## Wisconsin Department of Safety and Professional Services

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## OFFICE OF EDUCATION AND EXAMINATIONS

## APPLICATION FOR APPROVAL OF 16-HOUR FUNERAL DIRECTOR APPRENTICE COURSE

Name of Cou	rse Provider		
Mailing Addı	ress		
	(Street)		
	(City)	(State)	(Zip)
Applicant's N	Name & Job Title		
Phone			
E-mail addres	ss:		
Name of Inst	ructor		
Please attach	the following documents to complete this ap	plication:	
• A cop	by of the instructor's resume		
• A deta	ailed timed outline of the course that demons	trates the following topics are covered:	
0	Funeral Director Apprentice Expectations		
0	Funeral Ethics and Etiquette		
0	Understand Funeral Services, Gatherings, a	and Various Types of Dispositions	
0	Laws, Rules and Regulations of Funeral Se	ervice	
0	Workplace Safety & OSHA		
0	Introduction to Funeral Service: Notification	on of Death, Transfers, and Arrangements	
0	Embalming, Dressing, and Casketing		
0	Grief and Psychology of Funeral Service		
<ul> <li>A cop</li> </ul>	y of the course curriculum		
<ul> <li>A cop</li> </ul>	by of the course completion exam with answer	er key	
	ctor Apprentice courses must be held in-person		
		- · ·	
Signature: _		Date:	