

Mortuary Science

INTERN REGISTRATION APPLICATION

Instructions

As of October 1, 2017 our application process has changed, follow the instructions below.

Print these instructions and use them as a check list.

Along with this application you must submit the following:

- Your official academic transcript(s). You must send in a request to your academic institution asking for an official transcript(s) to be sent to you in a sealed envelope. Do NOT open the transcript(s). The transcript(s) must be included with your application. The transcript(s) results must be received by MDH in a sealed/unopened envelope. If your school will only provide electronic verification please have them send the verification to health.mortsci@state.mn.us. Your transcript(s) must have a total of 120 semester credits or 180 quarter credits.
If you requested to have your transcript(s) sent to our office electronically please provide the date that you requested the electronic information: _____
- National Board Examination results. You must send in a request to The Conference asking for your results to be sent electronically to health.mortsci@state.mn.us. Please provide the date that you requested the electronic information: _____
- Copy of your driver's license or State I.D.
- Check or money order for \$75.00 payable to Commissioner of Finance.
- Submit the State Exam application and fee of \$125.00.
- Supervising Mortician Registration form.
- Please make a copy of the instructions and completed Mortuary Science Internship Registration application for your records. Mail the original instructions, application, fee and all requested documents to the address provided at the bottom of the application.

Failure to submit the required information all together as instructed will result in your application being mailed back to you. If your application is mailed back to you, you will be provided with instructions on what is needed to continue the application process.

INTERNSHIP REGISTRATION

Internship Registration

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. This notice is given pursuant to Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information you provide in this application to determine if you meet Chapter 149A requirements for licensure. You are not legally required to supply the requested information. However, **FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION.** All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. *When you become licensed, the application data (except SSN) becomes public.* Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office, and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or determination of your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested-case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

The undersigned hereby submits this application to serve an internship in mortuary science subject to provisions of Minnesota Statutes, section 149A. Include all documents listed at the bottom of this application and an application fee of \$75.00 payable to: Commissioner of Finance.

Applicant Information

Last Name		First Name		Middle	
Mailing Address		City		State	Zip
Phone Number			Cell Phone		
Email Address			Fax Number		
Social Security Number (S.S number is required by MN Statutes section 270C.72, subd.4)				Date of Birth	

Internship Information

Name of Establishment		Establishment Lic. No.		Anticipated Start Date	
Name of Mortician Supervising Applicant's Internship				Supervisor Lic. No.	
Mailing Address		City		State	Zip
Email Address		Phone Number		Fax Number	

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that misstatement of facts may results in denial of this application.

Signature of Applicant

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-3829
health.mortsci@state.mn.us
www.health.state.mn.us

07/25/2017

To obtain this information in a different format, call: 651-201-3829. Printed on recycled paper.