

STATE BOARD OF FUNERAL DIRECTORS

Telephone: 717-783-3397
 Fax: 717-705-5540
 E-mail: st-funeral@state.pa.us
 Website: www.dos.pa.gov/funeral

Mailing Address:
 State Board of Funeral Directors
 PO Box 2649
 Harrisburg, PA 17105-2649

Courier Address:
 State Board of Funeral Directors
 2601 North Third Street
 Harrisburg, PA 17110

APPLICATION FOR CHANGE OF PRECEPTOR

FEE: \$25.00 NON-REFUNDABLE APPLICATION FEE CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." THERE IS A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT.

HAS YOUR INTERNSHIP BEEN INTERRUPTED FOR MORE THAN 30 DAYS?
 YES NO

SECTION 1: GENERAL INFORMATION

YOUR NAME:	
HOME ADDRESS:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
FUNERAL INTERN CERTIFICATE NUMBER:	FI-

SECTION 2: CERTIFICATION STATEMENT FOR APPLICANT

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S.§49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S.§4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

APPLICANT'S SIGNATURE _____ DATE _____

SECTION 3: PRECEPTOR INFORMATION – TO BE COMPLETED BY NEW PRECEPTOR

PRECEPTOR'S NAME:	
PRECEPTOR'S LICENSE NUMBER:	FD-
FUNERAL ESTABLISHMENT NAME:	
FUNERAL ESTABLISHMENT LICENSE NUMBER:	
ESTABLISHMENT ADDRESS:	
TELEPHONE NUMBER:	
NUMBER OF FUNERALS COMPLETED IN THE LAST YEAR:	
NUMBER OF RESIDENT INTERNS YOU SUPERVISE:	

SECTION 4: PRECEPTOR AGREEMENT

I AGREE TO:

- 1. PROVIDE INSTRUCTION AS REQUIRED IN §13.38 OF THE STATE BOARD OF FUNERAL DIRECTORS RULES AND REGULATIONS;**

AND

- 2. NOTIFY THE BOARD OF THE TERMINATION OR TEMPORARY DISCONTINUANCE OF THE INTERNSHIP AS REQUIRED IN §13.40 OF THE STATE BOARD OF FUNERAL DIRECTORS RULES AND REGULATIONS.**

SECTION 5: CERTIFICATION STATEMENT FOR PRECEPTOR

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S.§49.11.

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PRECEPTOR SIGNATURE _____ DATE _____