

**Office use only:**  
0636 41701 \$25.00 Intern Permit

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**APPLICATION FOR 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 Oregon Mortuary and Cemetery Board (Board), 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 the Board, your SS # will remain on file with the Board.

The *effective* date of the apprenticeship is the date the completed application and the required certificates are received and validated in the office of the Board, and, as stated in OAR 830-011-0020(6), the status of the application will be mailed to the applicant. However, if Board approval is required due to an applicant's background investigation, the effective date of a successful apprenticeship application will be the date the Board approves it. ORS 692.180(1)

**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:

**SECTION 1: Personal Information**

**Print Complete Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**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): \_\_\_\_\_

**Birthplace** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**SS #** \_\_\_\_\_ **Drivers License # or ID # / State** \_\_\_\_\_

**Apprentice Name printed on certificate:** \_\_\_\_\_

**Current Residential 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.

<b>Dates (from-to)</b>	<b>Residential Street Address</b>	<b>City &amp; State &amp; Zip</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 2: Background Information**

**PLEASE READ BEFORE ANSWERING THE QUESTIONS BELOW**

**You must answer completely and truthfully.** The mere presence of so-called “negative” information is not automatically disqualifying. The Board considers all mitigating and aggravating circumstances when making decisions on applications that contain criminal or civil history. However, 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 Board has denied applications that contain misrepresentations about criminal or civil action history.** The more forthright you are, the greater the likelihood your background will be completed in a timely and successful manner.

A "Crime" includes a misdemeanor, felony or a military offense (**DUI / DUII, DWS Misdemeanor and DWS Felony are criminal offenses.**) "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 receiving probation, a suspended sentence, or a fine. **If you have any questions, please contact Board Staff prior to completing and submitting this application.**

QUESTIONS			CIRCLE THE CORRECT ANSWER
1. Do you currently hold or have you <b><u>ever</u></b> held, or applied for, any type of occupational or professional license, certification, or registration or business license in Oregon or any other state or country. If yes, please list them below.			YES
			NO
<b>Licensee / Applicant Name</b>	<b>License Type</b>	<b>State/Country</b>	<b>Status</b>
*2. Have you ever had any administrative, civil or criminal action taken against you, or your personal or business license, or had any such action initiated against you by ANY government entity including, but not limited to: municipal, county, state, tribal or federal / district courts or agencies?			YES
			NO
*3. Have you <b><u>ever</u></b> been arrested, charged or issued a citation for any offense / crime other than traffic violations?			YES
			NO
*4. Have you <b><u>ever</u></b> been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?			YES
			NO
*5. Have you <b><u>ever</u></b> entered into a diversion agreement or placed on probation?			YES
			NO
*6. Do you have <b><u>any</u></b> ongoing criminal charges or civil legal matters that are currently unresolved?			YES
			NO

\* ***If you answered yes to any questions #2 through #6, you must provide a signed, dated, written statement explaining the circumstances of each incident. You must sign, number and date the bottom of each supplemental page and / or document you provide. If applicable, you will need to provide a copy of any court documents, law enforcement reports, and citations for non-traffic violations.***

**SECTION 3: Identification**

**Attach a color photo or print here. (Smaller than 3" x 5")**

(Please tape - do not staple photo to this sheet.)

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: List languages, other than English, in which you are proficient, including sign language.  
\_\_\_\_\_

**Gender:**     Male     Female

**SECTION 4: Intern Apprenticeship Information**

Are you currently enrolled in a full-time, accredited funeral service education program? \_\_\_\_\_

If yes, provide **name of school, date of entry, and date you plan to graduate:**\_\_\_\_\_

\_\_\_\_\_

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  
(Print Intern Apprentice's name ↑)

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 full credit (360 hours) toward completion of the embalmer apprenticeship, if the intern apprentice is also serving an embalmer apprenticeship and is meeting the 1440 hours per calendar year requirement.

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.

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.

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**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)

**SECTION 5: Certification** Please read the following before signing in front of the Notary:

I understand that an applicant for a license or certificate must consent to a background check, including information solicited from the Department of State Police. ORS 692.025(8) I hereby acknowledge that the foregoing information may be used in accordance with ORS 692.025(8) 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, previous employer interviews, and other sources.

I authorize the use of my SS # for obtaining necessary investigative background information.

I authorize an investigation of all statements made by me, and of 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 an **incomplete application will be returned** to the facility. I understand that the effective date of the apprenticeship is the date the completed application and the required certificates are received and validated in the office of the Board, and, as stated in OAR 830-011-0020(6), the status of the application will be mailed to the applicant. However, if Board approval is required due to an applicant's background investigation, the effective date of a successful apprenticeship application will be the date the Board approves it. ORS 692.180(1)

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

I authorize an investigation of all statements made by me, and of 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, with or without intent, on my application or supplementary background materials is cause for refusal to issue an Oregon License or Certificate.**

**I hereby declare that the information submitted on this application is true to the best of my knowledge and belief, and that I understand this application is made for use as evidence in court or a contested case hearing and is subject to penalty for perjury.**

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

\_\_\_\_\_  
Print Name of Applicant ↑

→ **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)