Government of the District of Columbia
Occupational and Professional Licensing Administration

Board of Funeral Directors
In the District of Columbia
Supervision Verification Form – Funeral Director

RE: _____ _____
Applicant's Name Apprentice License Number

_____-_____-_____
Social Security Number

Dear Sir/Madam:

The applicant whose name appears above has applied for a license to practice as a funeral director in the District of Columbia. Please complete the information requested below.

I, _____, certify that I supervised _____
Supervisor Applicant

From _____ to _____ who worked _____ hours per week
Month/Year Month/Year

as an apprentice funeral director. I further certify that he/she conducted or directed _____(number) funerals and embalmed the human remains of ____ (number) during the period of apprenticeship. Was applicant's performance satisfactory or better? ___ yes ___ no

Additional Comments:
_____

_____

_____

I certify that I provided the supervision described above and that it is a true and accurate representation of this supervision. In certifying this applicant's experience, I agree to substantiate the information provided should the Board desire to contact me at a later date.

_____ _____
Signature of Supervisor Address of Funeral Home

_____ _____
License Number of Supervisor City, State, Zip Code

Subscribed and sworn to before me at _____, this day of _____, 20_____.

(Notary Seal)

My commission expires on _____ _____
Notary Public

Please complete this form and return to:

Pearson VUE
Dept. DC-FN
Metro-Plex II
8201 Corporate Drive, Suite 400
Landover, MD 20785