

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222
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Change of Apprentice Supervisor

In the event supervisors are replaced or changed during the course of the apprenticeship, this statement must be completed and submitted to this office. Refer to 201 KAR 15:050 regarding time frames for notification.

I hereby request that the name(s) of the supervisor(s) for my apprenticeship be changed as follows:

Original Supervisor for Funeral Directing

Name:

Signature:

License #:

Date:

Original Supervisor for Embalming

Name:

Signature:

License #:

Date:

Current Supervisor for Funeral Directing

Name:

Signature:

License #:

Date:

I have been a supervisor in the past 5 years:

Yes No # of current apprentices

Current Supervisor for Funeral Directing

Name:

Signature:

License #:

Date:

I have been a supervisor in the past 5 years:

Yes No # of current apprentices

Current Funeral Home Information

Name:

Apprentice Name:

Date:

Primary Email:

License #:

Signature:

As the current supervisor(s) I/we attest to the above changes and will supervise the above apprentice as directed in KRS 316.030 and 201 KAR 15:050.

Funeral Director Signature

Embalmer Signature

For office use				
Received:	Processed:	Payment: \$ N/A	Pay #:	Facilitator:
Notes:				