



September 22, 2017
Hearing Room #5
10:00 a.m.

Agenda

Virginia Board of Funeral Directors & Embalmers Ad Hoc Committee on Funeral Internships

Call to Order – Blair H. Nelsen, FSL, Committee Chair

Public Comment

Discussion – Funeral Service Internship Program

- **Reporting Requirements and Forms**
-

Meeting Adjournment

This information is in DRAFT form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3703(D).

Attachments:

1. Current Reporting Forms
2. Sample Forms – other states

Attachments

- 1. Virginia Internship Reporting Forms**
- 2. Sample Internship Report Forms – Other States**

COMMONWEALTH OF VIRGINIA

Board of Funeral Directors and Embalmers

Perimeter Center – 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463

Phone: 804-367-4479 FAX: 804-527-4413

Website: www.dhp.virginia.gov Email: FANBd@dhp.virginia.gov

FIRST 1000 HOUR FUNERAL INTERNSHIP REPORT

Funeral Service Intern's Name: _____ License No. _____
 Supervisor's Name: _____ License No. _____

1. Indicate the level of knowledge and proficiency you observe in the performance of your intern on a scale of 1-10: (1- Unsatisfactory, 10- Excellent). Please comment on each area.

AREA OF KNOWLEDGE AND PROFICIENCY	Rating (1-10)
A) Virginia Laws	
B) Federal Laws: FTC, OSHA, ADA	
C) Vital Statistics and Post-Mortem Regulations	
D) Merchandise/Merchandising	
E) Funeral Arranging (At Need & Preneed with families)	
F) Cremation Laws	
G) Funeral Directing	
H) Preneed Funeral Laws	
I) General Business Procedures	

2. Please estimate the number of hours of the Intern's time during an average work week spent in each of the following areas:

	Hours
A) First Calls/Removals	
B) Driving of Vehicles	
C) Assisting in Funeral Arrangements	
D) Funeral Services (Visitations, Services, etc.)	
E) Administrative Duties (Filing Death Certificates, paperwork, etc)	
F) Maintenance (Explain)	
G) Other Duties (Explain)	

3. Please indicate the number completed by the intern, during this reporting period, in the following areas:

A) Funeral Arrangements	
B) Embalmings	

4. The Intern has completed the 1st 1,000 hours of his/her internship. Please rate and comment on the Intern's progress and improvement during the last three months utilizing the following scale:

1-Unsatisfactory Progress, 2-Marginal Progress, 3-Good Progress, 4-Exceptional Progress

AREA OF KNOWLEDGE AND PROFICIENCY	Scale (1-4)
A) Anatomy	
B) Restorative Art	
C) Safety and Sanitation	
D) Embalming and Proficiency	
F) Reliability	
I) Attitude toward funeral service industry	
I) Overall quality of work	

I certify this is an accurate report on the progress of the above-named Intern and has been prepared without consultation with the Funeral Service Intern.

 Signature of Supervisor Date _____

 Signature of Funeral Service Intern Date _____

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SECOND 1000 HOUR FUNERAL INTERNSHIP REPORT

Funeral Service Intern's Name: _____ License No. _____
 Supervisor's Name: _____ License No. _____

1. Indicate the level of knowledge and proficiency you observe in the performance of your intern on a scale of 1-10: (1- Unsatisfactory, 10- Excellent). Please comment on each area.

AREA OF KNOWLEDGE AND PROFICIENCY	Rating (1-10)
A) Virginia Laws	
B) Federal Laws: FTC, OSHA, ADA	
C) Vital Statistics and Post-Mortem Regulations	
D) Merchandise/Merchandising	
E) Funeral Arranging (At Need & Preneed with families)	
F) Cremation Laws	
G) Funeral Directing	
H) Preneed Funeral Laws	
I) General Business Procedures	

2. Please estimate the number of hours of the Intern's time during an average work week spent in each of the following areas:

	Hours
A) First Calls/Removals	
B) Driving of Vehicles	
C) Assisting in Funeral Arrangements	
D) Funeral Services (Visitations, Services, etc.)	
E) Administrative Duties (Filing Death Certificates, paperwork, etc)	
F) Maintenance (Explain)	
G) Other Duties (Explain)	

3. Please indicate the number completed by the intern, during this reporting period, in the following areas:

A) Funeral Arrangements	
B) Embalmings	

4. The Intern has completed the 2ND 1,000 hours of his/her internship. Please rate and comment on the Intern's progress and improvement during the last three months utilizing the following scale:

1-Unsatisfactory Progress, 2-Marginal Progress, 3-Good Progress, 4-Exceptional Progress

AREA OF KNOWLEDGE AND PROFICIENCY	Scale (1-4)
A) Anatomy	
B) Restorative Art	
C) Safety and Sanitation	
D) Embalming and Proficiency	
F) Reliability	
I) Attitude toward funeral service industry	
I) Overall quality of work	

I certify this is an accurate report on the progress of the above-named Intern and has been prepared without consultation with the Funeral Service Intern.

 Signature of Supervisor Date _____

 Signature of Funeral Service Intern Date _____

COMMONWEALTH OF VIRGINIA

Board of Funeral Directors and Embalmers

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THIRD 1000 HOUR FUNERAL INTERNSHIP REPORT

Funeral Service Intern's Name: _____ License No. _____
 Supervisor's Name: _____ License No. _____

1. Indicate the level of knowledge and proficiency you observe in the performance of your intern on a scale of 1-10: (1- Unsatisfactory, 10- Excellent). Please comment on each area.

AREA OF KNOWLEDGE AND PROFICIENCY	Rating (1-10)
A) Virginia Laws	
B) Federal Laws: FTC, OSHA, ADA	
C) Vital Statistics and Post-Mortem Regulations	
D) Merchandise/Merchandising	
E) Funeral Arranging (At Need & Preneed with families)	
F) Cremation Laws	
G) Funeral Directing	
H) Preneed Funeral Laws	
I) General Business Procedures	

2. Please estimate the number of hours of the Intern's time during an average work week spent in each of the following areas:

	Hours
A) First Calls/Removals	
B) Driving of Vehicles	
C) Assisting in Funeral Arrangements	
D) Funeral Services (Visitations, Services, etc.)	
E) Administrative Duties (Filing Death Certificates, paperwork, etc)	
F) Maintenance (Explain)	
G) Other Duties (Explain)	

3. Please indicate the number completed by the intern, during this reporting period, in the following areas:

A) Funeral Arrangements	
B) Embalmings	

4. The Intern has completed the 3RD 1,000 hours of his/her internship. Please rate and comment on the Intern's progress and improvement during the last three months utilizing the following scale:

1-Unsatisfactory Progress, 2-Marginal Progress, 3-Good Progress, 4-Exceptional Progress

AREA OF KNOWLEDGE AND PROFICIENCY	Scale (1-4)
A) Anatomy	
B) Restorative Art	
C) Safety and Sanitation	
D) Embalming and Proficiency	
F) Reliability	
I) Attitude toward funeral service industry	
I) Overall quality of work	

I certify this is an accurate report on the progress of the above-named Intern and has been prepared without consultation with the Funeral Service Intern.

 Signature of Supervisor Date _____

 Signature of Funeral Service Intern Date _____

**FUNERAL SERVICE INTERN HOURS ATTESTATION FORM
FIRST (1ST) REPORT**

Virginia Board of Funeral Directors and Embalmers

Perimeter Center – 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463

Phone: 804-367-4479 FAX: 804-527-4413

Email: FanBd@dhp.virginia.gov Website: www.dhp.virginia.gov

TO BE COMPLETED BY FUNERAL SERVICE INTERN:

Full Legal Name: _____

Mailing Address: _____

City/State: _____ Zip: _____

Email: _____ Phone: _____

Name of Funeral Service Establishment Employed:

License# of Funeral Service Establishment: _____

Name of Supervisor: _____ License#: _____

Start Date: _____ End Date: _____ *Total Hours worked: _____

***The Virginia Board of Funeral Directors and Embalmers reserve the right to request verification of hours worked.**

We attest to the accuracy of the hours reported and compliance with the Virginia regulations and statutes governing the practice of funeral services.

Funeral Service Intern: _____ Date: _____

Funeral Service Supervisor: _____ Date: _____

10/10/2008 10:00 AM

**FUNERAL SERVICE INTERN HOURS ATTESTATION FORM
SECOND (2ND) REPORT**

Virginia Board of Funeral Directors and Embalmers

Perimeter Center – 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463

Phone: 804-367-4479 FAX: 804-527-4413

Email: FanBd@dhp.virginia.gov Website: www.dhp.virginia.gov

TO BE COMPLETED BY FUNERAL SERVICE INTERN:

Full Legal Name: _____

Mailing Address: _____

City/State: _____ Zip: _____

Email: _____ Phone: _____

Name of Funeral Service Establishment Employed:

License# of Funeral Service Establishment: _____

Name of Supervisor: _____ License#: _____

Start Date: _____ End Date: _____ *Total Hours worked: _____

***The Virginia Board of Funeral Directors and Embalmers reserve the right to request verification of hours worked.**

We attest to the accuracy of the hours reported and compliance with the Virginia regulations and statutes governing the practice of funeral services.

Funeral Service Intern: _____ Date: _____

Funeral Service Supervisor: _____ Date: _____

FUNERAL SERVICE INTERN HOURS ATTESTATION FORM THIRD (3RD) REPORT

Virginia Board of Funeral Directors and Embalmers

Perimeter Center – 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463

Phone: 804-367-4479

FAX: 804-527-4413

E-Mail: FanBd@dhp.virginia.gov

Website: www.dhp.virginia.gov

TO BE COMPLETED BY FUNERAL SERVICE INTERN:

Full Legal Name: _____

Mailing Address: _____

City/State: _____ Zip: _____

Email: _____ Phone: _____

Name of Funeral Service Establishment Employed:

License# of Funeral Service Establishment: _____

Name of Supervisor: _____ License#: _____

Start Date: _____ End Date: _____ *Total Hours worked: _____

***The Virginia Board of Funeral Directors and Embalmers reserve the right to request verification of hours worked.**

We attest to the accuracy of the hours reported and compliance with the Virginia regulations and statutes governing the practice of funeral services.

Funeral Service Intern: _____ Date: _____

Funeral Service Supervisor: _____ Date: _____

Sample Internship Reporting Forms - Other States:

1. Alaska
2. Arkansas
3. California
4. Colorado
5. Delaware
6. Florida
7. Georgia
8. Idaho
9. Indiana
10. Iowa
11. Kentucky
12. Louisiana
13. Maryland
14. Michigan
15. Minnesota
16. Mississippi
17. Missouri
18. Montana
19. Nevada
20. New Hampshire
21. New Mexico
22. North Carolina
23. Ohio
24. Oregon
25. Rhode Island
26. South Carolina
27. South Dakota
28. Tennessee
29. Texas
30. Washington
31. West Virginia
32. Wisconsin
33. Wyoming



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
MORTUARY SCIENCES SECTION
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-3811 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: <http://commerce.alaska.gov/cbpl/pl>

FUNERAL DIRECTOR TRAINEE PERMIT APPLICATION PACKET

GENERAL INSTRUCTIONS

Please read the application and all the instructions carefully. An incomplete or incorrect application will be returned and will cause delays in processing. Please type or print all requested data.

APPLICATION FOR PERMIT

The applicant must complete the application accurately, and the application must be signed by both the trainee and supervisor before a notary public. The sponsor and supervision form (p. 2) must be completed by the Alaska-licensed funeral director who will oversee the training, and the form signed by both the supervisor and the trainee. Send the complete application, sponsor and supervision form, and a check or money order for \$180 (\$100 nonrefundable application fee plus \$80 permit fee) payable to the State of Alaska to the address above.

Permits are usually issued within approximately three weeks of the division's receipt of a complete and correct application. The permit is issued for a one-year period from date of issue and may be renewed once. When issued, the trainee permit will be mailed with an accompanying cover letter providing further licensing information. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees.

GENERAL INFORMATION

SOCIAL SECURITY NUMBERS - AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed. If you are a foreign citizen unable to obtain a U.S. Social Security Number, please contact the division for further instructions.

ADDRESS CHANGES - In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division of Corporations, Business and Professional Licensing, in writing, of changes of address. The address of record with the division will be used for all official notifications and correspondence.

ABANDONMENT - Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of license and other fees paid. If no request for refund is received, all fees are forfeited.

AUTHORITIES FOR REGULATION OF MORTUARY SCIENCE TRAINEES

Sec. 08.42.085. Qualifications for trainees. (a) A person may apprentice as an embalmer trainee if the person

- (1) is at least 18 years of age;
- (2) applies on a form provided by the department; and
- (3) furnishes evidence satisfactory to the department that an embalmer licensed in this state will supervise the training

and that the training will take place in a funeral establishment that meets the requirements of AS 08.42.100.

(b) A person may apprentice as a funeral director trainee if the person

- (1) is at least 18 years of age;
- (2) applies on a form provided by the department; and
- (3) furnishes evidence satisfactory to the department that a funeral director licensed in this state will supervise the training and that the training will take place in a funeral establishment that meets the requirements of AS 08.42.100.

(c) The department shall issue a permit valid for one year to an applicant who meets the requirements of this section. The department shall renew a permit for one year if the trainee applies for renewal on a form provided by the department and shows that the training activity continues to satisfy the requirements of this section. The department will charge a fee for processing applications and renewals under this section which will be sufficient to cover administrative costs.

(d) A person may apprentice as a funeral director trainee or as an embalmer trainee for no more than two years.

Sec. 08.42.200(4).

(4) "trainee" means a person who has met the qualifications set out in AS 08.42.085(a) and is engaged in learning the practice of embalming under the direction and control of a person properly licensed to practice embalming, or a person who has met the qualifications set out in AS 08.42.085(b) and is engaged in learning the practice of funeral directing under the direction and control of a person properly licensed to practice funeral directing.

12 AAC 50.200. APPRENTICESHIP TRAINING. (a) Apprenticeship training must be provided by a sponsor approved under 12 AAC 50.100.

(b) A funeral director trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

(1) assisting or participating in the preparation of at least 24 funerals, including all necessary documentation required by law;

(2) assisting in the arrangement of a selection room, including buying, pricing, and providing a description of each casket.

(c) An embalmer trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

(1) assisting the preparation and embalming for at least 24 deceased human bodies, including cosmetic application, dressing, and casket preparation;

(2) making removals of human bodies.

(d) Each embalmer and funeral director trainee shall submit case reports on forms provided by the department, for each of the 24 funerals or embalming required in (b) or (c) of this section. Unless the department finds good cause to grant an extension under this subsection, six case reports shall be submitted every three months and shall be signed by the trainee and the sponsor. If a trainee is unable to complete six case reports in a three month period, the trainee shall submit the case reports that were completed and a written request for an extension explaining why the trainee was unable to complete all six cases within the time period specified under this section. The department will grant the request for an extension if it finds good cause outside of the control of the trainee.

(e) An apprenticeship must consist of training of a minimum of 30 hours per week, excluding up to 30 days of leave time per year for the trainee.

(f) Apprenticeship training as a funeral director or embalmer may be earned concurrently. If the training is not completed within one year, the trainee may apply for renewal of the permit for one year under AS 08.42.085(c).

(g) Upon completion of the apprenticeship training, the sponsor shall complete an affidavit on a form provided by the department, stating that the trainee has satisfactorily completed the apprenticeship requirements of AS 08.42 and this chapter under the sponsor's director supervision. If the apprenticeship training is terminated before completion of the apprenticeship, the sponsor shall complete an affidavit on a form provided by the department, stating what requirements of AS 08.42 and this chapter that the trainee completed under the sponsor's direct supervision.

12 AAC 50.400. SUPERVISION OF TRAINEES. (a) During an embalmer trainee's first six months of apprenticeship training, the sponsor for the trainee shall be present and providing direct supervision during the entire embalming process. For the remainder of the apprenticeship training, the sponsor shall be present for the beginning of each embalming and available for consultation during or after the procedure.

(b) During a funeral director trainee's first six months of apprenticeship training, the sponsor shall be present and providing direct supervision during each entire arrangement conference and funeral. For the remainder of the apprenticeship training, the sponsor shall be present for the beginning of each arrangement conference and funeral and available for consultation during or after the event.



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
Mortuary Science Section
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-3811 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: http://commerce.alaska.gov/cbpl/pl

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FUNERAL DIRECTOR TRAINEE PERMIT APPLICATION

Nonrefundable application fee: \$100 Permit fee: \$80

Name: Last First Middle Maiden/Other

Social Security Number: Birthdate: Sex:

Mailing Address: City State ZIP Code

Email Address (optional):

Please send correspondence via: [] Email [] US Mail

Telephone - Business: Home:

Name of Establishment Where Training Will Take Place:

License Number of Establishment:

Physical Location:

Name of Licensee Providing Supervision: License Number:

TRAINEE PROFESSIONAL FITNESS QUESTIONS (AS 08.42.085)

- 1. Have you been convicted of a crime or are you currently charged with committing a crime?
2. Are you aware of any investigations against you, in any state, jurisdiction or in Canada?
3. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?
4. Are your rights to obtain or exercise the privileges granted by a Mortuary Sciences trainee permit and/or license currently revoked or suspended in this state, another state, or Canada?
5. Have you ever secured or attempted to secure a permit/license through deceit, fraud, or intentional misrepresentation?
6. Have you ever failed to comply with a Board or Division order?

TRAINEE PERSONAL HISTORY QUESTIONS (AS 08.42.085)

Within the last five years:

YES NO

- 7. Have you been or are you currently being treated for bipolar disorder, schizophrenia, paranoia, Psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness?.....
- 8. Have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates or habit forming drugs?.....
- 9. Have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to provide mortuary services?.....

A "yes" answer may not prejudice your application, failure to report honestly may.

If you answered "yes" to any of the above questions (1 – 6), you MUST submit a full explanation of the circumstances of the event(s) in your own words on a separate piece of paper. Also, you MUST submit any/all supporting documents that are applicable (court records including charging documents, judgments, certificate of completion, Board actions, investigation notices, etc.)

If you answered "yes" any of the above questions (7 – 9), you MUST also submit documentation from your health care provider stating their relationship to the issue of concern and attesting to your ability to provide mortuary sciences services.

