



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