

**IDAHO BOARD OF MORTICIANS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: (208)-334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: mor@ibol.idaho.gov**

APPLICATION FOR A RESIDENT TRAINEE PERMIT INSTRUCTIONS

Please complete this form by printing or typing the requested information and attaching any requested documentation. Your signature must be notarized and the appropriate fee must be attached. Submit the completed form to the address noted above. Applications that are not complete or do not provide the requested information will be delayed. Questions regarding this application or the requirements for licensure may be addressed to the addresses or numbers above.

Application Checklist for Mortician Resident Trainee

Please submit the following:

- Completed, signed and notarized application.
- Application fee-\$100.00.
- Original license fee-\$50.00.
- Proof of age. One of the following: copy of your valid driver's license, birth certificate or military ID.
- Copy of your high school diploma, official certified school transcripts or GED.
- Passport style photo as per Rule.200.
- Sponsoring Supervisor Affidavit signed and notarized.

Application Checklist for Funeral Director Resident Trainee:

Please submit the following:

- Completed, signed and notarized application.
- Application fee-\$100.00.
- Original license fee-\$50.00.
- Proof of age. One of the following: copy of your valid driver's license, birth certificate or military ID.
- Copy of your high school diploma, official certified school transcripts or GED.
- Passport style photo as per Rule.200.
- Sponsoring Supervisor Affidavit signed and notarized.

Please note: Rule 250.04 requires that the **Mortician Resident Trainee** and the sponsoring supervisor must complete and co-sign quarterly reports and final reports documenting that the trainee has assisted in embalming at least 25 dead human bodies and assisted in making at least 25 funeral arrangements and in conducting at least 25 funerals under supervision.

Please note: Rule 250.04 requires that the **Funeral Director Resident Trainee** and the sponsoring supervisor must complete and co-sign quarterly reports and final reports documenting that the trainee has assisted in making at least 25 funeral arrangements and in conducting at least 25 funerals under supervision.

Laws and Rules governing this occupation can be viewed at www.ibol.idaho.gov under the Morticians link.

Please be sure to keep a copy of this application for your records. There is a \$20 fee for returned checks.

Please Note: The Idaho Board of Morticians has **two** license types (**Mortician** and **Funeral Director**), please be sure you are checking the correct box for the license type you are seeking. The primary distinguishing factor between the two is that Funeral Directors are not allowed to care for, prepare or embalm a dead human body. Please see Idaho Code 54-1102(19) and 54-1102(11) for more information on the scope of practice for each license type.

APPLICATION FOR A RESIDENT TRAINEE (continued)

SPONSORING SUPERVISOR AFFIDAVIT

I hereby certify that I am an owner, authorized agent or employee of the funeral home identified below and per Rule 250.02

(applicant name)

has submitted an application to practice as a Resident Trainee at the named facility. I acknowledge that said applicant is not licensed or authorized to perform any services independently, and I certify that all services performed by the applicant will be under my direct personal supervision, in accordance with the laws and rules governing the supervision and practice of resident trainees that I assume responsibility for the proper supervision and instruction of the named Resident Trainee and that I will not supervise more than two Resident Trainees at any given time.

Print Name of Funeral Home

Funeral Establishment License number

Print Name of Sponsoring Supervisor

Mortician License number

Sponsoring Supervisor Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____