TRAINEE AND SUPERVISOR: By signature below, we acknowledge that training may not begin until the required permit from the State of Alaska has been received and that no hours will be credited outside the issue and expiration date of the permit. We further acknowledge and agree that training will take place only when the above-named supervisor is on the premises of the establishment named in this application.

We further certify that the information in this application is true and correct and that any false or misleading information may result in failure to issue the permit or revocation of the permit.

Signature of Applicant (Trainee)

Signature of Funeral Director Supervisor

SUBSCRIBED AND SWORN TO before me on _____ (date).

Notary Public, State of _____

My commission expires: _____

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State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
Mortuary Science Section
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-3811 * Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: http://commerce.alaska.gov/cbpl/pl

AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, _____

residing at _____

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as an embalmer. This authorization expires one year from the date of my signature below.

Signature: _____

Date: _____

Social Security Number: _____

Date of Birth: _____

Home Telephone: _____

Work Telephone: _____



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
Mortuary Science Section
PO Box 110806, Juneau, AK 99811-0806
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E-mail: license@alaska.gov
Website: http://commerce.alaska.gov/cbpl/pl

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FUNERAL DIRECTOR SPONSOR AND SUPERVISION PROPOSAL FORM

This form must be completed and signed by the Alaska-licensed funeral director who will supervise the trainee named. Please print or type the requested information. A supervisor must meet and follow the requirements of 12 AAC 50.100, .200, and .400 as follows:

- 1. The supervisor must have an active license to practice as a funeral director in Alaska, must directly supervise the trainee at a licensed funeral establishment, and supervise no more than one trainee at a time; and
2. During a funeral director trainee's first six months of apprenticeship training, the sponsor will be present and provide direct supervision during each entire funeral preparation process. For the remainder of the apprenticeship training, the sponsor will be present for the beginning of each arrangement conference and funeral, and available for consultation during or after the event; and
3. If the supervisor/trainee relationship is terminated before the trainee permit expires, written notice of that termination, including termination date, will be sent to the division.

Before beginning apprenticeship training, the following must be completed, then submitted to and approved by the division:

I, _____, certify that I will directly supervise the training
Sponsor's Name

activities of _____. I currently hold Alaska Funeral Director
Trainee's Name

License # _____, which was originally issued on _____, and will expire
on _____, and have been employed since _____

(date) in the position of _____

at _____

the funeral establishment where the funeral director trainee will complete apprenticeship training activities. I agree to fulfill the duties and responsibilities of sponsor as outlined in 12 AAC 50.100, .200, and .400, including direct supervision during the funeral preparation process as required.

Supervisor's Signature _____ Date _____

Trainee's Signature _____ Date _____

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E-mail: license@alaska.gov
Website: http://commerce.alaska.gov/cbpl/pl

FUNERAL DIRECTOR TRAINEE CASE REPORT

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure (AS 08.42.050)

Please type or print. Case Reports with illegible writing will be returned.

12 AAC 50.200(d) requires six case reports of funeral preparations performed by a trainee during the previous quarter to be submitted to the division every three months of a funeral director trainee's apprenticeship.

Form fields for Trainee Name, Sponsor Name, License No., Report for the quarter (circle one), and Quarter date.

CASE IDENTIFICATION

Case No: Time and Date Started: Time and Date Completed:

IDENTIFICATION OF DECEASED

Name of Deceased: Sex: M F Date of Birth: / /

Date of Death: / / Place of Death:

Primary Cause of Death:

Family member(s) worked with and relationship to decedent:

Who helped decide method of burial/disposition of remains:

TYPE OF FUNERAL SERVICE (Check all that apply):

Full Service Funeral Calling/Visitation Hours Memorial Service Graveside Service Direct Cremation

Date of Funeral Service: / / Place of Funeral Service:

Medical certification of cause of death received on:

Personal data received from next of kin on:

Death Certificate filed on (date):

Death Certificate filed at (place):

Is Certificate of Death being filed more than one year after death?

Death Certificate filed by (person):

If body or fetus is to be removed from state, burial transit permit was obtained on Date from State

FUNERAL PARTICIPATION (Check all items performed by Trainee):

<p>A. Removal of remains: Place of removal _____</p> <p><input type="checkbox"/> Accompanied supervisor on first call</p> <p><input type="checkbox"/> Assisted in making arrangement appointment</p> <p><input type="checkbox"/> Discussed necessary clothing and information needed for arrangements</p> <p><input type="checkbox"/> Secured information from place of removal (hospital, nursing home, etc.)</p>	<p>B. Funeral Arrangements</p> <p><input type="checkbox"/> Present in arrangement room</p> <p><input type="checkbox"/> Prepared newspaper notices</p> <p><input type="checkbox"/> Completed death certificate</p> <p><input type="checkbox"/> Filed death certificate and secured permits</p> <p><input type="checkbox"/> Assisted in music arrangements</p> <p><input type="checkbox"/> Made cemetery arrangements</p> <p><input type="checkbox"/> Made arrangements for and ordered outer receptacle</p>
<p>C. Final Setup Details</p> <p><input type="checkbox"/> Assisted in placing the casket in visitation room</p> <p><input type="checkbox"/> Received friends and family during visitations</p> <p><input type="checkbox"/> Seated guests</p> <p><input type="checkbox"/> Assisted in setting up visitation room (flowers, pictures, etc.)</p> <p>Write a brief explanation of your involvement in arrangement of visitation room:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>D. Merchandising</p> <p><input type="checkbox"/> Was present during merchandise selection OR observed casket/urn sale</p> <p><input type="checkbox"/> Observed sale of outside container</p> <p><input type="checkbox"/> Observed selection of clothing</p> <p><input type="checkbox"/> Recorded merchandise sold</p> <p><input type="checkbox"/> Observed pricing methods</p> <p><input type="checkbox"/> Discussed service cost with employer</p> <p><input type="checkbox"/> Prepared funeral service statement</p> <p>Write a brief explanation of what merchandise was selected:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>F. Funeral Service</p> <p><input type="checkbox"/> Assisted in directing service</p> <p><input type="checkbox"/> Assisted the family and relatives</p> <p><input type="checkbox"/> Seated guests</p> <p><input type="checkbox"/> Drove hearse, service car, family car</p> <p><input type="checkbox"/> Assisted in directing casket bearers & honorary groups</p> <p><input type="checkbox"/> Assisted in the committal service & cemetery details</p> <p>Write a brief explanation of your involvement with the service: _____</p> <p>_____</p>	

Additional services offered and/or provided: _____

Additional comments: _____

Supervisors, please read this report before signing!!!

Trainees: It is highly unlikely that you did a removal, conducted the funeral and buried all in the same day. Please re-check the dates on your list.

➡ _____
Signature of Trainee Date

➡ _____
Signature of Supervisor Date



State of Alaska
 Department of Commerce, Community and Economic Development
 Division of Corporations, Business and Professional Licensing
Mortuary Science Section
 PO Box 110806, Juneau, AK 99811-0806
 Phone: (907) 465-3811 ★ Fax: (907) 465-2974
 E-mail: license@alaska.gov
 Website: http://commerce.alaska.gov/cbpl/pl

MOR

For Division Use Only

FUNERAL DIRECTOR TRAINEE CASE REPORT - EXTENSION REQUEST

12 AAC 50.200(d) requires six case reports of funeral arrangements performed by a trainee during the previous quarter to be submitted to the division every three months of a funeral director trainee's apprenticeship. If good cause is shown, the division may grant an extension of time to complete this requirement.

Name of Trainee: _____ Trainee Permit No.: _____

Name of Establishment where Training: _____

Supervisor: _____ License No.: _____

Period for which insufficient reports were provided: _____ dates
 _____ quarter of training

This request must include an explanation why the trainee was unable to complete all six cases within the time period shown. Please provide details upon which the division may make a determination.

Explanation: _____

I, the undersigned funeral director trainee, request an extension of time to provide the remaining _____ report(s) not submitted during the last quarter of training.

 Trainee's Signature Date Supervisor's Signature Date

 Trainee's Printed Name Date Supervisor's Printed Name Date

Division Use Only

_____ # Quarterly reports submitted timely _____ # of Missing Reports

_____ Extension request submitted timely _____ Good cause shown

_____ Extension granted on _____ Notified on _____

_____ Extension denied on _____ Notified on _____

 Division Authorized Signature Date

For Division Use Only



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
Mortuary Science Section
PO Box 110806, Juneau, AK 99811-0806
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E-mail: license@alaska.gov
Website: http://commerce.alaska.gov/cbpl/pl

AFFIDAVIT OF FUNERAL DIRECTOR APPRENTICESHIP TRAINING

This form must be completed and signed by the Alaska-licensed funeral director who supervised the training. Please type or print the requested information. Training verified by supervisor must have been within the time frame of a valid trainee permit and in accordance with 12 AAC 50.200 (copy of reverse).

I certify that the trainee named below was under my direct supervision and satisfactorily completed the funeral director apprenticeship requirements of AS 08.42 and 12 AAC 50. I further certify that

s/he completed at least 24 funeral arrangements of dead human beings during the period to (dates - minimum one year) and that the apprenticeship consisted of at least 30 hours of training per week, excluding up to 30 days of leave time allowed under 12 AAC 50.200(e);

OR

apprenticeship training was terminated before completion of the full period; I supervised training from to (dates) and listed below are the requirements the trainee completed during that period.

Full Name of Trainee:

Trainee Permit No.: Issue Date of Trainee Permit:

Name of Establishment Where Training was Received:

Address:

Supervisor's Name: License No.:

Actual training completed (please state type and number of funeral arrangements made or other duties performed):

Sign Here

Signature of Supervisor Date

SUBSCRIBED AND SWORN TO before me on (date)

Notary Public, State of

My Commission Expires:

12 AAC 50.200. APPRENTICESHIP TRAINING. (a) Apprenticeship training must be provided by a sponsor approved under 12 AAC 50.100.

(b) A funeral director trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

(1) assisting or participating in the preparation of at least 24 funerals, including all necessary documentation required by law;

(2) assisting in the arrangement of a selection room, including buying, pricing, and providing a description of each casket.

(c) An embalmer trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

(1) assisting in the preparation and embalming of at least 24 deceased human bodies, including cosmetic application, dressing, and casket preparation;

(2) making removals of human bodies.

(d) Each embalmer and funeral director trainee shall submit case reports on forms provided by the department, for each of the 24 funerals or embalming required in (b) or (c) of this section. Unless the department finds good cause to grant an extension under this subsection, six case reports shall be submitted every three months and shall be signed by the trainee and the sponsor. If a trainee is unable to complete six case reports in a three-month period, the trainee shall submit the case reports that were completed and a written request for an extension explaining why the trainee was unable to complete all six cases within the time period specified under this section. The department will grant the request for an extension if it finds good cause outside of the control of the trainee.

(e) An apprenticeship must consist of training of a minimum of 30 hours per week, excluding up to 30 days of leave time per year for the trainee.

(f) Apprenticeship training as a funeral director or embalmer may be earned concurrently. If the training is not completed within one year, the trainee may apply for renewal of the permit for one year under AS 08.42.085(c).

(g) Upon completion of the apprenticeship training, the sponsor shall complete an affidavit on a form provided by the department, stating that the trainee has satisfactorily completed the apprenticeship requirements of AS 08.42 and this chapter under the sponsor's direct supervision. If the apprenticeship training is terminated before completion of the apprenticeship, the sponsor shall complete an affidavit on a form provided by the department, stating what requirements of AS 08.42 and this chapter that the trainee completed under the sponsor's direct supervision.

**ARKANSAS STATE BOARD OF EMBALMERS
STUDENT EMBALMER'S CASE REPORT**

Apprenticeship # _____

A copy of this report must be mailed to the Inspector of the Arkansas State Board of Embalmers no later than the 10th day of the month following the month in which the work was done.

Student's Name _____ Date _____ Case No. _____

IDENTIFICATION:

Name of Deceased _____ Address _____

Age _____ Sex _____ Place of Death _____ Date _____ Hour _____

Cause of Death _____ How ascertained _____

Medical Attendant _____ Address _____ Phone _____

CONDITION OF BODY: (Check words which apply)

Temperature _____ Mutilated? Yes No If so, please describe. Use back of report, if necessary.

Was Autopsy performed? Yes No Use back of report for description.

Moisture content: emaciated _____ normal _____ dropsical _____ Slip Skin: Yes No

If yes, location _____

Purge: Yes No If yes, nature and source _____

Gaseous swelling: Yes No If yes, location _____

Discoloration: Pink Blue Red Yellow Black

Circulatory Trouble: Yes No If yes, describe _____

Time between death and embalming _____ Was Rigor Mortis relieved? Yes No

Arteries used in injection _____ Veins for drainage _____

TREATMENT:

Was a pre-injection fluid used? Yes No If yes, kind _____

Strength _____ Amount _____

Kind of fluid used: A _____ B _____ C _____

Condition of body at completion of operation _____

How long under observation? _____ Condition at funeral _____

Weather conditions _____

NARRATE – Describe the condition of the body prior to embalming and the embalming procedures in detail.
Please use the back of this form.

Signed _____
Student Embalmer

This is to certify that this is true and correct statement of the work done on the above body, under my direct supervision.

Signed _____
Licensed Embalmer

License Number _____

NOTE: ALL AREAS MUST BE COMPLETED OR REPORT WILL NOT BE ACCEPTED

**ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
STUDENT FUNERAL DIRECTOR'S CASE REPORT**

Apprenticeship # _____

A copy of this report must be mailed to the Inspector of the Arkansas State Board of Embalmers no later than the 10th day of the month following the month in which the work was done.

Student's Name _____ Date _____ Case No. _____
Address _____ City/State _____ Zip _____

IDENTIFICATION:

Name of Deceased _____ Address _____
Age _____ Sex _____ Place of Death _____ Date _____ Hour _____
Place of Funeral _____ Date _____ Hour _____
Burial (Where?) _____ Cremation (Where?) _____
Cause of Death _____ How Ascertained _____
Was Body Embalmed? _____ Casket (Type) _____
Outside Container (Type) _____ Condition of Body Day of Funeral _____

WHAT WERE YOUR DUTIES?

- _____ A. Make the arrangements or observe the arrangements being made with the family, including the selection of merchandise.
- _____ B. Set-up church and organize how family and friends are to be directed.
- _____ C. Direct family, or assist in doing so, at the funeral and cemetery service. In addition, dismiss the family and friends at the conclusion of the service.
- _____ D. Be in charge of the movement of the casket and instruct the pallbearers.
- _____ E. Organize the funeral procession and determine where and how parking is to be done at the chapel or Church or any other place.
- _____ F. Arrange flowers
- _____ G. Direct movement of people when viewing deceased, at chapel, church or any other place.
- _____ H. Organize "Order of Service" with minister and musicians.

NARRATE ~ In your own words; describe in detail your duties on this case. Space provided on back of this form.

Signed _____
Student Funeral Director

This is to certify that this is a true and correct statement of the work done in the above funeral under my personal supervision.

Signed _____
Licensed Funeral Director

License No. _____

NOTE: EVERY LINE MUST BE FILLED IN OR REPORT WILL NOT BE ACCEPTED.



REPORT OF APPRENTICESHIP

Section 7665 of the Business and Professions Code requires a report of apprenticeship be filed with the Bureau annually on or before January 15, covering the period of apprenticeship ending December 31st of the prior year, or whenever any of the following occurs:

- There is a change of supervising embalmer or employer, or both.
- Your apprenticeship is completed.
- Upon application for a leave of absence for a period in excess of 15 days.
- When you begin embalming college courses and suspend your apprenticeship.
- Upon re-registration after suspension or revocation where a complete report has not previously been submitted.

SECTION A: APPRENTICE INFORMATION			
Last Name	First	Middle Initial	Certificate Registration Number AE
Name of Establishment			License Number FD
Establishment Telephone Number ()		Establishment Fax Number ()	
Managing Funeral Director			License Number FDR
Supervising Embalmer			License Number EMB
Date This Reporting Period Began		Date This Reporting Period Ended	
Number of embalming of human remains I ASSISTED in during this reporting period			→
Number of embalming of human remains I PERFORMED during this reporting period			→
I have completed all the requirements of my apprenticeship		I am ready to be licensed	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION B: SUPERVISING EMBALMER CERTIFICATION			
I certify under penalty of perjury under the laws of the State of California, that I supervise the apprentice embalmer named above and that he/she has performed the work stated in this report.			
Signature of Supervising Embalmer			Date
SECTION C: MANAGING FUNERAL DIRECTOR CERTIFICATION			
I certify under penalty of perjury under the laws of the State of California, that the statements made by the above named apprentice and supervising embalmer are true and correct and that both are in compliance with the Cemetery and Funeral Bureau laws, rules and regulations.			
Signature of Managing Funeral Director			Date

SECTION D: APPRENTICE CASE LIST

Note: Title 16, California Code of Regulations Section 1229 requires that an apprentice shall embalm or assist in embalming at least the first 25 of the 100 bodies required, only under the direct supervision and in the presence of his or her designated supervising embalmer. (Make additional copies as needed)

Number	Date of Procedure	Name of Deceased			Date of Death	City/County of Death	Procedure performed (assisted with embalming or embalmed) <i>See note above</i>	Initials of the apprentice embalmer	Initials of the supervising embalmer
		Last	First	MI					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

SECTION E: APPRENTICE CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this apprentice report are true and accurate.

Signature of Apprentice

Date

Mail the Completed Report of Apprenticeship to 1625 North Market Blvd., Suite S208, Sacramento, CA 95834



BUSINESS AND PROFESSIONS CODE AND BUSINESS AND PROFESSIONS BOARD
CEMETERY AND FUNERAL BUREAU
1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834
P 916.574.7870 F 916.928.7988 www.cfb.ca.gov



NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Cemetery and Funeral Bureau of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30, 144, 7617.1, 7618, 7619, 7620, 7628, 7642, 7643, 7661, 7662, 7665, 7667, 9650, 9650.2, 9650.3, 9700, 9701, 9702.1, 9704, 9715, 9715.1, 9716, 9723, 9723.1, 9741, 9745, 9746, 9781, 9787.3 and the Information Practices Act. The Cemetery and Funeral Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the form. The Cemetery and Funeral Bureau cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information

You may review the records maintained by the Cemetery and Funeral Bureau that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the Custodian of Records, Cemetery and Funeral Bureau at 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834, by phone at (916) 574-7870, or by e-mail at emailcfb@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.

