a separate sheet of paper, including your name and signature.

Dates	Residential Street Address	City	State	Zip
mm/yy - mm/yy				
mm/yy - mm/yy				
mm/yy - mm/yy				

Birthplace _____ Date of Birth _____

SS # _____ Drivers License # or ID # / State _____

Have you ever used or been known by any other name(s)? Yes / No

If yes, list all names. Include aliases, maiden, married name(s): _____

Email Address: _____

Are you currently enrolled in a full-time, accredited funeral service education program? ____ If yes, provide the **name of school**, **date of entry**, and **date you plan to graduate**: _____

An intern apprentice is any student enrolled in an accredited funeral service education program who is serving his / her three-month internship under the supervision of a combination licensed funeral service practitioner / embalmer at a participating funeral establishment.

The **effective date** of the intern apprenticeship shall be the date the completed application and the required attachments are received and validated in the office of the Board, as stated in OAR 830-011-0020(7). Failure to complete the application or send the required documents with this application will result in the application being returned to the facility.

The **expiration date** of the intern apprentice certificate is June 30, except for students who make special arrangements to be enrolled in a summer internship program. The intern apprentice certificate is only valid while a student is enrolled in an accredited funeral service education program.

Background Information

You must answer completely and truthfully. (The mere presence of so-called “negative” information in your background is not automatically disqualifying. False statements and misrepresentations, whether by omission or commission, and whether with intent or no intent, are cause for refusal to issue an OMCB License, Certificate or Registration. The more forthright you are, the greater the likelihood your background will be completed in a timely and successful manner.)

You must sign, number and date the bottom of each supplemental page and / or document you provide.

If you fail to include all of the required information, staff will return your application as “Incomplete.”

1. Do you currently hold or have you **ever** held, or applied for, any type of occupational or professional license, certification, or registration in Oregon or any other state? **Yes or No:** _____
If “**Yes**,” list each one below and provide the current status of each.*

Licensee / Applicant Name	License Type	State	Status

2. As a licensee (or applicant) have you **ever** received a revocation, reprimand, warning, violation, suspension, fine, cancellation (or denial) by any city, county or state licensing agency? **Yes or No:** _____
If “**Yes**,” you must provide a complete copy of all notice(s), order(s) or charging document(s), and your detailed, complete and accurate written account(s) of the facts and circumstances of each event.*
3. Have you **ever** been arrested, charged or cited for anything other than traffic violations? **Yes or No:** _____
(DUI / DUII is not a traffic violation.) If “**Yes**,” you must provide your detailed, complete and accurate written account(s) of the facts and circumstances of each arrest or cite (include any dismissals).* If possible, attach a copy of the Citation or Report.
4. Have you **ever** been convicted of, or are you currently charged with, committing a crime whether or not adjudication was withheld? **Yes or No:** _____

If you answer “**Yes**,” please attach to this application: a) a signed, dated written statement explaining the circumstances of each incident; b) a copy of the charging document; and c) a copy of the official document which demonstrates the resolution of the charges or any final judgments. If not attached, the application may be considered incomplete and returned.

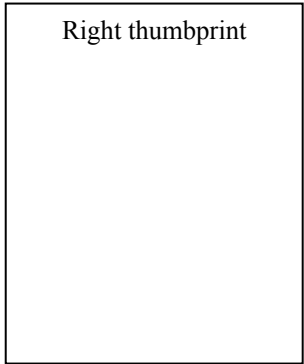
“Crime” includes a misdemeanor, felony or a military offense. (DUI / DUII is a criminal offense.)
“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.

5. Have you **ever** entered into a diversion agreement? **Yes or No:** _____
If “**Yes**,” provide your written, detailed, complete and accurate account of all the facts and circumstances of each diversion agreement.*
6. Do you have any charges or legal matters that are currently unresolved? **Yes or No:** _____
If “**Yes**,” you must provide a detailed, complete and accurate written account of the facts and circumstances of each matter currently unresolved.*

* When necessary, for each of the questions above, attach additional sheet(s) of paper for your responses.

You must sign, number and date the bottom of each supplemental page and / or document you provide.

Identification



Attach a photo here.

A photocopy of a photograph is not acceptable. Picture taken on or about _____, 20__.

