

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222
502-426-4589

FOR OFFICE USE ONLY

Apprenticeship

Fee: _____

B c e m p #: _____

Meeting: _____

Approval Y / N _____

Note: _____

Apprenticeship Application

Please check the appropriate box below for the apprenticeship that you wish to serve.

Per 201 KAR 15:030 Registration fee: \$100 for Embalming and \$100 for Funeral

Directing. The transfer fee is \$25.

This form must be typed. All spaces must be completed.

Embalming \$100

Funeral Directing \$100

Transfer \$25

Apprentice Name _____ Social Security # _____

Maiden/Previous Name _____ Date of Birth _____

Apprentice Phone _____ Apprentice Email: _____

Home Address _____

City _____ State _____ Zip _____

Funeral Home(on license): _____

License #: _____ Physical Address _____

City _____ Zip _____ County: _____

Establishment Phone _____ Date of employment: _____

Funeral Director Supervisor: _____ License #: _____

Supervisor Email: _____ # of current apprentices supervised _____

Embalmer Supervisor: _____ License #: _____

Supervisor Email: _____ # of current apprentices supervised _____

Name of High School diploma or GED Certificate Program _____

Earned _____ credit hours from an accredited college/university. (*Provide sealed transcripts*)

Earned Associate Degree in Funeral Service Funeral Service Diploma

(*Provide sealed transcripts*)

Have International Conference Scores been sent to the office? Yes No N/A

Name of College/University _____

Name of Mortuary College/University _____

Has the applicant ever served an embalmer or funeral director apprenticeship in the

Commonwealth of KY (even if incomplete): Yes No

Establishment _____ Start Date _____ End Date _____

Is the applicant a Surface Transport & Removal Permit holder? Yes No Permit # _____

Attach FBI report (not more than 90 days old). Explain any felony or misdemeanor findings or

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verdicts or entry of guilty plea or no contest on separate paper.

Is the applicant employed full-time at the funeral service establishment? [] Yes [] No

Is the applicant paid a regular salary per KRS 316.030(8) [] Yes [] No

Does the applicant have any other employment? [] Yes [] No

If "Yes", list other employer: _____ Hours worked there: _____

Affidavit of Apprentice

This is to certify that I wish to be registered as an Apprentice Funeral Director, Apprentice Embalmer, or both. I will devote at least 40 "normal" working hours per week to such services, which shall be my primary employment.

I _____ certify that the above statements are true.
Name of applicant

X

Applicant Signature

Affidavit of Employer

I (We) _____ and _____
Funeral Director Supervisor Signature Embalmer Supervisor Signature

certify that _____ is employed at said funeral home,
Apprentice

paid a regular salary and will devote at least 40 hours per week to said apprenticeship.

Subscribed and sworn to before me by _____

STATE OF _____ COUNTY OF _____, TO WIT:

Taken, subscribed and sworn to before me this ___ day of _____, 20__.

My commission expires: _____

X

Notary Public

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INCLUDE THE FOLLOWING WITH THE APPLICATION

- ____ FORWARD FACING PHOTO OF APPLICANT (NO FILTERS OR HATS)
- ____ COPY OF HIGH SCHOOL DIPLOMA OR GED CERTIFICATE
- ____ CERTIFIED, SEALED TRANSCRIPT FROM ACCREDITED COLLEGE/UNIVERSITY
- ____ CRIMINAL BACKGROUND REPORT (MUST BE LESS THAN 90 DAYS OLD)
- ____ EXPLANATION OF ANY FELONY/MISDEMEANOR VERDICTS