CFSB Intern Activity Report

Reporting Period: Date _____ **to** _____ (month/year)

This form must be returned with INT annual certification renewal. Intern/Trainees may report up to twelve months of internship on this form. Original forms must be submitted; fax copies are not acceptable.

For CFSB Use

Type of Certification for which this internship will apply:

Certified Mortuary Science Practitioner Certified Funeral Director Certified Embalming Technician

This portion must be completed by the Intern/Trainee.

I attest to the completeness and accuracy of the information contained on this report. I am aware that a false statement or dishonest answer may be grounds for terminating internship, denial or revocation of certification.

Print Name of INT _____ INT number _____

Intern Signature _____ Date _____

This portion to be completed by CMSP or CFD: Indicate the total number of services performed this period in the spaces indicated below

<p># _____ Removing remains from the place of death</p> <p># _____ Applying cosmetics and arranging hair of deceased</p> <p># _____ Arranging the receiving/transferring of human remains by common carrier</p> <p># _____ Performing restorative work</p> <p># _____ Assisting in making funeral arrangements</p> <p># _____ Securing information for death certificate and newspapers</p> <p># _____ Assisting in selling funeral merchandise</p> <p># _____ Receiving visitors</p>	<p># _____ Assisting at the funeral</p> <p># _____ Checking/placing flowers</p> <p># _____ Filing death certificate/obtaining burial transit permit</p> <p># _____ Contacting newspapers for placement of death notice</p> <p># _____ Arranging for clergy</p> <p># _____ Arranging cemetery details</p> <p># _____ Arranging for or providing music</p> <p># _____ Completing and filing social security forms</p> <p># _____ Completing and filing veterans' forms</p> <p># _____ Contacting the deceased's lodge, club, or place of employment concerning the death</p>
---	--

Internship period: 2,000 hours (equivalent to 1-year full-time employment). A minimum of 25 funerals/memorials are required for CMSP internship. For CFD internship, a minimum of 50 funerals/memorials are required for Option A; a minimum of 150 funerals/memorials are required for Option B.

This portion to be completed by CMSP or CET: # _____ Non-Autopsied Embalming Cases # _____ Autopsied Embalming Cases

<p># _____ Set features</p> <p># _____ Raised vessels</p> <p># _____ Mixed fluid</p> <p># _____ Aspirated</p>	<p># _____ Injected cavity fluid</p> <p># _____ Sutured autopsy incisions</p> <p># _____ Bathed remains</p> <p># _____ Cleaned and disinfected embalming room</p>
---	---

Internship period: 4,000 hours (equivalent to 2-years full-time employment). A minimum of 25 embalming cases are required CMSP internship. For CET internship, a minimum of 50 embalming cases are required for Option A; a minimum of 100 embalming cases are required for Option B. Case reports for each embalming must be maintained and available for review by the CFSB Board upon request.

See reverse side for required additional information.

Is the Intern/Trainee terminating employment / internship at this time?

No Yes Termination date _____

A separate termination report must be filed when the Intern terminates employment or internship.

This portion must be completed by the Supervising Certified Mortuary Science Practitioner

I hereby certify that the information contained in this report is true and accurate. I attest that the above named Intern/Trainee performed the funeral/memorial services or embalming cases indicated above, and that said Intern/Trainee served under my supervision during the entire period indicated above.

Print name of CMSP _____ CMSP Number: _____ Exp Date: _____

CMSP Signature: _____ Date: _____

CFSB Intern Activity Report

Embalming Case Report Log

Name of Intern _____

Please complete the following information for each embalming case that you perform during internship period.

1	Name of Deceased (last name, first initial)	Date of Death	Date of Embalming	Autopsy? YES NO	Remains Refrigerated prior to embalming? YES NO	Supervising Embalmer
2				YES NO	YES NO	
3				YES NO	YES NO	
4				YES NO	YES NO	
5				YES NO	YES NO	
6				YES NO	YES NO	
7				YES NO	YES NO	
8				YES NO	YES NO	
9				YES NO	YES NO	
10				YES NO	YES NO	
11				YES NO	YES NO	
12				YES NO	YES NO	
13				YES NO	YES NO	
14				YES NO	YES NO	
15				YES NO	YES NO	
16				YES NO	YES NO	
17				YES NO	YES NO	
18				YES NO	YES NO	
19				YES NO	YES NO	
20				YES NO	YES NO	
21				YES NO	YES NO	
22				YES NO	YES NO	
23				YES NO	YES NO	
24				YES NO	YES NO	
25				YES NO	YES NO	

Please print a new copy of this form to report additional cases. Attach this form to Page 1 of Intern Activity Report.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

RESIDENT INTERN QUARTERLY REPORT

Interns must submit four quarterly reports for the year-long internship period. The reports may be submitted at the end of each three-month period, or all four reports may be submitted at the end of the internship year. Forms must be signed by both the intern and the intern's sponsor and notarized.

Intern Name: _____ Intern License No.: K3- _____

This report is for work completed during the quarterly period from _____ to _____
month/day/year month/day/year

DATE	NAME OF DECEASED	CHECK WORK DONE		
		EMBALMING	ARRANGEMENTS	SERVICES

Signature of Intern: _____ Date: _____

I certify that the intern named above satisfactorily completed the work listed above.

Signature of Sponsor: _____ Date: _____

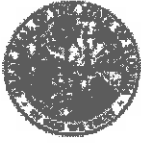
State of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 2 _____.

Signature of Notary: _____

SEAL

My commission expires: _____



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
200 East Gaines Street
Tallahassee, FL 32399- 0361

Supervisor's Quarterly Report of Apprentice or Intern Training

This form is used by supervisors, or licensee in charge of training facility, to report training of an apprentice or intern (embalmer, funeral director, or concurrent funeral director/embalmer intern).

Section 1. APPLICANT INFORMATION		
Name of Apprentice/Intern:		
Apprentice/Intern License #:	Apprentice/Intern Phone Number: () -	
Section 2. TRAINING AGENCY INFORMATION		
Name of Training Agency:		
Training Agency License #:		
Training Agency Address (street, city, state, zip):		
Section 3. SUPERVISOR INFORMATION		
Name of Supervisor in Charge:	License #:	Telephone #: () -
Section 4. TRAINING PERIOD		
This report is for the (check one): <input type="checkbox"/> 1 st (Jan-Mar) <input type="checkbox"/> 2 nd (Apr-Jun) <input type="checkbox"/> 3 rd (Jul- Sept) <input type="checkbox"/> 4 th (Oct-Dec) Quarter training quarter ending on (Month/Date): /		
Section 5. EMBALMER TRAINING ACTIVITIES (skip this section if no embalmer training)		
Instructions and work experience in embalming, that the trainee received this quarter, included the following (check applicable items):		
<input type="checkbox"/> Preparing body for embalmer (bathing, shaving, setting features, etc.)		
<input type="checkbox"/> Embalming body (raising vessels, pre-injection arterial embalming, aspirating, cavity embalming)		
<input type="checkbox"/> Cleaning and sterilizing instruments		
<input type="checkbox"/> Preparing room after embalming operation		
<input type="checkbox"/> Preparing room administration		
<input type="checkbox"/> Dressing and Casketing		
<input type="checkbox"/> Removing body to reception room, residence, church or other location		
<input type="checkbox"/> Preparation of body for shipment		
<input type="checkbox"/> Studying laws, rules and professional or technical publications		
<input type="checkbox"/> Other (specify):		

Section Section 6. FUNERAL DIRECTOR TRAINING ACTIVITIES

(skip this section if no funeral director training)

Instructions and work experience in making funeral arrangements, that the trainee received this quarter, included the following (check applicable items):

- Arranging for clergyman
- Learning requirements of funerals for different denominations
- Setting up chapel or church for service
- Supervising Pallbearers
- Arranging and supervising cortege
- Making arrangements with law enforcement officers, medical examiners, and doctors
- Making death calls
- Preparing and filing death certificates, burial permits and other documents
- Arranging for shipment
- Studying laws, rules and professional or technical publications
- Training in management and administration of funeral establishment
- Preparing obituary notices
- Other (specify)

Section 7. INTERN BEHAVIOR AND WORK HABIT EVALUATION

Rate trainee in each area, for this quarter:

Unsatisfactory	Satisfactory	Excellent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Integrity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Stability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of Work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quantity of Work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Habits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and Use of Equipment

Overall Quarterly Evaluation (check one in each group of two)

- Training progress has been satisfactory
- Training progress has NOT been satisfactory

- I recommend credit be given for this period
- I do NOT recommend credit be given for this period

Comments (if any):

Section 8. LIST OF EMBALMINGS

List all embalmings which provided training to this trainee this quarter (continue on separate sheet if needed)

<u>Name of Deceased</u>	<u>Date Embalmed</u>	<u>Name of Deceased</u>	<u>Date Embalmed</u>
	/ /		/ /
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	/ /		/ /
	/ /		/ /

Section 9. LIST OF FUNERALS

List all funerals which provided training to this trainee this quarter (continue on separate sheet if needed)

<u>Name of Deceased</u>	<u>Funeral date</u>	<u>Name of Deceased</u>	<u>Funeral date</u>
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /
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	/ /		/ /
	/ /		/ /

Section 10, SIGNATURES

I, the supervisor or training facility licensee in charge and making this report, have read the foregoing and hereby certify that the information provided in this report is true and correct, and the intern named in this report has worked at the training agency not less than forty hours per week during the training period.

Signature of Individual in Charge or Supervisor: _____

Type or print name

Date signed: / /

I, the apprentice or intern named herein, hereby certify that I received the training indicated in this report, and that I worked at the training facility at least 40 hours per week during this training period.

Signature of Apprentice/Intern _____

Type or print name of above individual

Date signed: / /

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr., Macon, GA 31217

478.207.2440 – fax: 866-888-8026

www.sos.ga.gov/plb/funeral

FUNERAL SERVICE APPRENTICESHIP	
INSTRUCTIONS FOR APPLICANTS FOR INITIAL REGISTRATION OR ANY CHANGE IN LOCATION OR SUPERVISOR	
• RULE 250-4	Before filing an application for registration as a Funeral Service Apprentice, you are encouraged to review Board Rule Chapter 250-4, which details specifically the requirements for apprenticeship. View the Rule at www.sos.ga.gov .
• FEE	Refer to fee schedule. Application fees are non-refundable. Make payment by check or money order to Georgia State Board of Funeral Service.
• AGE	You must be 18 years of age on the date that the Board receives your application.
• EDUCATION	High school graduation or GED - You must attach a copy of your high school diploma or GED Certificate to this application. If not available, submit a notarized statement from Board of Education.

APPRENTICESHIP DETAILS	
• DATE OF REGISTRATION:	Your apprenticeship period begins as of the date that your application is approved by the Board. Only fully completed applications will be reviewed by the Board. Incomplete applications will result in application processing delays.
• REQUIRED HOURS:	3120 hours (equivalent to 18 months of full-time service). No more than 40 hours may be credited per week. If the apprenticeship is served while the apprentice is also enrolled in Mortuary School, no more than 20 hours per week may be credited (4 hours per day).
• DURATION:	A minimum of 18 months. The apprenticeship registration, which is valid for up to two years, expires on March 31 of even years, and may be renewed two times. The 18 months is in addition to the time required to graduate from a college of funeral service or other college.
• SUPERVISION:	An apprentice must serve at a Board-approved establishment and under a Board-approved embalmer and funeral director.
• REPORTS:	An apprentice must complete report forms and submit those to the Board every six (6) months. It is the responsibility of the apprentice to maintain records of service.
• CHANGES:	A change in supervising embalmer or director, or change in establishment requires submission of an application noting such and review / approval by the Board. You will not be credited for hours served under changed circumstances without prior board approval..

GEORGIA STATE BOARD OF FUNERAL SERVICE
237 Coliseum Dr., Macon, GA 31217
478.207.2440
www.sos.ga.gov/plb/funeral

APPLICATION FOR APPRENTICESHIP REGISTRATION
(for initial registration or change of location/supervisor)

Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

I am applying for (select appropriate license type):

- Initial Funeral Service Apprenticeship Registration - \$40 fee*
- Change in Apprenticeship Site - \$20*
Current Apprenticeship Registration # _____
- Change in Supervising Embalmer and/or Funeral Director ONLY (not a site change) - \$20*
Current Apprenticeship Registration # _____
- Reinstatement of Apprenticeship Registration - # _____ - \$180*

**Fees are non-refundable. Make checks payable to The Georgia Board of Funeral Service.*

Applicant Name:

LAST FIRST MIDDLE

Social Security #¹:

_____-_____-_____-_____-_____-_____-

Date of Birth:

____/____/____

¹This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

Gender: Male Female

Residential Address:

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

Mailing Address:

(P.O. BOX ACCEPTABLE)

²O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

CITY

STATE

ZIP

Daytime Phone #

____-____-_____-_____-_____-_____-

Evening Phone #

____-____-_____-_____-_____-_____-

E-mail Address : _____

FAX _____

³Required for communication with Board staff. Your email will not be shared with third parties.

Funeral Establishment: _____ **License #:** _____ **Phone #:** _____

Mailing Address of Establishment: _____
Street, City, State, Zip

Supervising Embalmer: _____ License #: _____	Supervising Funeral Director: _____ License #: _____
---	---

Georgia State Board of Funeral Service
FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION

Background Questionnaire

The following questions must be answered by the applicant. If "yes" is answered to any question, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc.

Yes	No	Are you currently registered as an Apprentice? If "Yes," provide your Apprentice Registration Number: _____
Yes	No	Have you ever been registered as an Apprentice in Georgia? If "Yes," provide your Apprentice Registration Number: _____
Yes	No	Did you graduate from High School, or have you obtained a GED Certificate? If "Yes", provide copy of diploma or certificate. (If not available, submit notarized statement from Board of Education.)
Yes	No	Do you now hold, or have you in the past held, a professional license in any state? If "Yes," submit a notarized letter from the state of licensure.
Yes	No	Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, or otherwise sanctioned?
Yes	No	Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?
Yes	No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
Yes	No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
Yes	No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
Yes	No	Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to use of alcohol, drugs, narcotics, chemicals or any other types of material?
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to illness, or as a result of any mental or physical condition? If yes, attach a notarized physician's statement.
Yes	No	Have you had any suit filed against you related to the practice of a profession?

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (O.C.G.A. § 43-1-19 and O.C.G.A. § 16-10-71.)

State of Georgia, County of _____
 Subscribed and Sworn to before me this _____
 day of _____

Applicant Signature: _____

Applicant Name printed: _____

Notary Public
 My Commission Expires: _____

Date: _____

NOTARY SEAL

GEORGIA STATE BOARD OF FUNERAL SERVICE
FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Funeral Service, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies to your status):

1) _____ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

State of Georgia, County of _____

Print name of Applicant

Subscribed and sworn to before me this
_____ day of _____, _____

Signature of Applicant

Notary Public
My Commission expires: _____

NOTARY SEAL (legible ink seal required; If using embossed seal, apply shading to make seal legible when digitized.)

GEORGIA STATE BOARD OF FUNERAL SERVICE
FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION

Supervising Embalmer Information

SUPERVISING EMBALMER
Supervising Embalmers must have been employed as a licensed embalmer at least three (3) years prior to the supervision.
One supervisor may supervise no more than four (4) apprentices concurrently.
Supervising Embalmers must provide <u>direct supervision</u> , which shall mean <i>a licensed supervisor present in the same room as apprentice during the embalming of a body.</i>
Trade Embalmers must appear before the Board for approval to be Supervisor, and must embalm at the establishment where the Apprentice is registered.
Are you a Trade Embalmer? Yes No
When did you become a licensed Embalmer? _____
Apprentices must submit reports of hours spent in employment as an apprentice to the board every six (6) months.

APPRENTICES CURRENTLY SUPERVISED

NAME	REGISTRATION NUMBER

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

State Of Georgia
 County Of _____

Subscribed And Sworn To Before Me This
 _____ Day Of _____

Notary Public
 My Commission Expires: _____

 Signature Of The Supervising Embalmer

 Print Name

 Date

SUPERVISING FUNERAL DIRECTOR

Supervising Funeral Directors must have been employed as a licensed funeral director at least three (3) years prior to the supervision.

One supervisor may supervise no more than four (4) apprentices concurrently.

Supervising Funeral Directors must provide direct supervision, which shall mean a licensed supervisor present in the same room as apprentice during arrangements, or conducting funeral services.

When did you become a licensed Funeral Director? _____

Apprentices must submit reports of hours spent in employment as an apprentice to the board every six (6) months.

APPRENTICES CURRENTLY SUPERVISED

NAME	REGISTRATION NUMBER

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

State Of Georgia
 County Of _____

 Signature Of The Supervising Funeral Director

Subscribed And Sworn To Before Me This
 _____ Day Of _____

 Print Name

 Date

GEORGIA STATE BOARD OF FUNERAL SERVICE
FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION
CERTIFICATION OF FUNERAL ESTABLISHMENT

This section of the application must be completed and signed by the Funeral Director in Full and Continuous Charge (DFCC) of the funeral establishment.

PRINT NAME OF DFCC

LICENSE NUMBER

PRINT NAME OF FUNERAL ESTABLISHMENT

LICENSE NUMBER

DATE ESTABLISHMENT LICENSE WAS ISSUED

EXPIRATION DATE OF ESTABLISHMENT LICENSE

Please initial:

_____ The funeral establishment has had no violations in the last three inspections. (Rule 250-4-.06(1) (b))

_____ The funeral establishment has embalmed an average of at least 30 bodies per year over the preceding five years,
-OR-

_____ The funeral establishment has embalmed a minimum of 150 bodies to date. (Rule 250-4-.06(1) (c))

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

State Of Georgia
County Of _____

Signature Of The DFCC

Subscribed And Sworn To Before Me This

_____ Day Of _____

Print Name

Notary Public
My Commission Expires: _____

Date

**GEORGIA STATE BOARD OF FUNERAL SERVICE
FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION**

APPRENTICE FUNERAL SERVICE REPORT

- Review Board Rule 250-4-.03 Service of Apprenticeship, 250-4-.06 Qualification for Establishments, and 250-4-.05 Qualifications for Supervision.
- Beginning with registration approval date, apprenticeship period consists of 3,120 hours served in a time span of no less than 18 months and no more than two renewal cycles. The 18 months is in addition to time required to graduate from accredited funeral school / college.
- An apprentice must keep records of hours worked and services performed, submit a copy to the Board every six (6) months, and retain copies for your records. Use the Apprentice Funeral Service Report form provided by the Board.
- The maximum weekly service credit allowed is forty (40) hours. An apprentice who is enrolled in mortuary school shall be allowed to serve a maximum of four (4) hours per day (20 hours max per week) for credit towards completion of the apprenticeship period while in school.
- Apprenticeship registration is for a specific establishment and supervising embalmer and supervising funeral director. A change in supervising embalmer or director, or change in establishment requires submission of an application noting such and review / approval by the Board. You will not be credited for hours served under changed circumstances without prior board approval.

