

IDAHO BOARD OF MORTICIANS
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #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

CHANGE OF SPONSORING SUPERVISOR AFFIDAVIT

Name of Resident Trainee: _____

Resident Trainee Permit Number: _____

I am changing my sponsoring supervisor from _____ to _____

I hereby certify under penalty of perjury that the responses provided herein are true and accurate to the best of my knowledge and belief and that I am of good moral character. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing mortician practice. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of Resident Trainee

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

(seal)

Notary Public Official Signature
My Commission Expires _____

SPONSORING SUPERVISOR

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

(Resident Trainee's Name)

The Resident Trainee will practice as a Resident Trainee at the funeral home listed below. I acknowledge that the Resident Trainee is not licensed or authorized to perform any services independently, and I certify that all services performed by the Resident Trainee will be under my direct personal supervision, subject to the laws and rules governing the supervision and practice of resident trainees, and that I assume responsibility for the proper supervision and instruction of the named Resident Trainee.

Print Name of Funeral Home

Funeral Establishment License Number

Print Name of Sponsoring Supervisor

Mortician License Number

Signature of Sponsoring Supervisor

Date

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature
My Commission Expires _____