



FUNERAL DIRECTOR/EMBALMER APPRENTICE CERTIFICATE REQUIREMENTS AND INSTRUCTIONS

To review the complete regulations visit: <http://www.scstatehouse.gov/coderegs/Ch%2057.pdf>

Apprenticeship requirements.

- (1) An apprentice embalmer or funeral director must serve an apprenticeship of not less than twenty-four (24) months. Apprentice embalmers and funeral directors must be full-time employees as defined in this chapter; working under the direct supervision of a funeral director for funeral director apprentices or embalmer for embalmer apprentices who is licensed in South Carolina.
- (2) During the course of the apprenticeship, an apprentice must submit reports of his or her funeral activities, indicating the actual number of funerals that he or she has assisted with and in what preparation he or she assisted with. All apprentices must report to the Board quarterly upon the forms provided by or approved by the board indicating all work completed during the reporting period.
- (3) The apprentice must report quarterly, regardless of whether or not there has been any activity during the quarter. March 31, June 30, September 30 and December 31 are the due dates for quarterly reports for reporting purposes. Quarterly reports must be submitted to the office of the Board Administrator no later than thirty (30) days after the deadline. It is the sole responsibility of the apprentice to ensure that quarterly reports are received in the office of the Board Administrator. Quarterly reports not received on time may not be accepted for credit toward completion of the apprenticeship. In no case shall an apprentice be permitted to complete his or her apprenticeship unless the reporting requirement is met.
- (4) The apprentice embalmer or funeral director must conduct all embalming and funeral direction activities under the direct supervision of the designated supervising licensee as approved by the Board. When the apprentice is assisting with funeral directing activities or embalming activities, the supervisor must be present.
- (5) If the apprentice leaves the supervision of the licensee in whose service he or she has been engaged, the supervisor shall give the apprentice an affidavit showing the length of time served toward completion of the apprenticeship. The apprentice must request and obtain permission from the Board to change supervisors by completing a Change of Supervisor/Location Application and receiving approval to change supervisors from the Board.
- (6) To complete his or her apprenticeship, an apprentice embalmer or funeral director must assist in the embalming of at least fifty (50) cases for an apprentice embalmer or assist the funeral director in at least fifty (50) funerals for an apprentice funeral director. The apprentice embalmer or apprentice funeral director must document all embalming and funeral cases that he or she assists in during the apprenticeship period.
- (7) A certificate of apprenticeship is renewable twenty-four (24) months after registration for an additional twelve (12) months. A certificate of apprenticeship may not be renewed more than three (3) times.
- (8) If an apprentice does not become licensed as a funeral director or embalmer within five (5) years of completing his or her apprenticeship, the Board may require the applicant to complete all or part of the apprenticeship period.
- (9) If an apprentice embalmer or funeral director does not complete his or her apprenticeship within five (5) years from the date of application, the Board may require the applicant to complete all or part of the apprenticeship period.

When submitting an application to the Board's Office for a funeral director, embalmer or funeral director/embalmer apprentice certificate, the requirements are as follows:

- Submit your application by making the applicable application fee via Visa, Mastercard or E-Check. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
\$50 - Apprentice Funeral Director \$50 - Apprentice Embalmer \$100 - Funeral Director/Embalmer
- Upload a copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Upload a copy of your social security card
- Upload the notarized signature affidavit with a 2"x2" color photo (Passport Type Photo) attached
- Supervisor/Location Funeral Director/Embalmer Form
- Upload an official statewide background check from your state(s) of residence covering the past 5 years. (SC: www.sled.sc.gov)
- Upload legal documentation for name change (marriage cert, divorce decree, court order, etc), if applicable

Have submitted directly to the Board office address above from the issuing agent:

- If the applicant has attended an accredited mortuary college or an academic college approved by the Board, a copy of the transcripts may be submitted at this time. These documents will only be required at the time of applying for Funeral Director or Embalmers examination and licensing.
- Certified copy of National Grades from The International Conference for Funeral Director and/or Embalmer Exam(s). Contact information www.theconferenceonline.org or (479) 442-7076.