Report Dates: _____ Is Apprentice enrolled in Mortuary School? YES NO

Apprentice Name: _____ Registration # _____

Funeral Establishment: _____ License No.: _____

Address (street, city, state, zip): _____

MAXIMUM CREDIT PER WEEK 40 HOURS

REPORT FOR THE WEEK OF:								REPORT FOR THE WEEK OF:							
FROM			TO			NO. OF HOURS	# OF CASES EM/FD	FROM			TO			NO. OF HOURS	# OF CASES EM/FD
MO.	DAY	YEAR	MO.	DAY	YEAR			MO.	DAY	YEAR	MO.	DAY	YEAR		

I hereby certify that this report is accurate and that the above reported information was taken from the records of the above-named establishment and is available for review by the Georgia State Board of Funeral Service or any of its personnel.

Supervising Embalmer Signature: _____ License #: _____ Date: _____

Supervising Funeral Director Signature: _____ License #: _____ Date: _____

Apprentice Signature: _____

Subscribed and sworn to before me this _____ day of _____,

Notary Public: _____

My Commission Expires: _____

(NOTARY SEAL)

GEORGIA STATE BOARD OF FUNERAL SERVICE
 237 Coliseum Drive, Macon, Ga 31217 - Telephone: 478.207.2440

AFFIDAVIT OF ASSISTANCE IN EMBALMING

REPORT DATE FROM: _____ TO: _____

APPRENTICE NAME: _____
 APPRENTICE LICENSE NUMBER: _____

FUNERAL
 ESTABLISHMENT:

1.	26.
2.	27.
3.	28.
4.	29.
5.	30.
6.	31.
7.	32.
8.	33.
9.	34.
10.	35.
11.	36.
12.	37.
13.	38.
14.	39.
15.	40.
16.	41.
17.	42.
18.	43.
19.	44.
20.	45.
21.	46.
22.	47.
23.	48.
24.	49.
25.	50.

I, the undersigned Embalmer, certify that the above-named Apprentice, an employee of the above-named funeral establishment, has participated in the Embalming of the listed fifty (50) bodies.

 Date

 Signature of Supervising Embalmer

Sworn to and subscribed before me this
 _____ day of _____, _____

 Embalmer License Number

 Notary Public
 My Commission Expires: _____

GEORGIA STATE BOARD OF FUNERAL SERVICE
237 Coliseum Drive, Macon, Ga 31217 - Telephone: 478.207.2440

AFFIDAVIT OF ASSISTANCE IN FUNERAL DIRECTING REPORT DATE FROM: _____ TO: _____

APPRENTICE NAME: _____
 APPRENTICE LICENSE NUMBER: _____

FUNERAL ESTABLISHMENT: _____

1.	26.
2.	27.
3.	28.
4.	29.
5.	30.
6.	31.
7.	32.
8.	33.
9.	34.
10.	35.
11.	36.
12.	37.
13.	38.
14.	39.
15.	40.
16.	41.
17.	42.
18.	43.
19.	44.
20.	45.
21.	46.
22.	47.
23.	48.
24.	49.
25.	50.

I, the undersigned Funeral Director, certify that the above-named Apprentice, an employee of the above-named funeral establishment, has participated in the Funeral Directing of the listed fifty (50) bodies.

 Date
 Sworn to and subscribed before me this _____
 day of _____, _____

 Signature of Supervising Funeral Director

 Notary Public
 My Commission Expires: _____

 Funeral Director License Number

Georgia Bureau of Investigation
Georgia Crime Information Center

CONSENT FORM

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address, City, State, County, Zip

Sex Race Date of Birth Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")

One of the following must be checked:

- This authorization is valid for 90 / 180 / ____ (circle one) days from date of signature.
- I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street
P.O. Box 83720
Boise, Idaho 83720-0063
(208) 334-3233
FAX (208)-334-3945

MORTICIAN RESIDENT TRAINEE QUARTERLY/FINAL REPORT

Quarterly Report (check the appropriate quarter) Jan-Mar, April-June, July-Sept., Oct. to Dec.
Please complete a separate report for each quarter. Reports must be submitted within 30 days of the end of each quarter and signed by the resident trainee and the sponsoring mortician. . NOTE: If the trainee permit was issued in the middle of a quarter, you may include that initial time in the next quarter's report.

OR

Final Report (A COPY OF THIS FORM MUST BE ATTACHED TO THE APPLICATION FOR LICENSURE IF IT IS THE FINAL REPORT)

I hereby submit my resident trainee report in accordance with Title 54, Chapter 11 I.C. and the Rules of the Idaho Board of Morticians.

I hereby certify that I was employed at _____
(NAME & LICENSE # OF IDAHO FUNERAL ESTABLISHMENT)

under the direct supervision of _____
(NAME & LICENSE # OF IDAHO LICENSED MORTICIAN)

This report covers the period from _____ to _____ during which time I: _____
(mm/dd/yyyy) (mm/dd/yyyy) (printed name)

assisted in the embalming of _____ dead human bodies under direct supervision of the sponsoring mortician; and/or;

assisted in making arrangements for _____ funerals; and conducted _____ funerals under direct supervision of the sponsoring mortician.

I hereby certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief and that I personally received the supervision noted. I further certify that I am of good moral character, and that I will provide any additional information concerning my qualifications and fitness upon request.

Signature of Trainee Permit #

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

(S E A L)

Notary Public
My commission expires _____

CERTIFICATION OF SUPERVISING MORTICIAN

I hereby certify under penalty of perjury that the information provided is true and correct to the best of my knowledge and belief; that I personally provided the supervision noted and was directly responsible for the named Trainee. I further certify that I believe the named Trainee to be of good moral character, that the named Trainee's performance was satisfactory, and that I will provide any additional information concerning the trainee's qualifications and fitness upon request.

Signature of supervising Mortician License #

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

(S E A L)

Notary Public
My commission expires _____

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

FUNERAL DIRECTOR RESIDENT TRAINEE QUARTERLY/FINAL REPORT

 Quarterly Report (check the appropriate quarter) Jan-Mar, April-June, July-Sept., Oct. to Dec.
Please complete a separate report for each quarter. Reports must be submitted within 30 days of the end of each quarter and signed by the resident trainee and the sponsoring mortician. **NOTE:** If the trainee permit was issued in the middle of a quarter, you may include that initial time in the next quarter's report.

OR

Final Report (A COPY OF THIS FORM MUST BE ATTACHED TO THE APPLICATION FOR LICENSURE IF IT IS THE FINAL REPORT)

I hereby submit my resident trainee report in accordance with Title 54, Chapter 11 I.C. and the Rules of the Idaho Board of Morticians.

I hereby certify that I was employed at _____
(NAME & LICENSE # OF IDAHO FUNERAL ESTABLISHMENT)

under the direct supervision of _____
(NAME & LICENSE # OF IDAHO LICENSED MORTICIAN)

This report covers the period from _____ to _____ during which time I: _____
(mm/dd/yyyy) (mm/dd/yyyy) (printed name)

assisted in making arrangements for _____ funerals and conducted _____ funerals under direct supervision of the sponsoring mortician.

I hereby certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief and that I personally received the supervision noted. I further certify that I am of good moral character, and that I will provide any additional information concerning my qualifications and fitness upon request.

Signature of Trainee Permit #

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

(S E A L)

Notary Public
My commission expires _____

CERTIFICATION OF SUPERVISING MORTICIAN

I hereby certify under penalty of perjury that the information provided is true and correct to the best of my knowledge and belief; that I personally provided the supervision noted and was directly responsible for the named Trainee. I further certify that I believe the named Trainee to be of good moral character, that the named Trainee's performance was satisfactory, and that I will provide any additional information concerning the trainee's qualifications and fitness upon request.

Signature of supervising Mortician License #

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

(S E A L)

Notary Public
My commission expires _____



CASE REPORTS FOR FUNERAL DIRECTOR INTERN

State Form 11470 (R6 / 1-15)

PROFESSIONAL LICENSING AGENCY
STATE BOARD OF FUNERAL AND CEMETERY SERVICE
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204-2298
 Telephone: (317) 234-3031
 www.IN.gov/pla

INSTRUCTIONS: Funeral director interns shall submit to the board a total of four (4) case reports by the conclusion of the one (1) year experience requirement as follows:

- First report due at the end of your third (3rd) month of licensure.
- Second report due at the end of your sixth (6th) month of licensure.
- Third report due at the end of your ninth (9th) month of licensure.
- Fourth report due at the end of your twelfth (12th) month of licensure

Check one: First Quarter Filing Second Quarter Filing Third Quarter Filing Fourth Quarter Filing

Name of intern (please print)	Intern license number
Signature of intern	Date (month, day, year)

SECTION A	NAME OF DECEASED	DATE OF DEATH (month, day, year)
1.		
2.		
3.		
4.		
5.		
6.		

SECTION B 1				CASE INFORMATION	
Name of first deceased			Date (month, day, year)		
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of death (month, day, year)		Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of death					
Condition of body before embalming					
Vessels used					
List special treatment necessary.					
Restorative art employed (explain)					
Condition of body at time of burial					
Supervising funeral director's evaluation of the licensed intern's performance regarding this case					
Signature of supervising funeral director		Funeral Director license number	Funeral Home license number	Date (month, day, year)	

SECTION B 2		CASE INFORMATION		
Name of second deceased			Date (month, day year)	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of death (month, day, year)	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of death				
Condition of body before embalming				
Vessels used				
List special treatment necessary.				
Restorative art employed (explain)				
Condition of body at time of burial				
Supervising funeral director's evaluation of the licensed intern's performance regarding this case				
Signature of supervising funeral director		Funeral Director license number	Funeral Home license number	Date (month, day, year)

SECTION B 3		CASE INFORMATION		
Name of third deceased			Date (month, day year)	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of death (month, day, year)	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of death				
Condition of body before embalming				
Vessels used				
List special treatment necessary.				
Restorative art employed (explain)				
Condition of body at time of burial				
Supervising funeral director's evaluation of the licensed intern's performance regarding this case				
Signature of supervising funeral director		Funeral Director license number	Funeral Home license number	Date (month, day, year)

SECTION B 4		CASE INFORMATION			
Name of fourth deceased				Date (month, day year)	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of death (month, day, year)		Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of death					
Condition of body before embalming					
Vessels used					
List special treatment necessary.					
Restorative art employed (explain)					
Condition of body at time of burial					
Supervising funeral director's evaluation of the licensed intern's performance regarding this case					
Signature of supervising funeral director			Funeral Director license number	Funeral Home license number	Date (month, day, year)

SECTION B 5		CASE INFORMATION			
Name of fifth deceased				Date (month, day year)	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of death (month, day, year)		Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of death					
Condition of body before embalming					
Vessels used					
List special treatment necessary.					
Restorative art employed (explain)					
Condition of body at time of burial					
Supervising funeral director's evaluation of the licensed intern's performance regarding this case					
Signature of supervising funeral director			Funeral Director license number	Funeral Home license number	Date (month, day, year)

SECTION B 6		CASE INFORMATION	
Name of sixth deceased			Date (month, day year)
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of death (month, day, year)	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of death			
Condition of body before embalming			
Vessels used			
List special treatment necessary.			
Restorative art employed (explain)			
Condition of body at time of burial			
Supervising funeral director's evaluation of the licensed intern's performance regarding this case			
Signature of supervising funeral director	Funeral Director license number	Funeral Home license number	Date (month, day, year)

SECTION C		INTERN PERFORMANCE EVALUATION	
<p>The funeral director intern has assisted or participated in the following funeral directing services: <i>(Indicate the number of times performed in each case.)</i></p>			
1. Embalmings	_____	10. Veterans Burial	_____
2. First Call	_____	11. Social Security Forms	_____
3. Assisted at Funerals	_____	12. Indigent Funeral	_____
4. Prepared Death Notices	_____	13. Cemetery Details	_____
5. Arranged Funeral or Memorial Services	_____	14. Assist in the sale of merchandise	_____
6. Rosary-Lodge Services	_____	15. Maintenance of Funeral Establishment and all Equipment	_____
7. Prepared Death Certificates	_____	16. Preparation of Sales Tax for each Individual Service	_____
8. Arranged for Organist, Soloist or Beautician	_____	17. Compliance with FTC RULING	_____
9. Ship-Out Detail	_____		
<p>I hereby certify that the foregoing application is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which is being applied, for disciplinary action against the license which may be issued, and for disciplinary action against the license that I hold.</p>			
Signature of supervising funeral director	License number	Date (month, day, year)	

INSTRUCTIONS: Internship verification required for fourth quarter report only.

FOURTH QUARTER INTERNSHIP VERIFICATION BY FUNERAL DIRECTOR		
<p>I, _____, _____, of <i>(Name of funeral director)</i> <i>(License number)</i></p> <p>the _____, <i>(Name of funeral home)</i> <i>(Location)</i></p> <p>_____, hereby verify that _____ for the period <i>(License number)</i> <i>(Name of intern)</i></p> <p>from _____ to _____, has practiced funeral <i>(Month, day, year)</i> <i>(Month, day, year)</i></p> <p>service continuously under my direct supervision pursuant to 832 IAC 3-2-1.</p> <p>I swear to or affirm the truth of the foregoing.</p> <p>STATE OF _____ } COUNTY OF _____ } SS:</p> <p>I _____, having been duly sworn on oath, say that I am the above-named supervising funeral director, that I have personally prepared the foregoing verification, and that the same is true to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which is being applied, for disciplinary action against the license which may be issued, and for disciplinary action against the license that I hold.</p>		
Signature of supervising funeral director	Signature of Notary Public	
Printed or typed name of supervising funeral director	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public <i>(month, day, year)</i>	County of residence	Date commission expires <i>(month, day, year)</i>

FOURTH QUARTER INTERNSHIP VERIFICATION BY FUNERAL DIRECTOR		
<p>I, _____, _____, of <i>(Name of funeral director)</i> <i>(License number)</i></p> <p>the _____, <i>(Name of funeral home)</i> <i>(Location)</i></p> <p>_____, hereby verify that _____ for the period <i>(License number)</i> <i>(Name of intern)</i></p> <p>from _____ to _____, has practiced funeral <i>(Month, day, year)</i> <i>(Month, day, year)</i></p> <p>service continuously under my direct supervision pursuant to 832 IAC 3-2-1.</p> <p>I swear to or affirm the truth of the foregoing.</p> <p>STATE OF _____ } COUNTY OF _____ } SS:</p> <p>I _____, having been duly sworn on oath, say that I am the above-named supervising funeral director, that I have personally prepared the foregoing verification, and that the same is true to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which is being applied, for disciplinary action against the license which may be issued, and for disciplinary action against the license that I hold.</p>		
Signature of supervising funeral director	Signature of Notary Public	
Printed or typed name of supervising funeral director	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public <i>(month, day, year)</i>	County of residence	Date commission expires <i>(month, day, year)</i>

CONFIDENTIAL

Intern Evaluation (To be completed by the Preceptor) 645-101.5(2)f(5)

Iowa Dept. of Public Health/Board of Mortuary Science
Lucas State Office Bldg., 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075

This form must be in the board office no more than 30 days prior to the end of the Internship.

Intern Name:

Intern Registration Number:

Preceptor Name:

License Number:

Phone Number:

Internship Expiration Date:

1. The intern is thoroughly familiar with all phases of funeral service:

Yes

No

2. The intern needs work in:

3. The intern is especially capable in the following areas:

4. The preceptor-training requirement is:

Good

Not useful

No effect

5. The 6 month and 12 month reports are worthwhile:

Yes

No

6. Comments:

Preceptor Signature

Date

Summary Report for Embalming Case Reports

Iowa Dept. of Public Health/Board of Mortuary Science

Lucas State Office Bldg, 5th floor

321 E. 12th St.

Des Moines, IA 50317-0075

Name

Intern Registration No.

	Name	Town or County of Death	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

In the event the intern changes preceptors, it is the intern's responsibility to fill out additional forms for each preceptor.

Signature (Intern): _____ Date: _____

Signature (Preceptor): _____ Date: _____

This form must be in the board office 30 days prior to the end of the Internship.

Summary Report for Funeral Directing Case Reports

Iowa Dept. of Public Health/Board of Mortuary Science

Lucas State Office Bldg, 5th floor

321 E. 12th St.

Des Moines, IA 50317-0075

Name

Intern Registration No.

	Name	Town or County of Death	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

In the event the intern changes preceptors, it is the intern's responsibility to fill out additional forms for each preceptor.

Signature (Intern): _____ Date: _____

Signature (Preceptor): _____ Date: _____

This form must be in the board office 30 days prior to the end of the Internship.

Funeral Directing Case Report – Internship

Iowa Dept. of Public Health/Board of Mortuary Science

**This report is specific to the case being reported.
Enter information for all questions.**

Date:

Case No:

This report should be completed as soon after each funeral service as possible. The entire form must be completed for acceptance by the board. If you have any questions please call the board office at (515) 281-4287.

Name of Intern:

Intern Registration Number:

Preceptor Name:

Expiration Date of Internship

Funeral Establishment:

Telephone: ()

Deceased Name:

Date of Death:

Place of Death:

Give a short synopsis of the funeral: Example: A 73 year old male died at the Manor Nursing Home in Springfield. Arrangements were made Tuesday morning with visitation Wednesday afternoon and evening at Garden Chapel. Funeral was held 10:30 am Thursday at Springfield Church with burial at city cemetery.

1. Removal and Arrangements:

Describe your duties for the following, be specific for each funeral.

