

## Transfer Care Specialist Supervisor Information

Supervising morticians are required to complete this form. Applications for Transfer Care Specialist registration without supervision information will not be processed.

Supervisor's Name: \_\_\_\_\_  
Supervisor's License Number: \_\_\_\_\_  
Supervisor's Telephone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_  
Establishment Name: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Establishment Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## Acknowledgement

- ☐ I certify that I will be the registered licensee to direct and supervise the applicant listed below for the duration of their employment at the establishment listed above.
- ☐ I acknowledge that I must provide Direct Supervision of the Transfer Care Specialist under my supervision. [Minnesota Session Laws 2024, Regular Session, Chapter 127, Article 18, Section 7, Subdivision 1 \(https://www.revisor.mn.gov/laws/2024/0/Session+Law/Chapter/127/\)](https://www.revisor.mn.gov/laws/2024/0/Session+Law/Chapter/127/)
- ☐ I acknowledge that I am responsible for the work performed by the Transfer Care Specialist(s) under my supervision.
- ☐ I acknowledge that I may supervise no more than four Transfer Care Specialists at any one time.
- ☐ I have read and understand the requirements of [Minnesota Session Laws 2024, Regular Session, Chapter 127, Article 18 \(https://www.revisor.mn.gov/laws/2024/0/Session+Law/Chapter/127/\)](https://www.revisor.mn.gov/laws/2024/0/Session+Law/Chapter/127/).

Printed Name of Applicant: \_\_\_\_\_

Signature of Supervising Mortician: \_\_\_\_\_

Date: \_\_\_\_\_

Minnesota Department of Health  
Health Regulation Division  
State Licensing, Certification, and Registration  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-4200  
[health.mortsci@state.mn.us](mailto:health.mortsci@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

07/09/2024

To obtain this information in a different format, call: 651-201-4200.