STATEWIDE BACKGROUND CHECK

Please provide a statewide background check from the state(s) you have resided in for the past five (5) years. An applicant for licensure as an embalmer/funeral director must not have been convicted of a violent crime of found guilty or a felony or crime of moral turpitude. (S.C. Code Section 40-19-230)

Verification of Out-of-State Licensure:

Contact the State Funeral Board you are licensed in and have a license verification sent directly to the SC Board of Funeral Services (Address is located on the top of these instructions.).

If for any reason you must appear before the Board the completed application packet must be in our office no later than **10 business days** prior to the Board meeting date if you wish to be on the Board meeting agenda.

Processing time (initial review of items submitted) may take between 7-10 business days after your application has been received in our office. Please log-in at the below link to check your application status.

<https://eservice.llr.sc.gov/SSO/>

Quarterly Report Forms, Change of Supervisor/Location and Verification of Completed Apprenticeship Forms may be found at: <http://llronline.com/POL/Funeral/index.asp?file=pub.htm>



South Carolina Board of Funeral Service

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4497 • Contact.Funeral@llr.sc.gov • Fax: 803-896-4554

www.llronline.com/POL/Funeral/



CHANGE OF SUPERVISOR/LOCATION FUNERAL DIRECTOR/EMBALMER FORM

APPRENTICE INFORMATION:

Name: _____

License Number: _____

FUNERAL HOME INFORMATION:

Funeral Home Name: _____

Permit Number: _____

Phone Number: _____

Physical Address: _____

Mailing Address: _____

This is to acknowledge the understanding that an apprentice is required to work full-time with a minimum of 35 hours a week. The apprentice and supervisor/preceptor understand that the supervisor/preceptor must be present any time the apprentice is working for the apprentice to receive credit towards the apprenticeship.

Supervisor/Preceptor acknowledge the above named applicant/apprentice will, when properly registered, be associated with or engaged by me in the capacity of an apprentice. I will exercise proper direct supervision over and assume responsibility for his/her acts as an apprentice while associated with me, that to the best of my knowledge, he/she is a person of honesty, truthfulness and integrity and that I will personally appear before the Board in connection with this application if requested to do so.

Proposed Work Schedule: Please enter your proposed weekly work schedule below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Apprentice Signature:

_____ Date

Supervising Funeral Director:

_____ Supervising Funeral Director (Signature)

_____ Funeral Director's License Number

_____ Supervising Funeral Director (Print Name)

_____ Date

Supervising Embalmer:

_____ Supervising Embalmer (Signature)

_____ Embalmer's License Number

_____ Supervising Embalmer (Print Name)

_____ Date

Funeral Home Manager:

_____ Funeral Home Manager (Signature)

_____ Funeral Home Manager's License Number

_____ Funeral Home Manager (Print Name)

_____ Date



South Carolina Department of Labor, Licensing and Regulation

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FUNERAL BOARD SIGNATURE AFFIDAVIT

For electronic applications only

ATTESTATION

The undersigned applicant hereby applies to the South Carolina Department of Labor, Licensing and Regulation, Board of Funeral Service for a funeral director, embalmer, funeral director/embalmer, apprentice funeral director, or apprentice embalmer license under the provisions of Title 40, S. C. Code, 1976 (as amended) and the Rules and Regulations of the Board and in support of said application makes the representations contained herein with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny a license or to withhold renewal of or suspend or revoke a license if issued by the Board. The undersigned applicant understands the Board may make such inquiry and investigation concerning the applicant’s record or background as the Board in its judgment deems proper, and said applicant further agrees to furnish any additional information requested by the Board to appear before the Board in person if requested to do so.

The undersigned, in making this application to the South Carolina Board of Funeral Service swears (or affirms) that he (or she) is the applicant named herein and that the answers and the information contained herein are true to the best of his (or her) knowledge and belief.

I acknowledge and agree that any separate statements or documentation which I may sign or submit to the Board are hereby made a part of this application.

Signature of Applicant

Subscribed and sworn to before me this _____ day
of _____ 20_____.

Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____

**Tape a recent 2 x 2
Passport Photo
(less than 6 months old)**



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)