First call and removal:

Preparation room and dressing room including cosmetics, dressing and casketing:

Arrangement conference:

2. Merchandising:

Describe your duties regarding selling of merchandise such as casket, urn and vault.

3. Visitation:

Describe your duties prior to and during visitation including your responsibilities to the family.

4. Funeral:

Describe your duties for the initial set up, the funeral service and the post funeral activities including family follow-up.

Describe the paperwork completed for this service.

5. Learning:

What did you learn from this experience?

Intern Performed	Funeral Directing Task (To be completed by intern)	Intern Comments Intern must provide comments on their activities (Describe in general how you performed your duties)
<input type="checkbox"/>	Complete arrangement paperwork	
<input type="checkbox"/>	Contact ministers	
<input type="checkbox"/>	Contact cemeteries/crematories	
<input type="checkbox"/>	Contact outer burial container provider	
<input type="checkbox"/>	Contact florist	
<input type="checkbox"/>	Contact musicians/vocalists	
<input type="checkbox"/>	Complete obituaries	
<input type="checkbox"/>	Conduct funerals	
<input type="checkbox"/>	Set up floral arrangements	
<input type="checkbox"/>	Set up register book	
<input type="checkbox"/>	Prepare memorial folders	
<input type="checkbox"/>	Greet funeral attendees	
<input type="checkbox"/>	Assist casket bearers	
<input type="checkbox"/>	Prepare for funeral procession	
<input type="checkbox"/>	Drive a vehicle in procession	
<input type="checkbox"/>	Assist at graveside committal	
<input type="checkbox"/>	Transport flowers	
<input type="checkbox"/>	Care for funeral attendees at cemetery	
<input type="checkbox"/>		

6. Preceptor Comments:

Preceptor must provide comments on the intern's activities. The first 5 must be more in depth

Signature of Intern _____

Signature of Preceptor _____
SIGNATURE INDICATES THAT THE INTERN'S DUTIES WERE SATISFACTORY.

Embalming Case Report

DMACC Mortuary Science – Iowa Board of Mortuary Science – Iowa Funeral Directors Association

Intern: _____ Intern Registration #: _____ Expiration Date of Internship: _____

Preceptor Name: _____ Funeral Establishment: _____

Date of Embalming: _____ Case Number: _____

DESCRIPTION OF DECEASED:

Name: _____ Age: _____ Sex: _____ Race: _____
Date of Death: _____ Place of Death: _____ Weight: _____ Height: _____
Time of Death: _____ Date/Time Embalming Started: _____ Time embalming completed: _____

CONDITION OF BODY (PRE-EMBALMING):

Refrigeration: Y N Length of Refrigeration: _____ Rigor Mortis: Y N Livor mortis: Y N Stain: Y N
Autopsy: Y N Cranial Thoracic Abdominal Teeth: Natural Dentures Partial
Organ/Tissue Donor: Y N Organs/Tissue procured: _____

Evidence of Disease: _____ Evidence of Surgery: _____
Emaciated: _____ Edematous: _____ Purge: _____ Skin Slip: _____ Discolorations: _____
Wounds: _____ Mutilations: _____ Tumors: _____ Ulcerations: _____ Gas: _____
Fractures: _____ Lacerations: _____ Burns: _____ Body condition NORMAL: _____

What was different about this body and how did it affect the embalming process: _____

EMBALMING TECHNIQUES:

Disinfection: Eyes Nose Mouth Other orifices: _____ Orifices packed: _____
Technique used: _____

Vessels Used: (Circle all vessels used)

ARTERIES:
Com. Carotid R L Com. Iliac R L
Subclavian R L Femoral R L
Axillary R L Radial R L
Brachial R L Ulnar R L
Other: _____
Condition of Arteries: _____

VEINS:
Int. Jugular R L Inf. Vena Cava
Subclavian R L Femoral R L
Com. Iliac R L
Axillary R L
Other: _____
Condition of Veins: _____

Machine Settings

Potential Pressure: _____ Actual Pressure: _____ Differential: _____ Rate of Flow: _____ oz./min

Injection: Restricted Cervical One Point Multi-point Instant Tissue Fixation (*Head Freeze*)
Drainage: Continuous Intermittent Direct Heart Drainage (*Heart Tap*)

EMBALMING SOLUTION

Total Gallons Used:

Type of Machine:

1 st Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Pre-Injection:				
Pre-Injection:				
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (1 st Injection):				

2 nd Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (2 nd Injection):				

3 rd Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (3 rd Injection):				

4 th Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (4 th Injection):				

CAVITY TREATMENT:Aspiration: Immediate Delayed Length of delay:

Cavity Fluid: Manufacturer: Index: Oz. Used:

AUTOPSY:

Viscera/Abdominal Wall Treatment:

Cranial/Calvarium Treatment:

Areas Receiving Poor Distribution:

Special Treatments (e.g. hypo, surface embalming, etc.):

Condition of Body at Completion of Embalming:

Good

Fair

Poor

Unknown

Condition of Body at Time of Funeral:

Good

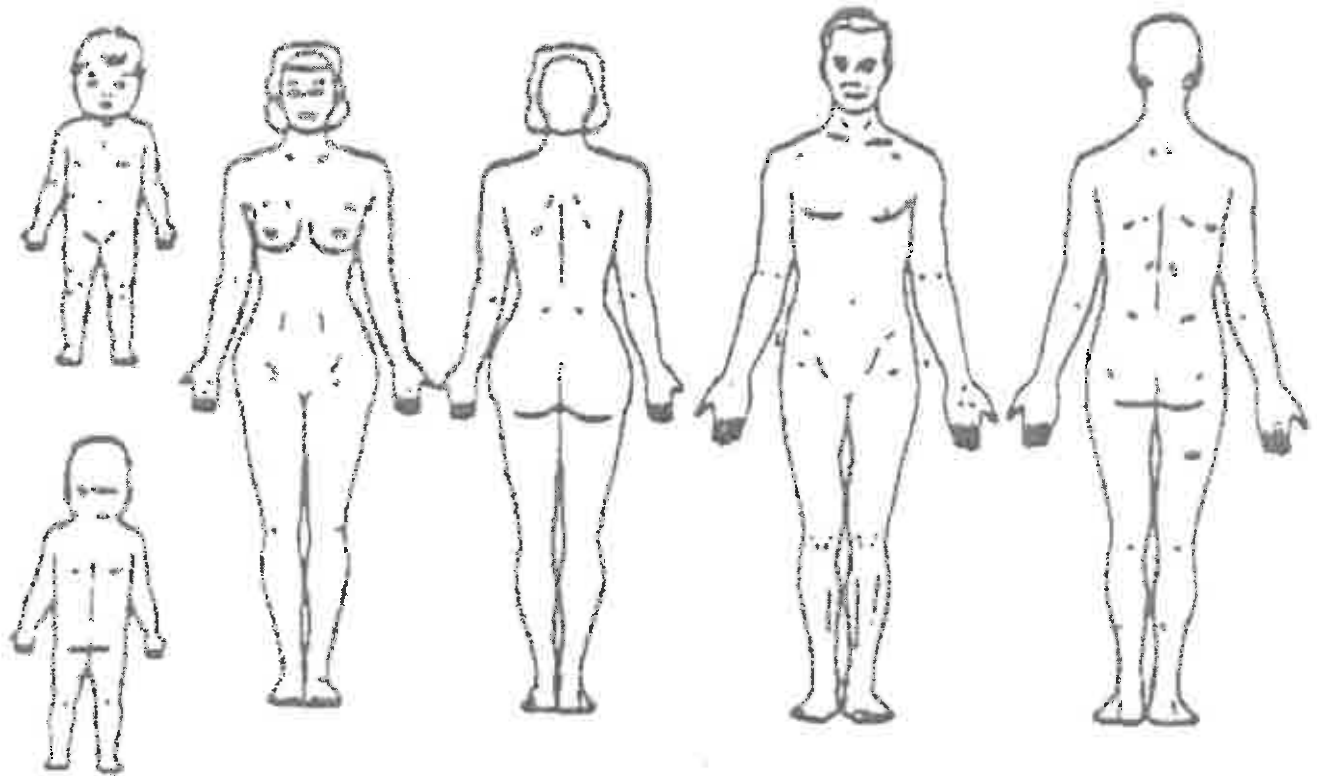
Fair

Poor

Unknown

What was unique about this embalming case? What problems did you encounter? Where there any circulatory issues? If this was a difficult embalming case, what made it that way?

IDENTIFICATION ANATOMICAL CHART



Indicate identifiable unusual markings or conditions on figures.
(Tattoo, scar, wound, fracture, sore, etc.)

PROCEDURE CHECKLIST:

Performed	Embalming Procedure	Describe how procedure was performed
<input type="checkbox"/>	Verify permission to embalm	
<input type="checkbox"/>	Removal from stretcher/cot	
<input type="checkbox"/>	Positioned body on table	
	Pre-Embalming Analysis	
<input type="checkbox"/>	Primary Disinfection/Bathing	
<input type="checkbox"/>	Shaving	
<input type="checkbox"/>	Setting features	
<input type="checkbox"/>	Selection of vessels	
<input type="checkbox"/>	Incise injection site(s)	
<input type="checkbox"/>	Locate and elevate vessels	
<input type="checkbox"/>	Insert arterial tube	
<input type="checkbox"/>	Insert drainage device	
<input type="checkbox"/>	Chemical selection/mixing	
<input type="checkbox"/>	Injection/Drainage techniques	
<input type="checkbox"/>	Set pressure/ROF on machine	
<input type="checkbox"/>	Massaged following areas:	
<input type="checkbox"/>	Aspiration	
<input type="checkbox"/>	Cavity treatment	
<input type="checkbox"/>	Incisions sutured (sutures used):	
<input type="checkbox"/>	Autopsy treatments	
<input type="checkbox"/>	Terminal disinfection	
<input type="checkbox"/>	Restorative techniques	
<input type="checkbox"/>	Dressing of deceased	
<input type="checkbox"/>	Cosmetizing of deceased	
<input type="checkbox"/>	Casketing of deceased	

PRECEPTOR REMARKS: Describe how the intern/student performed his/her duties.

Signature (Intern/Student): _____

Date: _____

Signature (Preceptor): _____

Date: _____

Kentucky Board of Embalmers & Funeral Directors
9114 Leesgate Road Suite 4, Louisville, KY 40222

Apprenticeship Sworn Statement

Reporting Period: From October 16, 2016 to April 15, 2017
Due May 1, 2017

Funeral Director/Embalmer: Please read KRS 316.150(G) before signing this report. Failure to file this statement by the prescribed time will cause the forfeiture of the apprenticeship served during this period.

First Name Middle Initial Last Name

Funeral Home Name:

F.H. Mailing Address:

Your Kentucky licensed Funeral Director & Embalmer Supervisor

Funeral Director: Embalmer:

Salary per week: Normal Working Hours Per Week:

The Apprentice will complete the following:

1. Attach a book review. The review can be from a textbook or a magazine relating to the profession. It should be two full pages in length, typed and double spaced. The font should be no larger than 12 point. The margins should be one inch on all sides. (If this is your first report it will be on the Kentucky Laws.)
2. Please check the items that you have assisted with in this reporting period:

Funeral Director Apprenticeship

- Driving/Parking Funeral Cars
- Caring for Equip/Supplies
- Arrangements w/Family
- Preparing Death Certificates
- Checking & Arranging Flowers
- Preparing Newspaper Notices
- Receiving Visitors at Funerals
- Arrangements w/Clergy
- Assisting w/Funeral Services
- Assisting w/Internment

Embalmer Apprenticeship

- Bathing Bodies
- Posing Body & Features
- Mixing Fluid
- Injecting Fluid
- Dressing & Casketing
- Incisions & Suturing
- Raising Vessels/Insert Tubes
- Trocar Cavity Treatment
- Prep. of Autopsied Bodies
- Restorative Art Treatment

3. I am enrolled in (Semester or quarter) college hours.

I hereby state under oath that I have worked as a full-time apprentice under the supervision of the Kentucky licensed Funeral Director and Embalmer listed above, earned a regular salary, and devoted all my normal working hours per week to such service. Said employment being my primary employment and source of income.

Signature of Apprentice

Affiant _____ licensed in the state of Kentucky and

Affiant Apprentice _____

State under oath that the apprenticeship described above has actually been served under the terms and conditions as set forth.

Signed by: Funeral Director (Supervisor) Embalmer (Supervisor)

Funeral Home: _____

Subscribed and sworn to before by _____

and _____ this the _____ day of _____, 20____
(Funeral Director/Embalmer)

My Commission Expires: _____

Notary



The Louisiana State Board of Embalmers and Funeral Directors

CASE detail report form of Interns for Funeral Director and/or Embalmer and Funeral Director

Funeral Establishment and Intern records ONLY – Please do not submit this form to the Office of the Board

This report MUST be completed by the Intern on each case and filed at the funeral establishment. All case reports MUST be readily accessible and available for the Inspector to review. Case Reports may be audited by the Board.

Internship type: Funeral Director [] Embalmer and Funeral Director []

Name _____ Intern No. _____ Date: _____

Name of Deceased _____

Case number _____ Disposition: Burial [] Cremation [] Ship In [] Ship Out []

- 1) All activities of an internship are important and every intern should have ample experience in the areas below; however, there are certain activities that are required for the certification of an internship.
2) In order for an intern funeral director to receive credit for his/her cases he/she MUST complete at least 6 the following tasks; A, B, C, D, E, F, G, H, I, J, K, L, M, aa (in bold) for at least 30 of the 30 mandatory cases.
3) In order for an intern embalmer and funeral director to receive credit for his/her cases he/she MUST complete at least 6 of the following tasks; B, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, aa, and including the above for funeral directing (in bold) for at least 30 of the 30 mandatory cases.

PLEASE "v" the box next to the letter of each task completed in the listings below

Funeral Directing 6 of the 14 in BOLD must be completed

- [] A. Initial first call consultation
[] B. Removal*
[] C. Presented GPL/CPL
[] D. Arranged services (religious/memorial/fraternal, etc.)
[] E. Arrange visitation
[] F. Secured financial arrangements
[] G. Preparation of forms such as;
[] 1. social security
[] 2. veteran's
[] 3. insurance
[] 4. death certificate
[] 5. obituary
[] H. Arrange funeral procession
[] I. Arrangements for cemetery
[] J. Arranged ship in/ship out
[] K. Arranged for cremation
[] L. Arranged for I.D.
[] M. Assisted/Directed service
[] aa. Cosmetic application*

Embalming 6 of the 15 in BOLD must be completed

- [] B. Removal*
[] N. Body disinfected
[] O. Positioned body (embalming or I.D.)
[] P. Posed features (for embalming or I.D.)
[] Q. Vessels raised
[] R. Mix fluid
[] S. Set pressure/flow
[] T. Massage
[] U. Aspirate/cavity Treatment
[] V. Preparation of autopsied body
[] W. Sutures
[] X. Restorative art procedures
[] Y. Medical devices removed
[] Z. External treatment to body
[] aa. Cosmetic application*

The following tasks are applicable to embalmer and funeral director interns

- [] bb. Dressing **
[] cc. Casketing **

Name of deceased:

Supervisor / Intern; describe any additional details relating to this case.
[Empty text box for supervisor/intern details]



The Louisiana State Board of Embalmers and Funeral Directors

3500 N. Causeway Blvd, Suite 1232, Metairie, LA 70002

Phone: 504.838.5109 - Fax: 504.838.5112 - Toll Free 800.508.9083

www.lsbefd.state.la.us email: kmichel@lsbefd.state.la.us or hpenouilh@lsbefd.state.la.us

MONTHLY REPORTING FORM of Interns for Funeral Director and/or Embalmer and Funeral Director

Internship type: Funeral Director _____ Embalmer and Funeral Director _____

Please print all information except where a signature is required.

Name _____ Intern number _____ Date _____

Funeral establishment and phone number _____

Reporting month/Year _____ Contact hours completed _____ (for this month only) **DO NOT LEAVE BLANK**

LA Licensed Supervisor name/E-U # _____

NOTICE: The information above MUST be completed. If the contact hours are not entered, there will be no hours calculated. The completion of this form is the responsibility of the intern and the supervisor. PLEASE PRINT LEGIBLY.

- 1) All activities of an internship are important and every intern should have ample experience in the areas below; however, there are certain activities that are required for the certification of an internship.
- 2) In order for an intern funeral director to receive credit for his/her cases he/she **MUST** complete the following tasks; **A, B, C, D, E, F, G, H, I, J, K, L, M, aa** (in bold) for at least 30 of the 30 mandatory cases. The minimum tasks accepted, 6 per case, is listed by each section.
- 3) In order for an intern embalmer and funeral director to receive credit for his/her cases he/she **MUST** complete the following tasks **A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, aa** (in bold) for at least 30 of the 30 mandatory cases. The minimum tasks accepted, 6 per case, is listed by each section. Both sets of tasks may be applied to 1 case or separate cases.

Funeral Directing - 6 of 14 in BOLD must be completed

- A. Initial first call received
- B. Removal***
- C. Presented GPL/CPL
- D. Arranged services (religious/memorial/fraternal, etc.)
- E. Arrange visitation
- F. Secured financial arrangements
- G. Preparation of forms;
 1. social security
 2. veteran's
 3. insurance
 4. death certificate
 5. obituary
- H. Arrange funeral procession
- I. Arrangement for cemetery
- J. Arranged ship in and/or ship out
- K. Arranged for cremation
- L. Arranged for identification (cremation)
- M. Assisting/Directing Service
- aa. Cosmetic application***

Embalming - 6 of 15 in BOLD must be completed

- B. Removal***
- N. Body disinfected**
- O. Positioned body (for embalming or I.D.)**
- P. Posed features (for embalming or I.D.)**
- Q. Vessels raised**
- R. Mix Fluid**
- S. Set pressure/flow**
- T. Massage**
- U. Aspirate/cavity treatment**
- V. Preparation of autopsied body**
- W. Sutures**
- X. Restorative art procedures**
- Y. Medical devices removed**
- Z. External treatment to body**
- aa. Cosmetic application ***

The following tasks are applicable to embalmer and funeral director interns

- bb. Dressing **
- cc. Casketing **

List the name of the deceased, the date on which the activities were engaged and the type of activity performed on the deceased. Just place the letter from the list of described activities below. Example: John Doe; Jan, 15, 2005, A,C,G1,2, M,N,O. Other examples are provided on the website. The intern should keep a Case Report record of the names of the deceased and the work done on each case in detail at the funeral establishment. Make a copy of this report and keep on file for your records. * The Letter B & aa are repeat tasks and are required for each license, however, should a licensed funeral director only choose to become a licensed embalmer and funeral director, then the letter B & aa task will be a requirement from that list for embalming. ** The bb & cc tasks are applicable to embalmer and funeral director interns.

