

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 41/1 et.seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

FUNERAL DIRECTOR AND EMBALMER INTERN CHANGE OF SPONSOR APPLICATION

This portion is to be completed by the funeral director and embalmer intern.

INTERN'S NAME

LICENSE NUMBER

033-

HOME ADDRESS

BUSINESS ADDRESS

This portion is to be completed by the former sponsor.

NOTE: The former sponsor must submit a verification of experience form to verify intern's previous cases handled or assisted.

NAME OF FORMER SPONSOR

LICENSE NUMBER

ADDRESS (Include Street, City, State and ZIP Code)

INDICATE NUMBER OF MONTHS INTERN WAS UNDER YOUR SUPERVISION

DATE INTERN TERMINATED THEIR INTERNSHIP WITH YOU

I certify that the above-named funeral director and embalmer intern has been under my supervision as shown.

Signature of Former Sponsor

Date

This portion is to be completed by the new sponsor.

NAME OF NEW SPONSOR

LICENSE NUMBER

NAME OF FUNERAL HOME

TELEPHONE NUMBER

ADDRESS (Include Street, City, State and ZIP Code)

DATE INTERN STARTED INTERNSHIP

I certify that the above-named funeral director and embalmer intern will be under my supervision as shown.

Signature of New Sponsor

Date

Return completed form to:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation, Professional Services Unit
320 West Washington, 3rd Floor
Springfield, IL 62786