

Kentucky Board of Embalmers and Funeral Directors
Level II Apprentice Registration Form

___ FD or EMB only apprenticeship (\$50) ___ Dual apprenticeship (\$100)

Name of registered apprentice: _____
Registered Supervisor(s): _____ Lic. # _____
Funeral Home: _____
F.H. Address: _____
Phone Number: _____ Fax: _____
Beginning Date of Registered Apprenticeship: _____
Months of Apprenticeship Served: _____ Number of cases: _____

Include body count

I _____ certify that I have completed the 25 cases
Apprentice
and the 6 months of apprenticeship required for the Level II Apprenticeship status.

Signature of Apprentice

I _____ and _____
Funeral Director Supervisor Embalmer Supervisor

certify that _____ is currently serving an
Apprentice
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 bodies embalmed 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 4**

Signature of Funeral Director Supervisor

Signature of Embalmer Supervisor

Subscribed and sworn to before me by _____,
_____ and _____ this
the _____ day of _____, _____.

My commission expires _____,
County _____

Notary