Name of deceased	Date	Funeral Director (letters of tasks from list)	Embalmer (letters of tasks from list)
1			
2			
3			
4			

ADDITIONAL CASES MAY BE LISTED ON THE FOLLOWING PAGE WHICH IS PROVIDED FOR YOUR CONVENIENCE.

This report MUST be returned to the Board by the 10th day of each month. Delinquent reports may result in loss of credit for that month. Submit reports by fax and/or scanned and emailed. You must call the office with questions. Supplemental pages are provided, please attach additional pages accordingly.

Submission preference is by either fax or scan/email.

TIP: Submit these reports on the 1st day of each month to prevent any delays.

I certify that the statements above are true and correct to the best of my knowledge and belief:
Signature of Intern & Date:
Signature of LA licensed Supervisor & E-U #. & Date:

Use additional page for cases: Do not write below this line. For Board Use ONLY.

FOR BOARD OFFICE USE ONLY - A review of this report indicates the following: **Contact hours reported:** _____

Total number of FD cases: _____ Number of non-qualified FD cases: _____ Qualified FD cases: _____

Total number of EMB cases: _____ Number of non-qualified EMB cases: _____ Qualified EMB cases: _____

Reviewed and Approved by: _____ Date: _____

**MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
TERMINATION OF SPONSOR-APPRENTICE RELATIONSHIP
REPORTING OF FUNERAL ASSISTS WORKSHEET**

In accordance with Health Occupations Article, Title 7, §7-306, (4) and COMAR 10.29.09.07 the following information must be submitted to the Board independently by both the sponsor and the apprentice within 30 days of the termination.

NAME OF APPRENTICE _____

NAME OF SPONSOR _____

PLACE OF EMPLOYMENT _____

APPRENTICESHIP HOURS: BEGAN _____ ENDED _____

NUMBER OF APPRENTICESHIP HOURS COMPLETED _____

BELOW PLEASE LIST AND DOCUMENT THE FOLLOWING INFORMATION REGARDING THE APPRENTICE'S ASSISTANCE FOR THE FUNERAL SERVICE AND EMBALMING OF:

FUNERALS

NAME	DATE OF DEATH	BURIAL DATE	CHURCH/F.H
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____

EMBALMING AND RESIDENT TRAINEE RATING REPORT

Authority: 1980 PA 299

Please indicate the total number of services performed <u>this period</u> in the spaces indicated below.	
<p> <input type="checkbox"/> Removing remains from the place of death <input type="checkbox"/> Securing information for death certificate and newspapers <input type="checkbox"/> Filing death certificate/obtaining burial transit permit <input type="checkbox"/> Contacting newspapers for placement of death notice <input type="checkbox"/> Arranging for clergy <input type="checkbox"/> Checking/placing flowers <input type="checkbox"/> Receiving visitors <input type="checkbox"/> Assisting in selling funeral merchandise <input type="checkbox"/> Assisting in making funeral arrangements <input type="checkbox"/> Arranging cemetery details <input type="checkbox"/> Assisting at the funeral <input type="checkbox"/> Applying cosmetics and arranging hair of deceased </p> <p>A minimum of 20 services are required to complete the training in each of the above categories.</p>	<p> <input type="checkbox"/> Embalmings </p> <p>A minimum of 25 embalmings are required to complete the training.</p> <hr/> <p> <input type="checkbox"/> Arranging for or providing music <input type="checkbox"/> Completing and filing social security forms <input type="checkbox"/> Completing and filing veterans' forms <input type="checkbox"/> Performing restorative work <input type="checkbox"/> Arranging the receiving/transferring of human remains by common carrier <input type="checkbox"/> Contacting the deceased's lodge, club, or place of employment concerning the death </p> <p>A minimum of 3 services are required to complete the training in each of the above categories.</p>
Is the Resident Trainee terminating employment at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Resident Trainee Certification</p> <p>I attest to the completeness and accuracy of the information contained on this report. I am aware that a false statement or dishonest answer may be grounds for disciplinary action against my license.</p> <p>Resident Trainee's Signature _____ Date _____</p> <p>Print Name _____</p> <p>Resident Trainee License Number _____</p>	
<p>Sponsor Certification</p> <p>I certify the data contained in this report is correct and the resident trainee performed these services under my supervision on a full-time basis during establishment hours.</p> <p>Sponsor Signature _____ Date _____</p> <p>Print Name _____</p> <p>Sponsor License Number _____</p>	



Minnesota Department of Health
Internship Embalming/Funeral Case Report Form

Mortuary Science Section
Minnesota Department of Health
P.O. Box 64882 St. Paul, MN 55164-0882
Telephone: 651-201-3829 Fax: 651-201-3839
Email: health.mortsci@state.mn.us

Intern's Name (printed): _____ Signature: _____ Intern#:I-_____

Date of Embalming: _____ Sex _____ Age: _____ Height: _____ Weight: _____

Cause of Death: _____ Autopsied Case: Yes or No (circle)

Beginning Embalming Time: _____ Ending Embalming Time: _____

PRE-EMBALMING ANALYSIS

Indicate with a check mark any of the conditions you observe.

- emaciation, obesity, livor mortis, rigor mortis, hemorrhage, edema, gangrene, jaundice, skin surface stains, eye enucleation, burns, purge, arthritis, compound fracture, organ donation, trauma, decomposition, odor, skin slip, bone/skin/tissue donation

Describe the conditions: _____

What is the post-mortem interval (in hours) before the start of Embalming? _____

BODY PREPARATION

EMBALMING REPORT #(1-25): _____

Observation of and active participation in body preparation. Indicate your involvement by circling the appropriate bracket to indicate: [CP] Completed Procedure Unassisted; [A] Assisted Preceptor; [O] Observed the Procedure; or [N] No Involvement in the Procedure.

- [CP] [A] [O] [N] Bathed & sanitized body [CP] [A] [O] [N] Selected arterial injection chemicals
[CP] [A] [O] [N] Set embalming machine pressure & rate of flow [CP] [A] [O] [N] Removed facial hair
[CP] [A] [O] [N] Posed facial features [CP] [A] [O] [N] Raised artery (ies)/vein(s) [CP] [A] [O] [N] Sutured incisions

Arteries injected: (Circle the appropriate bracket to indicate vessels used.) Drainage sites: (Circle the appropriate bracket)

- Common Carotid [R] [L] Femoral [R] [L] Axillary [R] [L] Brachial [R] [L] Internal Jugular [R] [L] Femoral[R][L]
Int./Ext. Iliac [R] [L] Radial [R] [L] Ulnar [R] [L] Subclavian [R] [L] Other:

Chemicals used: (On the back of this sheet, please indicate any additional chemicals used not specified below).

Table with columns for chemical name, ounces per gallon, and total ounces used. Includes rows for Main arterial fluid, Pre-/co-injection, and Accessory fluids.

Cavity work: (Circle the appropriate bracket)

- [CP] [A] [O] [N] Cavity aspiration [CP] [A] [O] [N] Cavity injection [CP] [A] [O] [N] Cavity re-aspiration

If the body was autopsied...

- [CP] [A] [O] [N] Prepared the viscera [CP] [A] [O] [N] Applied cavity chemicals to the viscera [CP] [A] [O] [N] Participated in restoration of the body

Give brief explanation for the chemicals you selected:

_____ Total cavity chemical injected/used: _____
_____ ounces



Minnesota Department of Health
Internship Time Sheet
 Mortuary Science Section
 Minnesota Department of Health
 P.O. Box 64882 St. Paul, MN 55164-0882
 Telephone: 651-201-3829 Fax: 651-201-3839
 Email: Health.Mortsci@state.mn.us

Indicate the start and end time of each work day. Provide actual time worked while on-call (non-active “stationary” time while on-call does not apply). Briefly describe the activity that you participated in during your On-Call shift. Specify the total number of hours completed each day for the duration of your internship.

Week Beginning Date (--/--/--)	Shift Time In	Shift Time Out	Active On Call Time In	Active On Call Time Out	On call Activity	Total Shift Hours	Total On Call Hours
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Overall Total Hours Complete: _____
 Week Number: _____
 Name of Intern: _____
 Intern Signature: _____
 Intern Number: _____

*Please complete the Internship Time Sheet at the end of each week. Email completed internship time sheets monthly to the Mortician Investigator overseeing your internship. If you have any additional questions, please contact our office at (651) 201-3829.



Minnesota Department of Health Preceptor Acknowledgement Letter

Mortuary Science Section
Minnesota Department of Health
P.O. Box 64882 St. Paul, MN 55164-0882
Telephone: 651-201-3829 Fax: 651-201-3839
Health.Mortsci@state.mn.us

Preceptors are required to complete and fax this letter to our office prior to the start date of an internship.
Interns will not be allowed to practice as an intern unless this document is **submitted** and filed.

I, _____ will direct and supervise _____
Preceptor Name (Print) Name of Intern (Print)

I- _____ for the duration of their internship at _____,
Intern # (to be filled in by MDH) Name of Funeral Establishment License #

located at _____ beginning on _____
Address of Funeral Establishment Date of Internship

I, _____ acknowledge that intern I- _____ is required to participate in at least 25 embalming's, arrangements, and
Initial Intern #

funerals. Interns are responsible for completing and submitting 25 embalming, arrangement, and funeral case

reports prior to completion of an internship. I, _____ am responsible for reviewing and approving all internship case
Initial

reports prior to submission and reviewing Internship Time Sheets in order to fulfill the internship requirements.

I, _____, M- _____
Preceptor's Name (Print) Mortician License #

understand and accept the Minnesota Department of Health, Mortuary Science Section requirements set forth in Minnesota Statute §149A.20. Subdivision 6 (b) Any changes in information provided in the registration must be immediately reported to the commissioner. The internship shall be a minimum of 2,080 hours to be completed within a three-year period, however, the commissioner may waive up to 520 hours of the internship time requirement upon satisfactory completion of a clinical or practicum in mortuary science administered through the program of mortuary science of the University of Minnesota or a substantially similar program approved by the commissioner. Registrations must be renewed on an annual basis if they exceed one calendar year. During the internship period, the intern must be under the direct supervision of a person holding a current license to practice mortuary science in Minnesota. An intern may be registered under only one MN licensee at any given time and may be directed and supervised only by the registered licensee. The registered licensee shall have only one intern registered at any given time. The commissioner shall issue to each registered intern a registration permit that must be displayed with the other establishment and practice licenses. While under the direct supervision of the licensee, the intern must complete 25 case reports in each of the following areas: embalming, funeral arrangements, and services. Case reports, on forms provided by the commissioner, shall be completed by the intern, and filed with the commissioner prior to the completion of the internship. Information contained in these reports that identifies the subject or the family of the subject embalmed or the subject or the family of the subject of the funeral shall be classified as licensing data under section 13.41, subdivision 2.

Signature of Preceptor: _____ Date: _____

Subscribed and sworn to before this _____ day of _____ 20____.

Notary
(Updated 8/2015)



MISSISSIPPI STATE BOARD OF FUNERAL SERVICE
 3010 LAKELAND COVE, SUITE W
 FLOWOOD, MS 39232
 Office: (601) 932-1973 Fax: (601) 932-1901
www.msbfms.gov

QUARTERLY TRAINING REPORT FOR FUNERAL DIRECTOR RESIDENT TRAINEE

(TYPE OR PRINT)

Apprentice Name: _____

Name of Funeral Establishment and License#: _____

Name of Supervisor and License#: _____

Calendar Quarter(circle one) Jan-March April-June July-Sept Oct-Dec Year _____

TRAINING ACTIVITIES (Total all cases for the quarter)

- | | |
|---|--|
| ___ 1. Removals(First Calls) | ___ 8. Arrange & supervise funeral procession |
| ___ 2. Supervising Pallbearers | ___ 9. Arranging for Clergy |
| ___ 3. Arranging flowers | ___ 10. Assisting at graveside |
| ___ 4. Dressing & casketing remains | ___ 11. Assisting in making arrangements |
| ___ 5. Assisting with viewing/visitation | ___ 12. Assisting with funeral ceremonies/services |
| ___ 6. Assisting with cemetery arrangements | ___ 13. Preparing obituary notices |
| ___ 7. Preparation & filing of D.C. Permits | |

BEHAVIOR AND WORK EVALUATION

Unsatisfactory

Satisfactory

Cooperation

Initiative

Integrity

Responsibility

Emotional Stability

Quality of Work

Safety Habits

Additional Comments of

Supervisor: _____

MORTICIAN INTERNSHIP COMPLETION REPORT

Instructions

This form demonstrates completion of a Montana mortician internship by a mortician intern licensee per the requirements of ARM 24.147.504. The form must be signed by both the mortician intern licensee and the Montana mortician licensee who supervised the internship. If the intern licensee had more than one supervisor then this form must be completed for each supervisor.

Section 1 – Mortician Intern Information

- 1. Intern Licensee Full Name: _____
First Middle Last
- 2. Intern Licensee Mailing Address: _____
- 3. Intern Licensee Email Address: _____
- 4. Intern License Number: _____
- 5. Intern License Number Expiration Date: _____

Section 2 – Supervising Mortician Information

- 6. Supervisor Full Name: _____
First Middle Last
- 7. Supervisor Montana License Number: _____
- 8. Mortuary Name: _____
- 9. Mortuary License Number: _____

Section 3 – Completion of Internship

- 10. Beginning Date: _____ 11. Completion Date: _____
- 12. Supervised Clinical Experience Completed:
 - Yes (per the requirements of ARM 24.147.504)
 - No (detailed explanation)

Section 4 – Declaration

I, the supervising mortician, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.

Legal Signature of Supervising Mortician _____
Date

I, the mortician intern, hereby declare under penalty of perjury the information included in this to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to denial of my license or subsequent revocation of licensure on ethical grounds.

Legal Signature of Mortician Intern _____
Date



**State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD**

3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
Phone (775) 825-5535 * Email nvfuneralboard@fb.nv.gov

APPRENTICE EMBALMER REPORTING FORM

I, _____, a duly registered and qualified apprentice embalmer, working under the direction of _____, a licensed embalmer, whose license number is _____, do hereby submit a report covering the period of my apprenticeship from _____ to _____ in accordance with the provisions of 642.240 affecting registration and training of apprentices in embalming in Nevada; and further certify that the responses are true and correct.

MONTH	Number of Hours Worked	Number of Days Worked	Number of Cases Prepared		MONTH	Number of Hours Worked	Number of Days Worked	Number of Cases Prepared
January					July			
February					August			
March					September			
April					October			
May					November			
June					December			

Leave of absence or vacation report: From _____ to _____

FUNERAL DIRECTOR'S CERTIFICATION

I hereby certify that the above information is to the best of my knowledge, true and correct.

LICENSED EMBALMER CERTIFICATION

I hereby certify that the above individual worked under my supervision and direction as an apprentice embalmer and that the above information is to the best of my knowledge, true and correct.

Signature of Funeral Director License No.

Signature of Embalmer License No.

IMPORTANT NOTICE

This report must be filed with the Nevada Funeral and Cemetery Services Board on or before January 1, and July 1, of each year, covering the six month period immediately preceding the first of the month in which said report is submitted.

FAILURE TO SUBMIT REPORT ON TIME MAY BE CAUSE FOR REVOCATION OF YOUR CERTIFICATE.

Full credit for time served as an apprentice is entirely dependent upon the completeness and accuracy of the data submitted on this report. The name and license number of the embalmer must be filled out in each case.

The number of days worked each month, and total number of hours worked each month during the period covered by this report must be complete. The certification of the funeral director and the embalmer is required.

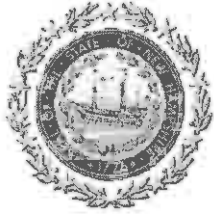
Leave of absence or vacation must be indicated in the space provided. "Two weeks' vacation each year is permissible without leave of absence from the Board. Any additional leaves of absence must be approved by the Board and notice of the return to work must be filed with the Board within ten days after the expiration of the leave of absence. Failure to comply with these requirements will cause the certificate to be revoked."

Any changes of employment must be reported at the time such change is made, and must be confirmed by the employers concerned. If such change has occurred during the six month period covered by this report, separate reports of the time worked must be filed for each period.

SUBMISSION

Return this report to:

Nevada Funeral and Cemetery Services Board
3740 Lakeside Drive, Suite 201
Reno, NV 89509



**STATE OF NEW HAMPSHIRE
BOARD OF REGISTRATION OF FUNERAL DIRECTORS AND EMBALMERS**
121 South Fruit Street
Concord, NH 03301-2412
(603) 271-4648
FAX (603) 271-5056

APPRENTICE FUNERAL DIRECTING FORM
(Please Print or Type)

Apprentice

Report No. _____

Name of Apprentice: _____ Apprentice Lic. No. _____
(First) (Last)

Name of Licensed Sponsor: _____ License No. _____
(First) (Last)

Name and Address of Funeral Home: _____

Deceased

Name: _____ Date of Birth: _____

Address: _____

Place of Death: _____ Date of Death: _____

Address: _____

Type of Funeral Service (Check all that apply)

Full Service Funeral Calling/Visitation Hours Memorial Service Graveside Service Direct Cremation

Location of Funeral Service

Place of Funeral Service: _____ Time: _____

Address of Funeral Service: _____

Officiating Clergy: _____ Faith: _____

Funeral Participation (Check all that apply)

- | | | |
|---|--|-----------------------------|
| _____ Assisted in filing death certificate | _____ Assisted in obtaining burial permit | |
| _____ Assisted family with selection of merchandise | _____ Assisted with arrangement conference | |
| _____ Arranged for clergy | _____ Arranged for organist | _____ Arranged flowers |
| _____ Checked/recorded flowers | _____ Arranged for military honors | _____ Parked cars |
| _____ Assisted with office work | _____ Ordered casket/vault | _____ Carried casket |
| _____ Directed traffic | _____ Drove family car | _____ Drove hearse |
| _____ Prepared newspaper notices | _____ Received visitors | _____ Drove service car |
| _____ Seated guests at service | _____ Contacted cemetery | _____ Arrange for cremation |
| _____ Arranged for fraternal services | _____ S.S. and V.A. forms | |

I hereby state this is a true description of this case.

