

Funeral Trainee Application

South Dakota Board of Funeral Service
810 N. Main St. #298
Spearfish, SD 57783
office@sdlicensing.com

For Board Use Only

Date of Application _____

Application Fee \$ _____

Check Number _____

Trainee License Issued _____

Trainee Number _____

Trainee Expiration Date _____

Date Child Support Checked: _____

Please type or print legibly in black or blue ink. Please note this application must be notarized and accompanied by an application fee of \$25.00

1. Full Name of Applicant _____
Last First Middle Maiden

2. Address _____
Mailing City State Zip
Home Phone No. (____) Email: _____

3. Social Security No. _____ Date of Birth _____

Please check either yes or no for each question in the appropriate section below.
(All applicants must complete)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. Have you ever had a funeral service trainee license, or a funeral service license suspended, placed on probation, or otherwise disciplined in South Dakota or any other state? If yes, please attach a separate sheet of paper including an explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any complaints currently pending against you as a funeral service licensee in South Dakota or in any other state? If yes, please attach a separate sheet of paper including an explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgement or suspended imposition of sentence or had prosecution deferred with respect to a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgement or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *it is the applicants responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor. | <input type="checkbox"/> | <input type="checkbox"/> |

8. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? ☐ ☐

***If you answered yes to question 7 or 8, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned**

10. Sponsor's Name: _____ License # _____
Establishment Name: _____ License # _____
Address _____
Mailing _____ City _____ State _____ Zip _____
Business Phone No. (_____) _____

11. Date you would like the traineeship to begin _____ (Start date must be on the 1st of the month).

12. Please mail my license to: ☐ The Funeral Home ☐ My Home Address

13. Have you ever been previously licensed as a funeral service trainee in South Dakota?
IF yes, Previous Trainee License # _____ Location _____
Name of Sponsor _____ Dates _____

14. Are you enrolled in an accredited mortuary science or funeral service program **or** received a degree from an **accredited mortuary school**? Yes ☐ No ☐ *If no, you are not eligible for the trainee license.

IF *enrolled*, please provide your anticipated graduation date: _____

***if enrolled, you must request that your mortuary program send proof of your enrollment directly to the board office as part of the application process.**

IF *completed*, please provide the date you graduated: _____

***if you've completed your mortuary program, you must request your mortuary program send official transcripts directly to the board office as part of the application process.**

15. Have you completed 90 **total** credit hours offered by an accredited institution of higher education? Please note, this includes credits obtained in the mortuary program. Yes ☐ No ☐

IF no, please explain _____

Continue to page 3 and 4 for affidavits/signatures—All 4 pages must be included

TRAINEE AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota State Board of Funeral Service for the verification of the information I have disclosed in this application.

I will not hold myself out as a state licensed funeral service trainee until the license authorizing me to do so is in my possession.

I will abide by ARSD 20:45:03:02, including but not limited to, notifying the board in writing of any changes in circumstances or supervision within 10 days of the event. This includes failure to maintain enrollment in a mortuary program. Further, I understand that activities being completed for credit towards an accredited mortuary science or funeral service program may not be used to satisfy the trainee requirements. I understand that failure to comply with any of the requirements in this section is grounds for licensure action pursuant to SDCL 36-19-38.

I hereby declare under penalty of perjury that the foregoing answers and statements are true and correct.

I further swear that it is my intent, if accepted as a trainee, to diligently pursue Funeral Service Education until I ultimately become a Funeral Service Licensee in the State of South Dakota, that I will read and become familiar with and obey the laws of the State of South Dakota, the Rules and Regulations of the South Dakota State Board of Funeral Service, and abide with the terms of this Traineeship.

MUST BE SIGNED IN PRESENCE OF NOTARY	Applicant Signature		Date of Signature
	Subscribed and Sworn Before Me, this		Notary Public Embossed Seal or Rubber Stamp
	day of	year	
	Notary Public Signature	My Commission Expires	
	Notary Public Name (Type or Printed)		

SPONSOR AFFIDAVIT

I, _____, sponsor for the above applicant being duly first sworn,
state that I hold Funeral Service License No. _____, that I am associated with the _____
Funeral Establishment in the city of _____
where _____ is employed and that I hereby agree to sponsor the
above-named applicant in his/her traineeship.

I attest that I have been licensed in good standing for at least 5 consecutive years immediately preceding becoming a sponsor and have had not discipline on the license for the past 5 years. I understand that I may only sponsor one trainee at a time.

I further swear that I will diligently familiarize and teach the above named applicant the art of embalming, restoration, family contact, funeral arrangement, funeral direction, and will familiarize and train them in the laws of the State of South Dakota and the Rules and Regulations of the South Dakota State Board of Funeral Service, and train them in all phases of service to families in need of funeral service and especially to coach the applicant in ethical relationships with clientele and funeral service professionals.

I will abide by ARSD 20:45:03:02 and 20:45:03:02.03 including but not limited to, notifying the board in writing within 10 days if I terminate the traineeship. Further, I understand that activities being completed for credit towards an accredited mortuary science or funeral service program may not be used to satisfy the trainee requirements. I understand that failure to comply with any of the requirements in these sections is grounds for licensure action pursuant to SDCL 36-19-38. I understand that I am responsible for the trainee's actions and work in funeral service.

MUST BE SIGNED IN PRESENCE OF NOTARY	Sponsor Signature		Date of Signature
	Subscribed and Sworn Before Me, this		Notary Public Embossed Seal or Rubber Stamp
	day of	year	
	Notary Public Signature	My Commission Expires	
	Notary Public Name (Type or Printed)		

***Note to Applicant**

When completed, enclose with a check of \$25.00 and mail to the South Dakota State Board of Funeral Service.

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