

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

FUNERAL DIRECTOR APPRENTICESHIP

INFORMATION FOR APPRENTICE CONTRACT AND PERMIT

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Initial Applicants

1. **Application for Funeral Apprenticeship (Form #385)**
2. **Initial Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **16-Hour Apprentice Preparation Certification Course** – Applicants must submit evidence of having completed a 16-hour certification course approved by the examining board.

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APPLICATION FOR APPRENTICE CONTRACT AND PERMIT

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip code) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

E-mail Address

Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant Education and Training Background: Select highest school year completed. 9 10 11 12 13 14 15 16 17 18 19 20 GED HSED
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Name of Provider for 16-Hour Apprentice Preparation Course: <input type="text"/>	Date Completed: <input type="text"/> / <input type="text"/> / <input type="text"/>
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Are you currently attending mortuary school? Yes No

If yes, provide start date: / / **If no, provide date of expected enrollment:** / /

List previous Funeral Director experience:

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- Initial Apprentice Fee** (contract and permit fee)
\$ 10.00 Total Fee Attached
- Transfer Apprentice Fee** (contract and permit fee)
\$ 10.00 Total Fee Attached
- Re-registration Apprentice Fee** (may only apply for re-registration twice)
\$ 10.00 Total Fee Attached

For Receiving Use Only (700)

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant's Signature: Date: / /

(Print and Sign Form)

Wisconsin Department of Safety and Professional Services

EMPLOYER SECTION: The below data is being collected for the purpose of the Department of Workforce Development (DWD). A representative from DWD, Bureau of Apprenticeship Standards, will make an appointment with you to have the contract signed after the permit has been issued by DSPS.

Establishment Name <input style="width: 95%;" type="text"/>	Establishment License Number <input style="width: 95%;" type="text"/>
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Daytime Telephone Number <input style="width: 95%;" type="text"/>	Fax Number <input style="width: 95%;" type="text"/>	Year Business Started <input style="width: 95%;" type="text"/>
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Name of Funeral Director Sponsor <input style="width: 95%;" type="text"/>	Sponsor License Number <input style="width: 95%;" type="text"/>	WI Unemployment Number <input style="width: 95%;" type="text"/>
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Establishment Address

Will embalming be performed at this location? Yes No

If no, provide the name and address of the embalming location:

Location Name

Embalming Address (street, city, state, zip code)

Number of licensed Funeral Directors in the Establishment:

Has the Establishment previously trained Apprentices? Yes No

Number of Apprentices at this Establishment:

Note: This rule allows the Board to recognize two funeral director apprentices for each funeral establishment and also recognize additional funeral director apprentices as long as the funeral home employs at least one full-time licensed funeral director per funeral director apprentice.

Proposed apprenticeship state date: (please allow at least seven (7) days for processing) / /

Name of licensed Funeral Directors and Apprentices currently employed at Establishment: (Attach additional sheets if necessary.)

Full Name	Date Employed/Contract Issued	WI License Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Starting hourly wage for a licensed Funeral Director in this Establishment: \$

Apprentices must be employed at least 40 hours in each of two (2) consecutive weeks in order to receive credit towards their apprenticeship-training requirement. The apprentice may not begin practicing until the permit has been issued. Any misrepresentation contained herein shall be ground for denial of your request for an apprentice.

Signature of Funeral Director Sponsor: Date: / /

(Print and Sign Form)