**STATE OF IDAHO**
**BUREAU OF OCCUPATIONAL LICENSES**
**IDAHO BOARD OF MORTICIANS**
**700 West State Street, PO Box 83720**
**Boise, Idaho 83720-0063**
**(208) 334-3233**
**FAX (208) 334-3945**

# CHANGE OF SPONSORING SUPERVISOR AFFIDAVIT

Name of Resident Trainee: _____

Resident Trainee Permit Number: _____

I am changing my sponsoring supervisor from _____to_____.

I hereby certify under penalty of perjury that the responses provided herein are true and accurate to the best of my knowledge and belief and that I am of good moral character. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing mortician practice. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

_____
Signature of Resident Trainee

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

_____
(seal) Notary Public Official Signature
My Commission Expires_____

## SPONSORING SUPERVISOR

I hereby certify that I am an owner, authorized agent or employee of the funeral home identified below and per Rule 250.02

_____
(Resident Trainee's Name)

The Resident Trainee will practice as a Resident Trainee at the funeral home listed below. I acknowledge that the Resident Trainee is not licensed or authorized to perform any services independently, and I certify that all services performed by the Resident Trainee will be under my direct personal supervision, subject to the laws and rules governing the supervision and practice of resident trainees, and that I assume responsibility for the proper supervision and instruction of the named Resident Trainee.

_____ _____
***Print*** Name of Funeral Home Funeral Establishment License number

_____ _____
***Print*** Name of Sponsoring Supervisor Mortician License number

_____
Sponsoring Supervisor Signature Date

State of _____, County of _____, ss.

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

_____
(seal) Notary Public Official Signature
My Commission Expires_____