Office use only:
0643 833 41701 $25.00 Embalmer Apprentice
0626 833 41701 $25.00 FSP Apprentice

Oregon Mortuary and Cemetery Board
800 NE Oregon Street, Suite 430
Portland OR 97232-2195

www.oregon.gov/MortCem
971-673-1507 phone
971-673-1501 fax

REQUEST FOR TRANSFER OF APPRENTICESHIP(S)

I, _____ , hereby request transfer of my **Embalmer apprenticeship**.
Print name of apprentice↑

If approved, my **Embalmer apprenticeship** will be served under _____
(Print Embalmer Supervisor's name ↑)

at the _____ .
(Name, physical address, and license number of funeral establishment ↑)

Effective this date, _____, it is planned that I will work from _____ to _____ on the following days of the week:
(hour) (hour)

_____
(days of week ↑)

I, _____ , hereby request transfer of my **FSP apprenticeship**.
Print name of apprentice↑

If approved, my **FSP apprenticeship** will be served under _____
(Print FSP Supervisor's name ↑)

at the _____
(Name, physical address, and license number of funeral establishment ↑)

Effective this date, _____, it is planned that I will work from _____ to _____ on the following days of the week:
(hour) (hour)

_____
(days of week ↑)

The certificate(s) of apprenticeship shall be issued to the applicant as an apprentice to a specified licensee. If the apprentice changes establishments or person to whom apprenticed, he / she shall file a request for approval of transfer with the Board immediately.

AFFIDAVIT OF LICENSEE

In the event a transfer of the **Embalmer Apprenticeship Certificate** is granted to the above embalmer apprentice applicant,

I, _____ , License Number _____ ,
(**print Embalmer Supervisor's name ↑**)

as a licensed embalmer in the State of Oregon for at least one year, agree to permit said applicant to serve his / her embalmer 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 embalmer apprentice performs any preparations for a deceased person, I am responsible for any preparations made by my apprentice. 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 apprentice, ceases work at the current facility, the apprenticeship 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.

_____
(**Embalmer Supervisor's signature**) (Date)

In the event a transfer of the **FSP Apprenticeship Certificate** is granted to the above FSP apprentice applicant,

I, _____ , License Number _____ ,
(**print FSP Supervisor's name ↑**)

as a licensed FSP in the State of Oregon for at least one year, agree to permit said applicant to serve his / her FSP 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 FSP apprentice makes any arrangements for a deceased person, I am responsible for any arrangements made by my apprentice. 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 apprentice, ceases work at the current facility, the apprenticeship 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.

_____
(**FSP Supervisor's signature**) (Date)

Please enclose $25.00 for each reissued apprenticeship certificate.