



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:

Complete the Board application form and submit the following with it:

- Check or money order made payable to LLR-Board of Funeral Service
- A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.

Type of Application:

- \$50 - Apprentice Funeral Director
- \$50 - Apprentice Embalmer
- \$100 - Funeral Director/Embalmer
- \$100 - Apprentice Funeral Director Renewal/Extension
- \$100 - Apprentice Embalmer Renewal/Extension
- \$200 - Funeral Director/Embalmer Renewal/Extension
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- A 2"x2" color photo (Passport Type Photo) less than 6 months old
- Official Statewide Background check from your state(s) of residence covering the **past 5 years**. (SC: www.sled.sc.gov)
- Supervisor/Location Funeral Director/Embalmer Form
- Legal documentation for name change (marriage cert, divorce decree, court order, etc), if applicable

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 Department of Labor, Licensing and Regulation
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/



APPLICATION FOR APPRENTICE FUNERAL DIRECTOR AND/OR EMBALMER CERTIFICATE

Include with your application:

- Check or money order made payable to LLR-Board of Funeral Service
Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

Type of Application (check one):

- | | |
|---|---|
| \$50 - Apprentice Funeral Director | \$100 - Funeral Director/Embalmer |
| \$50 - Apprentice Embalmer | \$200 - Funeral Director/Embalmer Renewal/Extension |
| \$100 - Apprentice Funeral Director Renewal/Extension | \$100 - Apprentice Embalmer Renewal/Extension |

- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- A 2"x2" color photo (Passport Type Photo) less than 6 months old
- Official Statewide Background check from your state(s) of residence covering the **past 5 years**. (SC: www.sled.sc.gov)
- Supervisor/Location Funeral Director/Embalmer Form
- Legal documentation for name change (marriage cert, divorce decree, court order, etc), if applicable

Note for SC Residents: To find your Congressional District you may go to:

<http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? Yes No Maiden Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Race: _____ Gender: Female Male
(for statistical purposes only)

Business Name: _____ **Phone:** _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

PRIOR LICENSURE

List **any** current or prior funeral director or embalmer licensure information you have in SC or elsewhere. If you have had any type of disciplinary action, attach a detailed explanation. Feel free to attach an additional sheet if necessary.

License Type: _____ State: _____ License No.: _____

Date licensed: _____ Status: _____
(active, lapsed, disciplined, etc.)

License Type: _____ State: _____ License No.: _____

Date licensed: _____ Status: _____
(active, lapsed, disciplined, etc.)

EMPLOYMENT

List **all** places of employment during the **past five years**—list present employment first. (Attach sheet if needed.)

Name of Company	St., P.O. Box, or Rt.	City	State
Position	Duties	From Mo./Yr.	To Mo./Yr.
Name of Company	St., P.O. Box, or Rt.	City	State
Position	Duties	From Mo./Yr.	To Mo./Yr.
Name of Company	St., P.O. Box, or Rt.	City	State
Position	Duties	From Mo./Yr.	To Mo./Yr.
Name of Company	St., P.O. Box, or Rt.	City	State
Position	Duties	From Mo./Yr.	To Mo./Yr.

PERSONAL HISTORY

Attach a detailed explanation for any "Yes" answers.

1. Have you ever had any license to practice in the funeral profession denied, suspended, revoked, AND/OR surrendered by the licensing authorities in this or any other state or jurisdiction? YES NO
2. Have you ever had any license to practice in the funeral profession denied, suspended, revoked, AND/OR surrendered by the licensing authorities in this or any other state or jurisdiction? YES NO
3. Have you ever had any other business or professional license of any type suspended, revoked or surrendered in this or any other state or jurisdiction? YES NO
4. Have you ever been convicted of or pled guilty to or nolo contendere to a felony or a crime involving drugs or moral turpitude? YES NO
5. Are there any unpaid judgments of debt now outstanding against you? YES NO
6. Have you read and understand the South Carolina Funeral Service Law and the Rules and Regulations of the Board? YES NO

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 or 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: _____



PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



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)



South Carolina Board of Funeral Service

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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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Apprentice Quarterly Reporting Form for Funeral Director/Embalmer

License Type Funeral Director Embalmer Dual

Name _____ Permit # _____ Date _____

Reporting Period: From _____ Through _____

Name and Address of Funeral Establishment _____

All activities of an apprenticeship are important and every apprentice should have ample experience in the areas below. However, there are certain activities that are required for the certification of an apprenticeship. **Preceptors must be present during all tasks for either a funeral or embalming.**

An Apprentice Funeral Director must assist with at least 50 funerals in order to complete the apprenticeship. Twenty-five (25) of those funerals **MUST INCLUDE ALL** of the following activities: **A, F, G, and H (in bold) done on the same funeral.**

An Apprentice Embalmer must assist with at least 50 bodies in order to complete the apprenticeship. Twenty-five (25) of those bodies **MUST INCLUDE ALL** of the following activities: **L, M, N, O, R, and S (in bold) done on the same body.**

Funeral Directing

Embalming

- A.** Arrangements with family and clergy
- B. Preparing newspaper notices
- C. Funeral procession arrangement
- D. Transportation of family and clergy
- E. Checking and arranging flowers
- F.** Sales of funeral service
- G.** Conducting funeral service
- H.** Preparing death certificate
- I. Correspondence, bookkeeping
- J. Receiving visitors

- K. Bathing and creaming face
- L.** Posing features
- M.** Mixing fluids
- N.** Raising vessels
- O.** Injecting fluids
- P. Hypodermic treatment
- Q. Preparation of autopsied body
- R.** Suturing incisions
- S.** Trocar Cavity Treatment
- T. Application of cosmetics
- U. Restorative art procedures

The apprentice should keep a record of the names of the deceased and the work done in each case. List the name of the deceased, the date on which the activities were engaged, and the type of activity.

	Name	Date	Activity	
			Funeral Directing	Embalming
1.				
2.				
3.				
4.				
5.				
6.				

	Name	Date	Funeral Directing	Embalming
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

IMPORTANT REQUIREMENT: The supervisor/preceptor of record is the supervisor that is allowed to sign your quarterly reports. Your supervisor(s) must sign for both funeral director and embalmer on every report if you are serving a dual apprenticeship.
All signatures are required to process this report.

Signature of Apprentice

Date

I hereby certify that the statements above are true and correct to the best of my knowledge and belief:

Signature of Funeral Director Supervisor

FD Lic. #

Signature of Embalmer Supervisor

Embalmer Lic. #

The supervisor of record is the only supervisor that should be signing the form.

This report must be returned to the Board of Funeral Service, P O Box 11329, Columbia, SC 29211-1329, ***within 30 days*** after the close of each quarter or your report will not be accepted. The quarterly reports may be mailed to the above address or emailed to Contact.Funeral@lfr.sc.gov. Quarterly reports **are not** acceptable by fax.

Quarters are as follows: Jan, Feb, Mar Apr, May, Jun Jul, Aug, Sept Oct, Nov, Dec.