

Office use only:
0636 41701 \$25.00 Intern Apprentice

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

www.oregon.gov/mortcem
mortuary.board@state.or.us
971-673-1507 phone
971-673-1501 fax

**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 692.025, ORS 692.180, ORS 692.190, ORS 692.320 and OAR 830-011-0020 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** _____

Home email _____ **Work email** _____

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.

Dates (from-to)	Residential Street Address	City & State & Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

An “Arrest” means taken into police custody, or issued a citation to appear in court for a crime, or charged with committing a crime. 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 ever 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
Licensee / Applicant Name	License Type	State/Country	Status
*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 ever been arrested, charged or issued a citation for any offense / crime other than traffic violations?			YES
			NO
*4. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?			YES
			NO
*5. Have you ever entered into a diversion agreement or placed on probation?			YES
			NO
*6. Do you have any 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 / Ethnicity (Please mark the one box describing the race / ethnicity with which you identify.)

- American Indian or Alaskan Native** (I) (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain a tribal affiliation or community attachment.
 - Asian** (A) (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
 - Black or African American** (B) (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
 - Hispanic or Latino** (H): A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
 - Native Hawaiian or Other Pacific Islander** (P) (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - White** (W) (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 - Two or more races** (T) (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.
- 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 _____
(Print name(s) of primary licensed facility and alternate facilities ↑)

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 FSP / embalmer at a participating funeral establishment.

An FSP, an embalmer or a combination FSP/embalmer may serve as preceptor for intern apprentices from an accredited funeral service education provider in addition to any trainee (apprentice) embalmers or funeral service practitioners; if that individual's license meets the requirements for the internship program as identified by the educational institution; however, no licensee may have more than a total of three trainees or interns at any one time.

Intern apprentices must serve their apprenticeships in accordance with the internship guidelines established by an accredited funeral service education program and as recognized and approved by the Board.

The intern apprentice certificate must be issued to the applicant as a trainee to a specified licensee in good standing. If the intern apprentice intends to change the licensee to whom apprenticed, he or she must immediately file a request for approval of the transfer with the Board and pay the required fee.

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.

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 direct supervision, at the above named licensed facility or facilities. I **understand** that I am responsible for monitoring my apprentice's training throughout their apprenticeship period. I **understand** that if my intern apprentice makes any arrangements or performs any preparations for a deceased person, I am responsible. I **understand** that I must be working and located in the same licensed facility or facilities as the apprentice I am supervising. I **understand** that if I, or my intern apprentice, ceases work at the current facility or facilities, 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.

(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.

→ Your Signature **Must Be Notarized** ←

(Signature of Applicant) (Date)

Before me personally appeared _____ who is known
(Notary prints applicant's name)

to be the identical person who **signed** this application on this date _____, 20____.

NOTARY SEAL _____
(Signature of Notary Public)

(County / State)