

Verification of Association or Disassociation of a Funeral Service Intern

FUNERAL SERVICE INTERN INFORMATION

To be completed by the Intern:

Full Legal Name: _____
FirstMiddleLast

Mailing Address: _____
Street/PO BoxCityState/Zip

Email Address: _____ **License Number:** _____

SUPERVISING FUNERAL SERVICE DIRECTOR

To be completed by the supervising Funeral Service Director.

Name of Establishment: _____ **License Number:** _____

Name of Supervisor: _____ **License Number:** _____

Establishment Address: _____
Street/PO BoxCityState/Zip

Telephone Number: _____ **Email:** _____

Effective Date of Association or Disassociation: _____

I do hereby certify that I am a licensed Funeral Service Director in the State of Utah, and that the above information is accurate. I have read the Funeral Service Licensing Act and Licensing Act Rules and understand the requirements of supervising an intern.

I am verifying (Select One):

- the disassociation of a funeral service intern's
 - satisfactory performance
 - unsatisfactory performance.

***NOTE:** Pursuant to Rules section 58-9-307(3), Supervision of a Funeral Service Intern. Within 30 days after the day which the supervisor-supervisee relationship between a licensed Funeral Service Director and a Licensed Funeral Service Intern terminates, the Funeral Service Director shall furnish to DOPL a report of performance of the Funeral Service Intern.*

- the association of:

- a licensed funeral intern
- an unlicensed applicant for a funeral service intern (**NOTE:** Provide this form to the applicant to submit to DOPL with their application for licensure. Supervision cannot begin until the intern is properly licensed.)

I further certify that I am responsible to ensure the person named as the applicant complies with the requirements of Utah laws and rules. I further certify that I have met all the requirements of eligibility to be an approved Funeral Service Director supervisor. I agree as provided by applicable law, to notify DOPL within 30 days of the termination of supervision of the intern and to provide a report on the performance of the intern during the period of supervision.

Signature of Funeral Service Director: _____ Date _____

This form may be submitted via email to: B6@utah.gov or

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
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