

Kentucky Board
of Embalmers and Funeral Directors
9114 Leesgate Rd Ste 4, Louisville, KY 40222
Office: 502-426-4589

Fee: _____

B e m p #: _____

Note: _____

Level II #: _____

Level II Apprentice Application

Dual (\$100) FD or EMB Only (\$50) Transfer Only (\$25)

COMPLETED CASE COUNT SHEET MUST ACCOMPANY APPLICATION

THIS FORM MUST BE TYPED. COMPLETE ALL AREAS

Name of registered apprentice: _____

Email: _____

Funeral Director Supervisor

Embalmer Supervisor

Registered FD Supervisor: _____ Lic. # _____

Registered EMB Supervisor: _____ Lic. # _____

Establishment: _____

Beginning Date of Registered Apprenticeship: _____

Months of Apprenticeship Served: _____ Number of cases: _____

I, _____ certify that I have completed the 25 cases and
Apprentice

the 6 months of apprenticeship required for the Level II Apprenticeship status, by attaching a completed case count sheet(s) or case count sheets from previous sworn statements.

Signature of Apprentice

I, _____ and/or _____

Funeral Director Supervisor

Embalmer Supervisor

certify that the above identified is currently serving an apprenticeship under my (our) supervision and has met the necessary requirements for the Level II Apprenticeship status. **This includes 25 removals, 25 funerals and/or 25 embalmings and 6 months of apprenticeship.**

I further give my approval for the apprentice to assume these duties without direct supervision although I will be available for consultation and supervision. I understand that my license will be held responsible for the actions of the apprentice, as described in **201 KAR 15:050 Section 2 and 5.**

and/or _____
Funeral Director Supervisor Signature Embalmer Supervisor Signature

Subscribed and sworn to before me by apprentice: _____, and supervisor(s)

and/or _____

this the _____ day of _____, 20 ____.

My commission expires _____, 20 _____. County _____

Notary