AFFIRMATIVE ACTION

The Board is a health professional regulatory board as defined in ORS 676.160. Effective January 1, 2002, all health professional regulatory boards must maintain records of the racial / ethnic makeup of their applicants and licensees. Such boards must also endeavor to increase the representation of people of color and bilingual people on the boards and in the professions they regulate. Efforts to comply with these requirements must be reported to the Legislature on a biennial basis. Provision of the requested information is voluntary and not required. ORS 676.400(4). However, your voluntary cooperation will greatly assist the Board in its efforts to ensure universal access to high quality death care services in Oregon. This section does not appear in the renewal applications of those who have already provided racial and ethnic information.

Race / Ethnic Group (Please check all that apply.)

- Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.
 - African American (not of Hispanic origin): Persons having origins in any of the black racial groups of Africa.
 - Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
 - Native American or Alaskan Native: Persons having origins in any of the original peoples of America, and who maintain cultural identification through tribal affiliation or community recognition.
 - Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 - Other: _____
- LANGUAGES: Please list languages, other than English, in which you are proficient, including sign language.

Gender: Male Female

INTERN APPRENTICE INFORMATION

If approved, my **Intern Apprenticeship** will be served under _____
(Print Supervisor's name ↑)

at the _____
(Name, physical address, city, and license number of funeral establishment ↑)

It is planned that I will work from _____ to _____ on the following days of the week:
(hour) (hour)

(days of week ↑)

An intern apprentice is any student enrolled in an accredited funeral service education program who is serving his / her three-month internship under the supervision of a combination licensed funeral service practitioner / embalmer at a participating funeral establishment.

Intern apprentices shall serve their apprenticeships in accordance with the internship guidelines established by an accredited funeral service education program. Intern apprentices are only required to intern at a funeral home for 15 hours per week and may acquire six weeks credit toward completion of the twelve month embalmer apprenticeship.

If the intern apprentice is also serving an embalmer apprenticeship and is meeting the thirty hour a week requirement, then full credit shall accrue toward completion of the embalmer apprenticeship.

The intern apprentice certificate shall be issued to the applicant as an apprentice to a specified licensee. If the intern changes establishments or person to whom apprenticed, he / she shall file a request for approval of transfer with the Board immediately.

AFFIDAVIT OF LICENSEE

In the event an **Intern Apprentice Certificate** is granted to the above apprentice applicant,

I, _____, License Number, CO-_____,
(print Intern Supervisor's name ↑) (print License # ↑)

as a licensed embalmer / FSP in the State of Oregon for at least one year, agree to permit said applicant to serve his / her intern apprenticeship under my supervision, at the above named funeral establishment. **I understand** that I am responsible for monitoring my apprentice's training throughout their apprenticeship period. **I understand** that if my intern apprentice performs any preparations or makes any arrangements for a deceased person, I am responsible. **I understand** that I must be working at and located in the same licensed facility as the apprentice I am supervising. **I understand** that if I, or my intern, ceases work at the current facility, the intern certificate shall become null and void. It is my responsibility as supervisor to notify the Board's office in writing of any termination in apprenticeship.

(Intern Supervisor's signature)

(Date)

Please read the following before signing.

I hereby acknowledge that the foregoing information may be used in accordance with ORS 692.025(7), which provides that all applicants for licenses must consent to a background investigation. The information solicited may be from the Department of State Police, Department of Motor Vehicles, Credit information, personal references, previous employer interviews and other sources.

I authorize the use of my Social Security Number for obtaining necessary investigative background information.

I authorize an investigation of all statements made by me as well as my personal character, reputation and background which may include interviews of former employers, acquaintances and references, credit review, criminal record review, motor vehicle record review or other available information.

I understand that any misrepresentation or omission of fact on my application or supplementary background materials shall be cause for refusal to issue an Oregon License or Certificate.

I understand that an **incomplete application will be returned** to the facility.

I understand that a **\$25 fee** needs to accompany the application.

I certify that all statements I have made on this application and other supplementary materials are true and correct to the best of my knowledge and belief.

Finally, I agree to comply with Oregon's Laws and Administrative Rules pertaining to the Death Care Industry.

YOUR SIGNATURE MUST BE NOTARIZED.

(Signature of Applicant) (Date)

Before me personally appeared _____ who is known
(print applicant's name)

to be the identical person who **signed** this application on this date _____, 20__.

NOTARY SEAL

(Signature of Notary Public)

(County / State)