

**Oregon Mortuary & Cemetery Board**

800 NE Oregon Street, Suite 430 | Portland, OR 97232-2195

[mortuary.board@omcb.oregon.gov](mailto:mortuary.board@omcb.oregon.gov)

971-673-1500 phone 971-673-1501 fax

**REQUEST FOR TRANSFER OF APPRENTICESHIP(S)**

**Please note: A Transfer of Apprenticeship is not valid until approved by OMCB. The effective date will be based on the date the completed Request for Transfer form and payment are received, and eligibility of supervisor has been confirmed by Board staff.**

I, \_\_\_\_\_, hereby request transfer of my **Embalmer apprenticeship**.  
Printed name of Apprentice

**If approved, my Embalmer apprenticeship will be served under:**

\_\_\_\_\_  
Printed Embalmer Supervisor's name  
at

\_\_\_\_\_  
Name and license number of licensed facility or facilities

**I am requesting a proposed effective date of \_\_\_\_\_.**

\_\_\_\_\_  
Apprentice signature Date

\_\_\_\_\_  
Email address and phone number of Apprentice

.....  
I, \_\_\_\_\_, hereby request transfer of my **FSP apprenticeship**.  
Printed name of Apprentice

**If approved, my FSP apprenticeship will be served under:**

\_\_\_\_\_  
Printed FSP Supervisor's name

at

\_\_\_\_\_  
Name and license number of licensed facility or facilities

**I am requesting a proposed effective date of \_\_\_\_\_.**

\_\_\_\_\_  
Apprentice signature Date

\_\_\_\_\_  
Email address and phone number of Apprentice

The certificate shall be issued to the applicant as an apprentice assigned to a specified licensee. If the apprentice intends to change the licensee to whom apprenticed, they shall immediately file a request for approval of the transfer with the Board and pay the required fee.

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### AFFIDAVIT OF LICENSEE

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

I, \_\_\_\_\_, License Number \_\_\_\_\_,  
Printed Embalmer Supervisor's name

as a licensed embalmer in the State of Oregon for at least one aggregate year within the last ten years, agree to permit said applicant to serve their embalmer apprenticeship under my 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 embalmer apprentice performs any preparations for a deceased person, I am responsible for any preparations made by my apprentice. I understand that when an apprentice ceases to work under a specific licensee, 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 employment or supervision of the apprentice.

\_\_\_\_\_  
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 \_\_\_\_\_,  
Printed FSP Supervisor's name

as a licensed FSP in the State of Oregon for at least one aggregate year within the last ten years, agree to permit said applicant to serve their FSP apprenticeship under my 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 FSP apprentice makes any arrangements for a deceased person, I am responsible for any arrangements made by my apprentice. I understand that when an apprentice ceases to work under a specific licensee, 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 employment or supervision of the apprentice.

\_\_\_\_\_  
FSP Supervisor's signature

\_\_\_\_\_  
Date

**\*Please note: There is a \$25.00 fee for each reissued certificate of apprenticeship. Payment can be sent by mail to our office. Payment can also be made online through the apprentice's Licensee Portal account. Here is the link to the Licensee Portal: <https://omcb.us.thentiacloud.net/webs/omcb/service/#/login>. Contact the Licensing Manager by email at [ryan.christopher@omcb.oregon.gov](mailto:ryan.christopher@omcb.oregon.gov) to arrange for an invoice to be created.**

**Office use only:**

0643 833 41701 \$25.00 Embalmer Apprentice

0626 833 41701 \$25.00 FSP Apprentice

request for transfer of apprenticeship revised 20250304