



## Funeral Director and Embalmer Academic Intern Registration Application



Students in an accredited college funeral service education program can use this form to apply for academic intern registration. This form must be completed and filed at the beginning of your academic internship. No fee is required for the intern registration.

“Academic Intern” refers to any student enrolled in an accredited college funeral service education program who is serving a 3-month internship at a participating Washington State funeral establishment, as required for graduation from the program. The academic internship cannot exceed a period of 3 months.

Internships must be served in accordance with the guidelines established by the funeral service education program.

Apply online: <https://professions.dol.wa.gov>

Or by mail. **When no fee is required**, send this completed form to:

**Funeral and Cemetery Licensing  
Department of Licensing  
PO Box 9012  
Olympia WA 98507**

**When a fee is required** (print fee), send this completed form and a check or money order (payable to Department of Licensing to:

**Funeral and Cemetery Licensing  
Department of Licensing  
PO Box 3777  
Olympia WA 98124-3777**

For questions or language help call: (360) 664-1575



24882-APPLICATIONS

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

\$0 self-print license online.

\$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

### Applicant

TYPE or PRINT Name as you would like it to appear on your license	
Full legal name (First, Middle, Last)	
Date of birth (mm/dd/yyyy)	Social Security number*
(Area code) Phone number	Email
Address, City, State, ZIP code (Residence, mailing, or business)	
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner	
Funeral service education school attended	
Funeral establishment where internship will be served	
Address, City, State, ZIP code	

\*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

**Legal background**

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

- 1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . .  Yes  No
- 2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) . . . . .  Yes  No

**Certification**

Answer the following

- 1. Do you authorize all institutions or organizations, past and present employers, past and present business and professional associates, and all local, state, federal, or foreign government agencies to release any information, files or records requested by the Funeral and Cemetery Board in connection with processing this application? . . . . .  Yes  No
- 2. Have you read RCW 18.235.130? . . . . .  Yes  No

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_

**TYPE or PRINT Name**  
**X**

\_\_\_\_\_

Date and place Applicant signature

**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the state of Washington.**