



**INDIANA FUNERAL DIRECTORS ASSOCIATION**

## **INTERN MENTORSHIP ACADEMY**

At IFDA, we believe the internship is one of the most important educational and growth experiences in becoming an embalmer and funeral director. It can be a springboard to a long and successful career, or it can be a less than fulfilling experience driving aspiring caregivers into other vocations.

In early 2023, the board of directors of the Indiana Funeral Directors Association recognized an opportunity to have a positive influence in developing the next generation of funeral caregivers through a mentorship program.

This program is designed to put the best practitioners in Indiana with the newest practitioners in Indiana, building a community of caregivers through a series of unique learning opportunities and conversations that strengthens professional skills and while serving Hoosier families.

This program is open to any active Indiana licensed funeral director intern. This is an 8-month program beginning in September of 2024 and concluding April of 2025. Participants will meet at the IFDA office once a month from 9:00am to 3:00pm. Each date will have a different embalming or funeral director learning module. The culmination of the program will be preparation for the state licensing test.

If you are mid-internship when you begin the program, we will allow you to participate in the program through your first year of licensure.

There is absolutely no cost to participate in this program beyond time. We do require employer approval to participate and commitment to allow them to attend these learning days. Likewise, the supervising funeral director overseeing the intern's work must attend the orientation meeting.

**YOU MUST PRE-REGISTER TO BE ELIGIBLE; WALK UP PARTICIPANTS WILL NOT BE ACCEPTED.**



# INTERN MENTORSHIP ACADEMY

## ALL SESSIONS ARE IN-PERSON AND WILL BE HELD AT THE IFDA OFFICE

September 17, 2024\*  
October 15, 2024  
November 19, 2024

December 17, 2024  
January 21, 2025  
February 18, 2025

March 18, 2025  
April 15, 2025

**\*Mentor strongly encouraged to attend this session with Intern**

**Dates will continue to rotate on a yearly basis, so you can start the program as soon as you have your intern license and complete the entire cycle of session.**

---

### ACADEMY LEADER

**Ron Deremiah, CFSP**  
The Funeral Chapel

### PRESENTERS

**Andy Clayton, CFSP**  
IFDA Executive Director

**Jason Mishler**  
Mishler Embalming & Transit Service

**Greg Guffin, CFSP**  
Carlisle Branson Funeral Service & Crematory

**Aaron Scott**  
Scott Funeral Home

**Carrie Helton Harris**  
Helton & Harris Funeral Homes

**Jan Smith**  
Flanner Buchanan

**John Henderson**  
Hinsey-Brown Funeral Service

**Tom Sproles**  
Sproles Family Funeral Home

**Wallace P. Hooker, CFSP, MBIE**  
Family & Friends Funeral Home

**Mackenzie Yoder**  
Yoder-Culp Funeral Home

**Mike Keller**  
Keller Mortuary Services



# INTERN MENTORSHIP ACADEMY REGISTRATION FORM

## REQUIREMENTS/APPLICATION PROCESS

Interested participants need to complete the following short application process:

- Currently completing funeral director internship in the state of Indiana or within first year of becoming an Indiana licensed funeral director
- Interns will discuss and confirm with the employer and provide confirmation of the employer's support of their commitment to complete the IFDA Intern Mentorship Academy
- Submit application after obtaining your intern license (or within your first licensed year)

## INTERN INFORMATION

Attendee \_\_\_\_\_ Funeral Intern License # \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State IN Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mentor Name \_\_\_\_\_ Mentor Email Address \_\_\_\_\_

## APPLICANT COMMITMENT

I understand the requirements of the Intern Mentorship Academy. I have discussed the requirements of the program with my employer and how the time away will be handled.

\_\_\_\_\_  
**Applicant's Signature** **Date**

\_\_\_\_\_  
**Mentor Funeral Director Signature** **License #** **Date**

I hereby approve \_\_\_\_\_ the time off to participate in all sessions for the Intern Mentorship Program.

\_\_\_\_\_  
**Owner/Manager Signature** **Date**

**RETURN TO: 1305 W 96<sup>th</sup> Street, Suite A, Indianapolis, IN 46260 | [connie@infda.org](mailto:connie@infda.org) | fax (317) 846-6534**