Signature of Apprentice: _____ Date: _____

Signature of Sponsor: _____ Date: _____

NOTE: Reports shall be filed MONTHLY with the Board of Registration of Funeral Directors and Embalmers, 121 South Fruit Street, Concord, NH 03301-2412

**OPTIONAL INFORMATIONAL QUESTION
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

Please place a check mark in all that apply below:

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above

EMBALMING CASE REPORT

FUNERAL ESTABLISHMENT:

DATE: _____ 20 _____

CASE NO.: _____

DESCRIPTION OF SUBJECT:

NAME OF DECEASED: _____

AGE: _____ SEX: _____ RACE: _____ WEIGHT: _____ LBS. HEIGHT: _____ FT. _____ IN.

CAUSE OF DEATH: _____ DATE OF DEATH: _____

CONDITION OF BODY PRIOR TO EMBALMING:

ELAPSED TIME BETWEEN DEATH AND EMBALMING _____ Time Embalming Started _____ Time Embalming Completed _____

CHECK APPROPRIATE CONDITIONS:

Autopsy	"	Emaciated	"	Lividity	"	Purge	"
Edema	"	Skin Slp	"	Stain	"	Rigor Mortis	"
Tissue Gas	"	Mutilations	"	Discoloration	"		
Refrigerated	"	How Long?	_____	Additional Factors:	_____		

POSING FEATURES: (Check Methods and Materials Used)

MOUTH CLOSURE:	Suture	"	_____	Needle Inj.	"	_____	EYE CLOSURE:	Cotton	"	_____
	Natural	"	_____	Dentures	"	_____		Eye Caps	"	_____
	Mouth Former	"	_____	Other	"	_____		Other	"	_____

EMBALMING TECHNIQUES:

ARTERIES INJECTED: (Circle vessels used)

Carotid	R - L	Iliac	R - L
Subclavian	R - L	Femoral	R - L
Axillary	R - L	Radial	R - L
Brachial	R - L	Ulnar	R - L

Other _____
Other _____

Condition of Arteries _____

Injection Pressure _____ lbs., Drainage: Continuous, Intermittent or Restricted? _____

VEINS DRAINED:

Jugular	R - L
Axillary	R - L
Iliac	R - L
Femoral R - L	

Other _____

Injection: Intermittent or Continuous _____

DISINFECTION: (Check appropriate areas)

Eyes	_____	Nose	_____	Mouth	_____
Other Body Orifices _____					
Remains Bathed With Antiseptic Soap _____					
Body Orifices Packed _____					

FLUID DILUTIONS:

Preparation Fluid	_____ oz	_____ gal.	Index _____
1st Injection	_____ oz	_____ gal.	Index _____
2nd Injection	_____ oz	_____ gal.	Index _____
3rd Injection	_____ oz	_____ gal.	Index _____

Total Concentrate Used:

Preparatory	_____ oz
Arterial	_____ oz
Cavity	_____ oz
Humectant	_____ oz
Other	_____ oz

Hypodermic Treatment (Check Appropriate Areas)

Arms	_____	Legs	_____
Torso	_____	Neck	_____
Face	_____		
Total Concentrate Used _____ oz			

Enclosed Remains in Zippered Plastic or Rubber Pouch _____ Length of Time Required to Complete Operation _____

CONDITION OF BODY AFTER EMBALMING: (Include firming action and diffusion characteristics of fluid used) _____

Condition of Abdominal Area: _____

CAVITY TREATMENT:

Total Cavity Chemical Used _____ oz Index Name _____ Trocar Button _____ Suture _____ Elec. or Hydro Aspirator _____
 Total Cavity Chemical Used (Autopsy) _____ oz Index Name _____ Chemical Powder _____
 Viscera Treatment _____ Suture Incision? _____ Yes _____ No _____
 Were Cavities Treated Immediately Following Arterial Injection? _____ Yes _____ No. If Delayed, How Long? _____
 Parts Receiving Poor Circulation _____ How Treated _____

Remarks Concerning Results Observed: _____

ASSOCIATE/FUNERAL SERVICE PRACTITIONER: _____ LIC. NO.: _____

FUNERAL SERVICE INTERN: _____ LIC. NO.: _____

PROTECTIVE CLOTHING/EQUIPMENT USED:

Gloves " Face Mask " Boots "
Goggles " Face Shield " Head Cover "
Gown " Medigard Glove " Other _____

Describe Other Items Used: _____

Was Embalming Completed Without Incident? ____ Yes ____ No
If No, Give Detail to Complete Operation _____ Ending Time _____ a.m./p.m.

PROPERTY RECORD:

Personal Property Received With Body (List all Items):

Clothing _____

Jewelry _____ Cash _____

Dentures _____ Papers _____

Other Items _____

FINAL DISPOSITION OF PERSONAL PROPERTY:

Property Received by _____ Relationship to Deceased _____ Date _____

ADDITIONAL REMARKS OR COMMENTS CONCERNING CASE:

DISPOSITION OF HUMAN REMAINS:

Cemetery " Mausoleum "
Crematory " Ship-Out " Receiving Funeral Home _____ City & State _____

CASKET DESCRIPTION _____ OUTSIDE CONTAINER _____

IDENTIFICATION ANATOMICAL CHART

INDICATE IDENTIFIABLE UNUSUAL MARKINGS OR CONDITIONS ON FIGURES
(Tattoo, scar, wound, fractured bone, sore, other)

1. _____ 3. _____

2.

4.

NORTH CAROLINA BOARD OF FUNERAL SERVICE

AFFIDAVIT TO CERTIFY RESIDENT TRAINEESHIP – FUNERAL SERVICE

I, _____, duly licensed by the North Carolina
Printed Name of Supervisor

Board of Funeral Service do hereby swear and attest that _____
Printed Name of Trainee

began his/her resident traineeship as a funeral service licensee under my supervision on the _____
day of _____, 20____, and completed his/her resident traineeship on the
_____ day of _____, 20____.

_____ By placing my initials here, I certify that the resident trainee referenced herein has, under my supervision, completed the following tasks: (1) assisted with at least 25 cases of **funeral arranging activities** (to include either at need or preneed funeral planning activities); (2) assisted with at least 25 cases of activities pertaining to the **funeral ceremony and disposition of the body**; (3) assisted with at least 25 cases of **embalming**; and (4) worked at least 2,000 hours as a resident trainee in the practice of funeral service.

_____ By placing my initials here, I certify that the resident trainee referenced herein has, under my supervision, assisted in **fewer than 25 cases** of any of the required activity categories and/or worked **fewer than 2,000 hours** as a resident trainee in the practice of funeral service. I hereby certify that the resident trainee referenced herein has assisted with _____ (number of) cases of **funeral arranging activities** (to include either at need or preneed funeral planning activities); assisted with at _____ (number of) cases of activities pertaining to the **funeral ceremony and disposition of the body**; assisted with _____ (number of) cases of **embalming**; and worked _____ (number of) hours as a resident trainee in the practice of funeral service.

Signature of Resident Trainee Supervisor

Supervisor License No.

Sworn to and subscribed before me by

_____ this the _____ day
Printed Name of Affiant

of _____, 20____

Notary Public- Official Signature

SEAL

Notary Public- Printed Name

My Commission expires _____

NORTH CAROLINA BOARD OF FUNERAL SERVICE

AFFIDAVIT TO CERTIFY RESIDENT TRAINEESHIP – FUNERAL DIRECTING

I, _____, duly licensed by the North Carolina
Printed Name of Supervisor

Board of Funeral Service do hereby swear and attest that _____
Printed Name of Trainee

began his/her resident traineeship as a funeral director under my supervision on the _____
day of _____, 20____, and completed his/her resident traineeship on the
_____ day of _____, 20____.

_____ By placing my initials here, I certify that the resident trainee referenced herein has, under my supervision, completed the following tasks: (1) assisted with at least 25 cases of **funeral arranging activities** (to include either at need or preneed funeral planning activities); (2) assisted with at least 25 cases of activities pertaining to the **funeral ceremony and disposition of the body**; and (3) worked at least 2,000 hours as a resident trainee in the practice of funeral directing.

_____ By placing my initials here, I certify that the resident trainee referenced herein has, under my supervision, assisted in fewer than 25 cases of any of the required activity categories and/or worked fewer than 2,000 hours as a resident trainee in the practice of funeral service. I hereby certify that the resident trainee referenced herein has assisted with _____ (number of) cases of **funeral arranging activities** (to include either at need or preneed funeral planning activities); assisted with _____ (number of) cases of activities pertaining to the **funeral ceremony and disposition of the body**; and worked _____ (number of) hours as a resident trainee in the practice of funeral directing.

Signature of Resident Trainee Supervisor

Supervisor License No.

Sworn to and subscribed before me by

_____ this the _____ day
Printed Name of Affiant

of _____, 20____.

Notary Public- Official Signature

SEAL

Notary Public- Printed Name

My Commission expires _____

NORTH CAROLINA BOARD OF FUNERAL SERVICE

AFFIDAVIT TO CERTIFY RESIDENT TRAINEESHIP - EMBALMING

I, _____, duly licensed by the North Carolina
Printed Name of Supervisor

Board of Funeral Service do hereby swear and attest that

_____ began his/her resident traineeship
Printed Name of Trainee

as an embalmer under my supervision on the _____ day of _____,

20____, and completed his/her resident traineeship on the _____ day of

_____, 20____.

_____ By placing my initials here, I certify that the resident trainee referenced herein has, under my supervision, completed the following tasks: (1) assisted with at least 25 cases of **embalming**; and (2) worked at least 2,000 hours as a resident trainee in the practice of embalming.

_____ By placing my initials here, I certify that the resident trainee referenced herein has, under my supervision, assisted in **fewer** than 25 cases of embalming and/or worked **fewer** than 2,000 hours as a resident trainee in the practice of funeral service. I hereby certify that the resident trainee referenced herein has assisted with _____ (number of) cases of **embalming**; and worked _____ (number of) hours as a resident trainee in the practice of embalming.

Signature of Resident Trainee Supervisor

Supervisor License No.

Sworn to and subscribed before me by

_____ this the _____ day
Printed Name of Affiant

of _____, 20_____

Notary Public- Official Signature

SEAL

Notary Public- Printed Name

My Commission expires _____



State of Ohio
Board of Embalmers and Funeral Directors

77 South High Street, 16th Floor, Columbus, OH 43215-6108 • Phone (614) 466-4252 • Fax (614) 728-6825
E-Mail: oh.emb.bd@funeral.ohio.gov • Website: www.funeral.ohio.gov

MASTER REPORT

Dual Funeral Director Only Embalmer Only

Apprentice's Name: _____ Registration# _____
Currently in month _____ of a _____ month apprenticeship.

Master's Name: _____
Funeral Home Name: _____
Funeral Home Address: _____
Funeral Home County: _____
Daytime Phone: _____

This form is to be completed and submitted each quarter along with the apprentice case reports.

Evaluation

Was apprentice cooperative under direction? _____
Was apprentice thorough in work assigned? _____
Is there sufficient evidence of growth and progress? _____
Is the apprentice cooperative with co-workers? _____
Is apprentice willing to accept instruction and direction? _____
Does apprentice exhibit professionalism with families? _____
Apprentices current strengths? _____
Apprentices current weakness? _____

Based on the amount of apprenticeship served, indicate the level of knowledge and proficiency you observe in your apprentice on a scale of 1-10: (1-Unsatisfactory, 10-Excellent). Please rate each area.

<i>Area of Knowledge and Proficiency</i>	<i>Rating (1-10)</i>
A) Ohio Laws and Rules	
B) Federal Law	
C) Vital Statistic Regulations	
D) Merchandise/Merchandising	
E) Arrangement Conferences	
F) Funeral Directing	
G) General Business Procedures	
H) Reliability	
I) Initiative	
J) Attitude	
K) Overall Quality of Work	

(This section does not apply to FD only apprentices)

<i>Area of Knowledge and Proficiency</i>	<i>Rating (1-10)</i>
A) Anatomy	
B) Restorative Art	
C) Safety and Sanitation	
D) Embalming Techniques	

Please estimate the percentage of the Apprentice's time during an average work week is spent in each of the following areas:

<i>Task</i>	<i>Percentage of Time</i>
A) First Calls/Removals	
B) Driving of Vehicles	
C) Assisting in Funeral Arrangements	
D) Funeral Services (visitations, services, etc.)	
E) Administrative Duties (filing death certificates, paperwork, etc.)	
F) Maintenance (Explain)	
G) Other Duties (Explain)	
H) Embalming (does not apply to FD only apprentices)	

Total 100%

CONCLUSIONS

Does the apprentice need more training in specific areas? Yes or No
 If yes, explain: _____

Do you or the apprentice need to be contacted by an Inspector? Yes or No
 If yes, explain: _____

Additional comments: _____

I certify that this is an accurate report on the progress of the above-named apprentice and has been prepared without consultation with the apprentice.

Signed and certified by:

 Printed name of Master License #

 Signature of Master Daytime Phone

Completion of this form is required by Section 4717.06(6) and Administrative Rule 4717-4-03(B)(6) and 4717-4-04(B)(6).

Embalmer Apprentice Log

Embalmer Apprentices: Embalmer trainees (apprentices) are required to serve a twelve-month apprenticeship and must be under the direct supervision of an embalmer who is and has been licensed in good standing and working in Oregon for at least one year. The licensee who supervises an apprentice must be working and located in the same licensed facility or facilities as the apprentice he or she is supervising. To qualify for a license as an embalmer, an embalmer apprentice must assist in the embalming of at least 35 human remains during the apprenticeship period (total number not limited to 12 months) under the direct supervision of an Oregon licensed embalmer and must meet the time and competency requirements published by the Board at the time of initial application (must work a **minimum** of 1440 hours within a calendar year is the current time requirement). An embalmer apprentice must maintain a log book of embalming under supervision, with accurate and current entries, and the apprentice and his or her supervisor must furnish this record to the Board upon request. The apprentice may use a supplemental page to log any arrangements or other competencies performed at an alternate facility as directed by their supervisor. Such page **MUST** be brought back and included in the log at the end of that specific assignment. The **log book** must be retained for a period of one year after full licensure as an embalmer, or, if not licensed as an embalmer, for six years after the last log entry and must include the following: Name of the deceased; Date of death; Date and place of embalming; Name of licensed facility making the embalming arrangements; Supervisor's written confirmation for each embalming performed by their apprentice; and Number of hours worked per week. The log book may be inspected by the Board for confirmation of licensure requirements. Apprentices leaving employment should keep a copy of his or her log book, and the licensed facility should also keep a copy. Embalmer apprenticeship certificates will not be granted to any person for a period longer than 48 aggregate months. When an apprentice has completed his or her apprenticeship, he or she will no longer be licensed as an embalmer apprentice, but must qualify as a licensed embalmer. The Board may consider a request for extension of the apprenticeship period for reasonable and extenuating circumstances beyond the control of the apprentice.

Only a licensed embalmer or embalmer apprentice may provide the necessary handling and preparation of human remains, e.g. washing, disinfecting, setting features, embalming, repair and supervising dressing. A licensed embalmer or embalmer apprentice must supervise and be responsible for the required sanitizing of the preparation room or holding room including, but not limited to, embalming tables, work surfaces, sinks, floors, instruments, and disposal of contaminated waste. A preparation room or holding room must be sanitized after the use of the room. Only a registered preneed salesperson or other funeral service licensee shall engage in prearrangement or preconstruction sales, if employed by a Certified Provider.

An embalmer must not embalm human remains without obtaining written or oral permission of a person who has the right to control the disposition of the remains. When oral permission is received to embalm, the licensee obtaining the oral permission must document the oral permission in writing. Documentation must include the name and phone number of the authorizing agent, relationship to the deceased, date and time oral permission was obtained, and printed name and signature of the licensee or facility representative acquiring the oral authorization. An authorizing agent must confirm the oral permission on a written, signed embalming authorization form as outlined in OAR 830-040-0000(7).

Below is a sample of an embalmer apprentice log. Please customize to fit your needs, but remember, each area below is a requirement of the log's contents.

Embalmer Apprentice Name: _____ Supervisor's Name: _____

Week of: _____								
Hours:	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total

Name of Deceased	Date of Death	Date / place of Embalming	Facility Making Arrangements	Supervisor's written confirmation

Funeral Service Practitioner Apprentice Log

FSP Apprentices: FSP trainees (apprentices) are required to serve a twelve-month apprenticeship and must be under the supervision of an FSP who is and has been licensed in good standing and working in Oregon for at least one year. The licensee who supervises an apprentice must be working and located in the same licensed facility or facilities as the apprentice he or she is supervising. To qualify for a license as an FSP, an FSP apprentice must work a **minimum** of 1,440 hours within a calendar year and must assist in the planning of at least 25 funerals or dispositions per year through some form of direct contact with the family or legal representative of the deceased.

An FSP apprentice must keep a **log book** on the premises of the licensed facility where he or she is supervised, showing all arrangements made or participated in by the apprentice. The apprentice may use a supplemental page to log any arrangements or other competencies performed at an alternate facility as directed by their supervisor. Such page **MUST** be brought back and included in the log at the end of that specific assignment. The apprentice, under supervision, must make accurate and current entries. The apprentice and his or her supervisor must furnish the log book to the Board upon request. The log book must be retained for a period of one year after licensure as a funeral service practitioner, or, if not licensed, for six years from the last log entry, and must include the following: (a) Name of deceased and person authorizing final disposition arrangements; (b) Date of death; (c) Date and place arrangements were made; (d) Description of apprentice's direct participation with family; (e) Number of days and hours worked per week; (f) Specific competency demonstrated; (g) Supervisor's written confirmation for each arrangement made by their apprentice; and (h) Name of the licensed facility responsible for the final disposition arrangements. "Authorizing Agent" An authorizing agent is a person legally entitled to order the arrangements and disposition of human remains and cremated remains. The log book may be inspected by the Board for confirmation of licensure requirements. Apprentices leaving employment should keep a copy of his or her log book, and the licensed facility should also keep a copy.

