

Rhode Island Department of Health  
Board of Embalmers and Funeral Directors  
3 Capitol Hill - Room 104  
Providence, RI 02908  
(401) 222-2828

**APPLICATION FOR REGISTRATION AS FUNERAL/EMBALMER INTERN**

If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

I hereby make application for registration and submit the following information as evidence of my eligibility for such registration:

Name \_\_\_\_\_  
(First) (MI) (Last) (Maiden)

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ SSN: \_\_\_\_\_

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending:  YES  NO

Name of Supervising-Licensed Funeral Director/Embalmer \_\_\_\_\_  
License No. of Funeral Director/Embalmer \_\_\_\_\_  
License No. of Funeral Establishment \_\_\_\_\_  
Name and Address of Funeral Establishment \_\_\_\_\_

I hereby certify that the above is true and correct, and that I have read and understand the requirements for obtaining a funeral director/embalmer internship in the State of Rhode Island.

\_\_\_\_\_  
Signature Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced  
\_\_\_\_\_ as documentation.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp) Signature of Notary

\_\_\_\_\_  
Notary No./Commission No. Commission expiration Date

Application Fee of \$25.00 must be submitted with this application. Please make check or money order payable to General Treasurer, State of Rhode Island.

**NOTE: Body forms should be submitted on a quarterly basis: Jan. 15th, Apr. 15th, Jul. 15th and Oct. 15th.**

Rules and Regulations can be accessed at: [http://www.health.ri.gov/hsr/professions/emb\\_fun\\_dir.php](http://www.health.ri.gov/hsr/professions/emb_fun_dir.php)



Rhode Island Department of Health  
3 Capitol Hill, Providence RI, 02908-5097  
(401) 222-2828

Statement of Funeral Director/Embalmer

Name of Funeral Director/Embalmer \_\_\_\_\_

Internship No. \_\_\_\_\_ Internship Began On: \_\_\_\_\_

<u>Date</u>	<u>Name of Deceased</u>	<u>Address of Deceased</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

**Bodies Embalmed Under the Supervision of:**

\_\_\_\_\_  
Signature and License Number of Funeral Director/Embalmer

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CITY OF \_\_\_\_\_ STATE OF \_\_\_\_\_ SUBSCRIBED

AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
20\_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



## Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

### I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: \_\_\_\_\_

### II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

### III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

### IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

### V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

### VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

### VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

*On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.*