

IDAHO BOARD OF MORTICIANS
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg #4, Boise ID 83714 or
PO Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: mor@ibol.idaho.gov

APPLICATION INSTRUCTIONS FOR A RESIDENT TRAINEE PERMIT

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. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

Application Checklist for Mortician Resident Trainee

Please submit the following:

- Completed, signed and notarized application. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.
- Application fee of \$100.00.
- Original license fee of \$50.00.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of your high school diploma, official certified school transcripts or GED.
- Sponsoring Supervisor Affidavit, signed and notarized.

Application Checklist for Funeral Director Resident Trainee:

Please submit the following:

- Completed, signed and notarized application. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.
- Application fee of \$100.00.
- Original license fee of \$50.00.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of your high school diploma, official certified school transcripts or GED.
- 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 <https://dopl.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 Idaho Code § 54-1102(11) for more information on the scope of practice for each license type.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying.

For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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APPLICATION FOR RESIDENT TRAINEE PERMIT

[] **Mortician Resident Trainee** [] **Funeral Director Resident Trainee**

I hereby submit my qualifications under the provisions of Title 54, Chapter 11, Idaho Code, as amended and make application for a permit to train under supervision in the State of Idaho and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is a public record.)

	Street	City	State	Zip
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3. Mailing Address _____
(This will be used as address of record if none provided above.)

	Street/PO Box	City	State	Zip
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4. Date of Birth ____/____/____
mm dd yyyy
(Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)

5. Social Security No. ____/____/____ **E-mail** _____
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)

6. Business Phone (____) _____ **Cell Phone** (____) _____
(The above phone number is a public record.)

7. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () **Yes** () **No**

8. Have you graduated from an accredited high school or obtained the equivalent education? () **Yes** () **No**
(A copy of your diploma, or official certified school transcripts or G.E.D. equivalency must be attached to this application.)

9. Are you currently or have you ever been licensed as a mortician or funeral director in any state? () **Yes** () **No**
(If yes, this office must receive certified documentation of that licensure directly from the licensing entity.)

10. Have you ever had a license, certification, or registration denied, revoked or suspended? () **Yes** () **No**
(If yes, please attach a detailed statement, including a copy of the charges and the final order.)

11. Have you ever been convicted of any State or Federal felony or crime of moral turpitude? () **Yes** () **No**
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

AFFIDAVIT

Upon oath I certify that: (1) I am the applicant named in and who has signed this application; (2) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (3) I have read and will conform to the Laws, Rules and ethical requirements governing the profession for which I am seeking a license or authority to practice; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws, Rules or ethical requirements governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (7) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (8) every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Signature of Applicant

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature
My Commission Expires _____

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 as per Rule 250.02

(Name of Applicant)

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.

Printed Name of Funeral Home

Funeral Establishment License Number

Printed Name of Sponsoring Supervisor

Mortician License Number

Signature of Sponsoring Supervisor

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature

My Commission Expires _____