

MEMO:

TO: Resident Trainee Applicant

FROM: Dolores K. Kenney  
Executive Director

RE: Apprenticeship

The following pertains to all Resident Trainees.

1. The application must be completed in full, either printed in black ink or typewritten, except where signature is required.
2. The application and appropriate fee, \$50.00, must be returned to the address above along with a copy of a Mississippi driver's license and a copy of a high school diploma or GED.
3. Back time can not be counted nor will back-dated applications be accepted.
4. Applicant must be a resident of Mississippi, employed at a licensed Funeral Establishment in the State, or be enrolled as a mortuary science student in an accredited school, college, or university.
5. Employment or engagement of Resident Trainee is as follows:
  - i.) Funeral Directing Resident Trainee must be completed within no less than twenty-four (24) months or more than thirty (30) months, sixty-four (64) hours per month.
  - ii.) Funeral Service Resident Trainee must be completed within no less than twelve (12) months or more than eighteen (18) months, sixty-four (64) hours per month.

Hours served must be certified as to accuracy by the Trainee and Preceptor on the Resident Trainee Quarterly Work Record (forms to be furnished by Board).

1. The Resident Trainee, while serving the apprenticeship, will perform a minimum of twenty-five (25) cases for each activity required. This must be certified as to accuracy by the Trainee and Preceptor on the Quarterly Training Reports (furnished).

1. Applicant must serve his/her apprenticeship under an individual licensed by this Board.
  - i.) Funeral Directing Resident Trainees may serve under either a license Funeral Director or Funeral Service licensee employed full-time at the Establishment where the Trainee is employed.
  - ii.) Funeral Service Resident Trainees must serve under a licensed Funeral Service Licensee employed full-time at the Establishment where the Trainee is employed. In the event an Establishment does not have a full-time Funeral Service Licensee, the Trainee must complete two (2) applications. One application to serve an apprenticeship under a licensed Funeral Director, and one application under the Trade Embalmer.
1. All Resident Trainees' must renew their apprenticeship prior to the First (1<sup>st</sup>) day of January of each year. The renewal fee is \$50.00 and late renewal penalty is \$50.00.
2. All duly registered Resident Trainees will, upon acceptance, be issued a Pocket Certificate and Trainee Number. This information is to be used on all correspondence. The packet will be mailed to the address on the application.
  - i.) A Funeral Directing Resident Trainee Certificate may not be renewed for more than thirty (30) consecutive months.
  - ii.) A Funeral Service Resident Trainee Certificate may not be renewed for more than eighteen (18) consecutive months.
1. Each Trainee is held accountable for making sure this office receives timely and accurate records. Any change in the Trainees' apprenticeship must be reported immediately to the Board.
2. All Affidavits and the applicant's statement must be notarized. All Quarterly Reports must be notarized.
3. All applicants must be duly registered with the Board before any training can be credited. All applicants will be processed timely when the proper documentation and sequence of requirements are followed. The final confirmation of acceptance of a Trainee is left to the discretion of the Board.

Should you have any questions, please do not hesitate to call 601-932-1973.

TO: Resident Trainee

RE: Apprenticeship

The following must accompany your application:

1. Copy of your current driver license
2. Copy of your high school diploma or G.E.D.
3. Non-refundable application fee of **\$ 50.00**.

Application must be complete before processing



**Affidavit of Funeral Directing or Funeral Service Licensee**

I, \_\_\_\_\_, duly licensed for the practice of  
Preceptor Name FD or FS License #  
funeral directing or funeral service by the Mississippi State Board of Funeral Service hereby certify that  
\_\_\_\_\_ started serving his/her funeral directing resident traineeship  
Name of Applicant  
under my personal supervision on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
and he/she has been serving in that capacity since that time. Said resident trainee is employed in  
\_\_\_\_\_ where I am also employed full time as a funeral directing  
Name of Licensed Funeral Establishment  
or funeral service licensee.

I hereby certify that the foregoing statements are true and correct and should the above named resident trainee discontinue his/her traineeship under my personal supervision, I will file with the Secretary of the Board an affidavit showing the length of time served under me. I understand, should the application for registration be accepted, my license may be suspended, or revoked, or I may be placed on a period of probation, for violation of Sections 73-11-41 et. seq. of the Mississippi Code Annotated, 1972, or the rules and regulations of this Board.

MISSISSIPPI \_\_\_\_\_ Signature of License FD/FS License #  
County of \_\_\_\_\_

The above named person, personally known to me, signed the application in my presence and being duly sworn, states that he/she read the above application and that the statements which he/she made therein are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
Notary Public

**Affidavit of Owner-Co-partner-or Officer of Funeral Establishment**

I, \_\_\_\_\_ of \_\_\_\_\_  
Owner, co-partner, or officer Name of funeral establishment  
\_\_\_\_\_ Street address City County Zip  
hereby certify that \_\_\_\_\_ is now in my employ, having  
Name of applicant

entered such employment on the \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_.

I believe them to be of good moral character and I hereby recommend them to the Mississippi State Board of Funeral Service as worthy to registered as a resident trainee for the practice of funeral directing.

Mississippi \_\_\_\_\_  
County of \_\_\_\_\_ Signature of owner, co-partner, of officer

The above named person, personally known to me, signed the application in my presence and being duly sworn, states they have read the above application and that the statements which they made therein are true and correct to the best of their knowledge and belief.

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

My Commission expires: \_\_\_\_\_  
Notary Public

**AFFIDAVIT OF MORTUARY SCIENCE COLLEGE OFFICIAL**

I, \_\_\_\_\_, Mortuary Science \_\_\_\_\_  
Name F.S. # Position  
at \_\_\_\_\_,  
Mortuary Science College Location  
hereby certify that \_\_\_\_\_, is presently enrolled  
Name of Applicant  
as a mortuary science student at above named college beginning enrollment on \_\_\_\_\_

Date

I hereby certify that the foregoing statements are true and correct and should the above named applicant cease his/her enrollment as a mortuary science student at above named college I will notify the Board immediately in writing.

\_\_\_\_\_  
Signature of Official

Mississippi  
County of \_\_\_\_\_

\_\_\_\_\_, the above named person, personally known to me, signed the application in my presence and being duly sworn, states that he/she has read the above application and that the statements which he/she made therein are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_