



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Mortuary Science of New Jersey
124 Halsey Street, 6th Floor, P.O. Box 45009
Newark, New Jersey 07101
(973) 504-6425



Intern Registration (This section is to be completed by the preceptor.)

Please print or type.

Applicant's name: _____

1. Provide the name and address of the funeral home where the applicant will be registering.

Name of funeral home		Telephone number (include area code)	
Street address	City	State	ZIP code

2. Preceptor's name: _____ License number: _____

- a. Are you a full-time employee at above listed funeral home? Yes No
- b. Have you held an active New Jersey license for the past two years? Yes No
- c. In the past five years, have you been convicted of a crime or offense relating adversely to the practice of mortuary science or a crime of moral turpitude? Yes No

If "Yes," please explain:

- d. In the past five years, have you been the subject of disciplinary action taken by a professional board resulting in the suspension, revocation or surrender of a license or the placement of significant limitations on such license? Yes No

If "Yes," please explain:

3. Are any other interns currently registered at the establishment? Yes No

If "Yes," please provide their names.

4. What was the funeral case volume for the previous year (stillbirths excluded)? _____

5. How many hours per week will the applicant work? Minimum _____ Maximum _____

6. List below the applicant's regular weekly work schedule.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a.m.							
p.m.							

7. Briefly outline the various duties that will be expected of the applicant:

8. Does the funeral home perform an adequate amount of embalmings so the applicant can successfully fulfill his/her requirements on-time? Yes No

If "No," please indicate the name of the funeral home and licensee who will assist the preceptor with obtaining required amount of embalmings (75). Please attach to the application an acceptance letter from the licensee who will be training the applicant in embalming.

Name of funeral home _____

Address _____

Name of licensee _____ License number _____

9. Are any other interns currently registered under the above listed licensee? Yes No

If "Yes," you are not eligible pursuant to N.J.S.A. 45:7-49(2).

If "No," please answer the following questions.

a. Are you a full-time employee at above listed funeral home? Yes No

b. Have you held an active New Jersey license for the past two years? Yes No

c. In the past five years, have you been convicted of a crime or offense relating adversely to the practice of mortuary science or a crime of moral turpitude? Yes No

If "Yes," please explain:

d. In the past five years, have you been the subject of disciplinary action taken by a professional board resulting in the suspension, revocation or surrender of a license or the placement of significant limitations on such license? Yes No

If "Yes," please explain:

I certify that I, _____ will be responsible for all necessary training to successfully prepare

Print name

the applicant to become a licensed practitioner of mortuary science, explained the duties outlined above to the intern applicant, and have read the rules regarding internship and preceptor requirements at N.J.A.C. 13:36-2.

Signature of preceptor

Sworn and subscribed to before me this _____

day of _____, 20____
Month Year



Name of Notary Public (please print)

Signature of Notary Public