

# STATE BOARD OF FUNERAL DIRECTORS

Telephone: 717-783-3397  
 Fax: 717-705-5540  
 E-mail: [st-funeral@pa.gov](mailto:st-funeral@pa.gov)  
 Website: [www.dos.pa.gov/funeral](http://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 RE-REGISTRATION OF APPROVAL AS A STUDENT TRAINEE

FEE: \$15.00 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.

IF A PENDING APPLICATION IS OLDER THAN ONE YEAR FROM THE DATE SUBMITTED AND THE APPLICANT WISHES TO CONTINUE THE APPLICATION PROCESS, THE BOARD SHALL REQUIRE THE APPLICANT TO SUBMIT A NEW APPLICATION INCLUDING THE REQUIRED FEE.  
 IN ORDER TO COMPLETE THE APPLICATION PROCESS, MANY OF THE SUPPORTING DOCUMENTS ASSOCIATED WITH THE APPLICATION CANNOT BE MORE THAN SIX MONTHS FROM THE DATE OF ISSUANCE.

HAVE YOU PREVIOUSLY APPLIED FOR STUDENT TRAINEE STATUS? YES  NO

**SECTION 1: GENERAL INFORMATION**

<b>NAME:</b>	<b>FIRST NAME:</b>
	<b>MIDDLE NAME:</b>
	<b>LAST NAME:</b>
<b>HOME ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>DATE OF BIRTH:</b>	
<b>SOCIAL SECURITY NUMBER:</b>	
<b>MAY WE CONTACT YOU VIA EMAIL?</b>	YES _____ NO _____  IF YES, EMAIL ADDRESS: _____

**SECTION 2: PRELIMINARY EDUCATION - CERTIFICATE OF PRELIMINARY EDUCATION FROM THE DEPARTMENT OF EDUCATION (FORM ENCLOSED). IF ATTENDING A COORDINATED COURSE OF STUDY, THE BLOCK IN SECTION 5 MUST BE CHECKED.**

<b>NAME OF COLLEGE</b>		
<b>ADDRESS:</b>		
<b>DATES ATTENDED:</b>	<b>FROM:</b>	<b>TO:</b>

**SECTION 3: CRIMINAL AND DISCIPLINARY INFORMATION**

IF THE ANSWER IS "YES" ATTACH A FULL EXPLANATION AND SUBMIT A CERTIFIED COPY OF ALL RELEVANT COURT AND/OR LEGAL DOCUMENTS. *NOTE: ANSWERING "YES" TO THE FOLLOWING QUESTION WILL NOT RESULT IN THE AUTOMATIC DENIAL OF YOUR APPLICATION.*

ANSWER THE FOLLOWING	YES	NO
1. DO YOU HOLD, OR HAVE YOU EVER HELD, A LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION IN ANY STATE OR JURISDICTION?		
2. IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE PROFESSION AND STATE OR JURISDICTION. PLEASE DO NOT ABBREVIATE THE PROFESSION.		
3. HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION ISSUED TO YOU IN ANY STATE OR JURISDICTION OR HAVE YOU AGREED TO VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE?		
4. DO YOU CURRENTLY HAVE ANY DISCIPLINARY CHARGES PENDING AGAINST YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
5. HAVE YOU WITHDRAWN AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION, HAD AN APPLICATION DENIED OR REFUSED, OR FOR DISCIPLINARY REASONS AGREED NOT TO APPLY OR REAPPLY FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
6. HAVE YOU BEEN CONVICTED (FOUND GUILTY, PLED GUILTY OR PLED NOLO CONTENDERE), RECEIVED PROBATION WITHOUT VERDICT OR ACCELERATED REHABILITATIVE DISPOSITION (ARD), AS TO ANY CRIMINAL CHARGES, FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS? <i>NOTE: YOU ARE NOT REQUIRED TO DISCLOSE ANY ARD OR OTHER CRIMINAL MATTER THAT HAS BEEN EXPUNGED BY ORDER OF A COURT.</i>		
7. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?		

**SECTION 4: CERTIFICATION STATEMENT**

**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. §4911.**

**SOCIAL SECURITY STATEMENT:**

**IN ORDER TO COMPLY WITH FEDERAL LAW, THE STATE BOARD OF FUNERAL DIRECTORS IS OBLIGATED TO INFORM EACH APPLICANT OR LICENSEE FROM WHOM IT REQUESTS A SOCIAL SECURITY NUMBER THAT DISCLOSING SUCH NUMBER IS MANDATORY IN ORDER FOR THIS BOARD TO COMPLY WITH THE REQUIREMENTS OF THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. §4304.1(A). IN ORDER TO ENFORCE DOMESTIC SUPPORT ORDERS, AT THE REQUEST OF THE COMMONWEALTH'S DEPARTMENT OF HUMAN SERVICES (DHS), THE LICENSING BOARDS MUST PROVIDE TO DHS INFORMATION PRESCRIBED BY DHS ABOUT THE LICENSEE, INCLUDING THE SOCIAL SECURITY NUMBER.**

**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 5: MORTUARY SCHOOL VERIFICATION – TO BE COMPLETED BY  
THE PROGRAM DIRECTOR/REGISTRAR**

I CERTIFY THAT \_\_\_\_\_ IS CURRENTLY ENROLLED IN THE FUNERAL  
SERVICE EDUCATION PROGRAM AND IS ELIGIBLE FOR RE-REGISTRATION AS A FUNERAL TRAINEE.

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROGRAM DIRECTOR \_\_\_\_\_

SEAL

\_\_\_\_\_  
SIGNATURE OF PROGRAM DIRECTOR