



Government of the District of Columbia  
Occupational and Professional Licensing Administration

Funeral Board of Directors  
In the District of Columbia

Supervision Form – Apprentice Funeral Director

RE: \_\_\_\_\_  
Applicant's Name Social Security Number

Dear Sir/Madam:

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

I, \_\_\_\_\_ (Supervisor), \_\_\_\_\_ (DC License #),  
\_\_\_\_\_ (Funeral Home)

certify that, \_\_\_\_\_ (Applicant), will begin serving as an apprentice funeral director under my supervision immediately upon receipt of license. Will apprenticeship be full \_\_\_\_\_ or part-time \_\_\_\_\_? If part-time basis, please state where employed \_\_\_\_\_.

Total number of apprentices employed at the funeral home \_\_\_\_\_.

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 I, Suite 250  
8401 Corporate Drive  
Landover, MD 20785