Only an FSP or FSP apprentice shall: (a) Work directly with at need persons to arrange for the disposition of human remains; and (b) Coordinate and direct the various tasks associated with performing funeral services for at need persons including but not limited to: taking all vital information on the deceased for the purpose of filing the death certificate; arranging for transportation of the remains; coordinating the services for final disposition; supervising or otherwise controlling the care, preparation, processing and handling of human remains. Only a registered preneed salesperson or other funeral service licensee shall engage in prearrangement or preconstruction sales, if employed by a Certified Provider.

An embalmer must not embalm human remains without obtaining written or oral permission of a person who has the right to control the disposition of the remains. When oral permission is received to embalm, the licensee obtaining the oral permission must document the oral permission in writing. Documentation must include the name and phone number of the authorizing agent, relationship to the deceased, date and time oral permission was obtained, and printed name and signature of the licensee or facility representative acquiring the oral authorization. An authorizing agent must confirm the oral permission on a written, signed embalming authorization form as outlined in OAR 830-040-0000(7).

Below is a sample of an FSP apprentice log. Please customize to fit your needs, but remember, each area below is a requirement of the log's contents.

FSP Apprentice Name: _____ Supervisor's Name: _____

Week of: _____

Hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Total _____

Name of Deceased	Person Authorizing Arrangements	Date of Death	Arrangements Date / Place	Description of Participation	Specific competency demonstrated	Supervisor's Confirmation	Facility Making Arrangements

**Rhode Island Department of Health
3 Capitol Hill, Providence RI, 02908-5097
(401) 222-2828**

Statement of Funeral Director/Embalmer

Name of Funeral Director/Embalmer _____

Internship No. _____ Internship Began On: _____

<u>Date</u>	<u>Name of Deceased</u>	<u>Address of Deceased</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Bodies Embalmed Under the Supervision of:

Signature and License Number of Funeral Director/Embalmer

CITY OF _____ STATE OF _____ SUBSCRIBED

AND SWORN TO BEFORE ME THIS _____ DAY OF _____
20_____.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Funeral Service
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4497 • ContactFuneral@llr.sc.gov • Fax: 803-896-4554
www.llronline.com/POL/Funeral/



Apprentice Quarterly Reporting Form for Funeral Director/Embalmer
 License Type Funeral Director Embalmer Dual

Name _____ Permit # _____ Date _____

Reporting Period: From _____ Through _____

Name and Address of Funeral Establishment _____

All activities of an apprenticeship are important and every apprentice should have ample experience in the areas below. However, there are certain activities that are required for the certification of an apprenticeship. Preceptors must be present during all tasks for either a funeral or embalming.

An Apprentice Funeral Director must assist with at least 50 funerals in order to complete the apprenticeship. Twenty-five (25) of those funerals **MUST INCLUDE ALL** of the following activities: **A, F, G, and H** (in bold) done on the same funeral.

An Apprentice Embalmer must assist with at least 50 bodies in order to complete the apprenticeship. Twenty-five (25) of those bodies **MUST INCLUDE ALL** of the following activities: **L, M, N, O, R, and S** (in bold) done on the same body.

Funeral Directing

- A.** Arrangements with family and clergy
- B.** Preparing newspaper notices
- C.** Funeral procession arrangement
- D.** Transportation of family and clergy
- E.** Checking and arranging flowers
- F.** Sales of funeral service
- G.** Conducting funeral service
- H.** Preparing death certificate
- I.** Correspondence, bookkeeping
- J.** Receiving visitors

Embalming

- K.** Bathing and creaming face
- L.** Posing features
- M.** Mixing fluids
- N.** Raising vessels
- O.** Injecting fluids
- P.** Hypodermic treatment
- Q.** Preparation of autopsied body
- R.** Suturing incisions
- S.** Trocar Cavity Treatment
- T.** Application of cosmetics
- U.** Restorative art procedures

The apprentice should keep a record of the names of the deceased and the work done in each case. List the name of the deceased, the date on which the activities were engaged, and the type of activity.

	Name	Date	Activity	
			Funeral Directing	Embalming
1.				
2.				
3.				
4.				
5.				
6.				

	Name	Date	Funeral Directing	Embalming
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

IMPORTANT REQUIREMENT: The supervisor/preceptor of record is the supervisor that is allowed to sign your quarterly reports. Your supervisor(s) must sign for both funeral director and embalmer on every report if you are serving a dual apprenticeship.
All signatures are required to process this report.

 Signature of Apprentice

 Date

I hereby certify that the statements above are true and correct to the best of my knowledge and belief:

 Signature of Funeral Director Supervisor

 FD Lic. #

 Signature of Embalmer Supervisor

 Embalmer Lic. #

The supervisor of record is the only supervisor that should be signing the form.

This report must be returned to the Board of Funeral Service, P O Box 11329, Columbia, SC 29211-1329, within 30 days after the close of each quarter or your report will not be accepted. The quarterly reports may be mailed to the above address or emailed to Contact.Funeral@lfr.sc.gov. Quarterly reports are not acceptable by fax.

Quarters are as follows: Jan, Feb, Mar Apr, May, Jun Jul, Aug, Sept Oct, Nov, Dec.

SOUTH DAKOTA STATE BOARD OF FUNERAL SERVICE TRAINEE CASE REPORT

PLEASE PRINT OR TYPE: Please complete entire form.

Funeral Home Name: _____
 Trainee Name: _____ Sponsor Name: _____
 Case # _____ of 25 Total Trainee Number: _____
 Date Filed: _____ Date Case Completed: _____
 Trainee Signature: _____ Sponsor Signature: _____

IDENTIFICATION OF DECEASED

Name of Deceased: _____
 Time, Date, and Place of Death: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
 Type of Death: _____ (Natural, Accident, Suicide)

PRE-EMBALMING CONSIDERATIONS (Check space and describe below)

_____ External Wounds	_____ Internal Wounds	_____ Gas
_____ Tumors	_____ Colostomy	_____ Purge
_____ Edema	_____ Skin Slip	_____ Other
_____ Post Mortem Pigmentation	_____ Autopsy:	_____ Head _____ T/A

Elapsed Time Between Death and Start of Embalming: _____
 Elapsed Time Between Start and Finish of Embalming: _____
 Other time: _____ (Cosmetising, Post Repair)

EMBALMING

X = Work Done by Trainee

O = Trainee Assisted Licensee

_____ Disinfect Body	_____ Aspirate	_____ Prepare Chemicals
_____ Shave	_____ Make Incision	_____ Raising Artery(s)
_____ Position of Body	_____ Mouth Closure (Method)	_____ Autopsy Repair
_____ Raising Vein(s)	_____ Close Eyes (Method)	_____ Close Incision

Arteries Used: 1. _____ 2. _____ 3. _____ 4. _____
 Veins Used: 1. _____ 2. _____ 3. _____ 4. _____

Why Were These Particular Vessels Used: _____

Method of Injection used: _____ Machine _____ Gravity _____ Hypodermic _____ Trocar

Method Used to Induce Drainage: _____

Fluid Used: (Concentration in Ounces) (Trade Name & Index) (Quantity in Gallons) _____

Pre-injection: _____

Arterial: _____
Cavity: _____
Dye: _____
Other: _____
Parts Receiving Poor Circulation; Treatment: _____

POST EMBALMING

Cosmetics: Type: _____ Where Applied: _____
Method of Application: _____
Restorative Art: (Location, Method, Extent, Technique) _____
Condition of Body at Completion of Operation: _____
Condition of Body at Time of the Service: _____
Describe Any Post Embalming Treatment Required: (Re-aspirate, Cosmetic Touch-up) _____

FUNERAL DIRECTING

Date and Place of Funeral: _____
Number of Persons Assisting with the Service: _____
Work Done by Trainee: (To include, but not limited to)
Removal of Remains: _____
Dressing Body: _____
Setting or Floral Arrangements: _____
Funeral Arrangements: _____
Office Records & Legal Papers: _____
Visitation: _____
Wake Service: _____
Funeral Service: _____
Follow-up Contact: (Insurance) _____
Write a short paragraph describing what you did and learned on this case: _____

For Board Use Only	
Reviewed by: _____	Date: _____
Approved <input type="checkbox"/> _____	Not Approved <input type="checkbox"/> _____
Signature	Signature
Notes: _____	

Trainee Monthly Report

To the South Dakota Board of Funeral Service. To be in the hands of the Secretary of the board by the 10th of each month. Traineeship ceases as of 12th card received.

Name _____ Trainee No. _____

Address _____ Street _____ City _____ State _____ Zip code _____

Report Card Mailed on _____, 20____ for month of _____

Cummulative number of hours worked in the funeral establishment as part of the training program (minimum 2,080 hrs required before program ceases) _____

Number of funeral arrangement reports filed to date _____

Number of case reports filed to date _____

Number of funerals assisted to date _____

Employed by _____ Funeral Home _____ City _____

Signature of Trainee _____ Signature of Sponsor _____



BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TENNESSEE 37243-1144
 PHONE (615) 741-5062 FAX (615) 532-1903
 Website: <http://funeral.tn.gov>

QUARTERLY REPORT OF APPRENTICESHIP TRAINING

Apprentice Name: _____

Registration No: Funeral Director _____ Embalmer _____ E-mail Address: _____

Name of Supervisor(s) and License No(s): _____

Calendar Quarter (check one): Jan-March April-June July-Sept Oct-Dec Year _____

Training Activities (check only items in which the apprentice participated):

FUNERAL DIRECTOR

EMBALMER

- _____ Making removal from place of death
- _____ Arranging for clergy and learning the requirements of funerals for different religions and fraternal organizations
- _____ Supervising pallbearers
- _____ Arranging for procession to cemetery
- _____ Interaction with physicians, nurses, medical examiners, law enforcement, etc.
- _____ Computer Skills
- _____ Preparation of death certificates, cremation authorizations, burial permits, etc.
- _____ Arranging for shipment by common carrier
- _____ Studying Tennessee laws, rules and professional/technical publications
- _____ Management and administration duties
- _____ Preparation of obituary notices
- _____ Participation in funeral arrangements

- _____ First call to hospital or home
- _____ Assist in preparing the body for embalming (bathing, shaving, setting features, etc.)
- _____ Assist in raising vessels, pre-injection, arterial embalming, aspirating and cavity treatment
- _____ Proficient use of embalming machine
- _____ Dressing and casketing of remains
- _____ Disinfection of instruments and equipment
- _____ Maintaining an immaculate preparation room
- _____ Preparation of body for shipment
- _____ Studying Tennessee laws, rules and professional/technical publications
- _____ Completion of embalming case reports
- _____ Publication of articles on embalming
- _____ Presentation to civic group on funeral service
- _____ Interview with media on apprentice related subjects
- _____ Other: _____

BEHAVIOR AND WORK EVALUATION

- Cooperation
- Initiative
- Integrity
- Responsibility
- Emotional Stability
- Quality of Work
- Safety Habits

Unsatisfactory	Satisfactory	Excellent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Comments of Supervisor: _____

CASES: (If needed, attach another sheet. Each one must be signed and notarized.)

Date Of Death	Name of Deceased	Manner of Death	Date of Funeral	Assisted on Funeral Serv.	Assisted on Embalming

I certify that the apprentice named herein has been trained under direct supervision during the period indicated and has received instruction in the principles and techniques of funeral directing and/or embalming, as indicated on the reverse side hereof. Time worked during the period has been not less than forty hours per week, and progress has been has not been satisfactory. Recommend credit be not be allowed for this period.

Signature of Apprentice: _____

Signature of Supervisor: _____

STATE OF TENNESSEE
 COUNTY OF _____
 SWORN TO AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC _____

(SEAL)

My Commission Expires: _____

Texas Funeral Service Commission Provisional Licensee Reporting Form

Guidelines for Supervision:

- It is the responsibility of the FDIC/EIC to arrange and ensure that direct supervision is provided to each provisional licensee under his or her employment. Failure to do so may be considered a violation and may result in disciplinary actions against all licensees involved.
- Funeral Director Only Licensees may NOT supervise Provisional Embalmer Licensees and Embalmer Only Licensees may NOT supervise Provisional Funeral Director Licensees.
- Provisional Licensees must complete a total of 45 cases in order to complete the Provisional License Program. Of those 45 cases, at least 10 must be complete cases. A complete funeral directing case consists of all major actions from the time of first call through interment or other disposition of the body; a complete embalming case requires the provisional embalmer to handle all major actions included in TAC §203.16 (relating to Requirements Relating to Embalming) performed on a particular body.
- The Provisional Licensee is required to retain copies and the FDIC/EIC is required to retain originals of all monthly reports with supporting documentation for all case credit claimed for two years from the completion date of the Provisional License Program. All forms are subject to inspection by the Commission and must be provided for inspection if requested. Failure to retain documentation may result in disciplinary action.
- Provisional Licensees must file a report with the FDIC/EIC outlining the number of cases performed and the name of the Funeral Director or Embalmer who was present when services were performed.

Form Instructions:

- Report Type: Separate forms must be used to record cases relating to funeral directing or embalming. Check appropriate line to indicate if report is for funeral directing or for embalming.
- Name & License #: List Appropriate names and license numbers. Use a SEPARATE form for each Funeral Establishment worked in. Use a SEPARATE form for each FDIC/EIC worked under. If the Funeral Establishment or FDIC/EIC changes, use a SEPARATE form.
- Case #: Keep a running list of cases worked. Each page will allow licensee to report 12 cases of the 45 required. For example, first sheet would be cases 1-12, second sheet would be cases 13-24, third sheet would be cases 25-36, etc. Highlight required 10 complete cases.
- Supervisor's Printed Name & License #: Supervisor is a licensed Funeral Director or Embalmer that provides direct supervision for a case. The Supervisor does NOT have to be the FDIC/EIC. It is strongly recommended that a Provisional Licensee have each supervisor sign the form on the day the service was performed.
- Form may be used until filled even if the cases occur in different months AS LONG AS the Funeral Establishment and the FDIC/EIC remain the same.
- If a Provisional Licensee moves to or adds a Funeral Establishment, a SEPARATE form must be started. If a FDIC/EIC changes, a Provisional Licensee must start a SEPARATE form.
- Once a form is completed, sign the form and return to FDIC/EIC for signature.

Funeral Director Intern Training Report



You can use this form to report your funeral director internship activities for each quarter. Reports must be submitted every three months for no less than the required year term of internship and 1,800 hours of employment. We recommend that you keep a copy for your records. You must submit training reports prior to changing sponsors to avoid loss of training credit. When completed, mail or fax to:



24004-SUPPORTING

Funeral and Cemetery Licensing, Department of Licensing, PO Box 9012, Olympia, WA 98507 Fax: (360) 570-7098

Qualifying activities you may report toward your internship are:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Receive initial notification of death. 2. Remove remains from place of death. 3. Wear protective clothing/observe universal precautions. 4. Obtain the identity of remains/place identification on remains. 5. Comply with embalming/refrigeration regulations. 6. Observe funeral arrangements. 7. Conduct arrangement conference. 8. Gather vital statistic information. 9. Compose obituary/death notices. 10. Obtain authorizations for embalming, cremation, release etc. 11. Obtain burial transit permit. 12. Complete Statement of Funeral Goods and Services Selected. 13. Plan and coordinate service and disposition details. 14. Present and explain a general price list. 15. Present and explain a casket price list. 16. Present and explain an outer burial container price list. | <ol style="list-style-type: none"> 17. Determine financial responsibility. 18. Document and remove personal effects. 19. Complete and file death certificate. 20. Obtain certified copies of death certificate. 21. Explain FTC requirements. 22. Explain Social Security and VA benefits. 23. Assist with visitation. 24. Assist with funeral/memorial or graveside service. 25. Receive and arrange flowers. 26. Viewing room set-up. 27. Make disposition arrangements. 28. Maintain appropriate licensing. 29. Maintain confidentiality of information. 30. Coordinate funeral service participants (clergy, military, etc.) 31. Prepare and present honorariums/gratuities. 32. Conclude service and dismiss attendees. 33. Arrange casket/urn settings. 34. Confirm identity of decedent prior to disposition. 35. Complete disposition of cremated human remains. |
|---|---|

Name	Firm name
(Area code) Telephone number	Email
Report period Three months from _____ to _____	

	Name of deceased	Date	Activities performed for each case	Name of licensee providing training
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Licensed sponsor evaluation of intern

Answer the following

- Progress toward level of skill required to work independently Satisfactory Unsatisfactory
- Exhibits professional attitude Satisfactory Unsatisfactory
- Quality of work Satisfactory Unsatisfactory
- Use of sanitary and safety devices Satisfactory Unsatisfactory
- Maintains confidentiality of information Satisfactory Unsatisfactory
- Complies with laws, rules, and regulations governing funeral service and business operations Satisfactory Unsatisfactory
- Complies with OSHA standards Satisfactory Unsatisfactory
- Complies with laws, rules, and regulations regarding pre-arrangement sales and funding contracts Satisfactory Unsatisfactory
- Maintains awareness of changes in funeral service law Satisfactory Unsatisfactory
- Applies an understanding of funeral service law Satisfactory Unsatisfactory

Comments:

I certify that I performed all listed activities.

X

Signature of Intern funeral director Date

Registration number

The intern funeral director named above assisted in all activities listed under the supervision of a licensed funeral director, and I declare under penalty of perjury that all statements made herein are true.

X

Signature of licensed funeral director/sponsor Date

License number

You can use this form to report your embalmer internship activities for each quarter. Reports must be submitted every three months for no less than the required two-year term of internship and 3,600 hours of employment. We recommend that you keep a copy for your records. You must submit training reports prior to changing sponsors to avoid loss of training credit. When completed, mail or fax to:

Funeral and Cemetery Licensing, Department of Licensing, PO Box 9012, Olympia, WA 98507 Fax: (360) 570-7098



24002-SUPPORTING

Qualifying activities you may report toward your internship are:

- | | |
|--|--|
| 1. Wear protective clothing/universal precautions. | 19. Perform autopsy repair (thoracic/abdominal). |
| 2. Obtain identity of decedent. | 20. Cranial autopsy repair. |
| 3. Bathe and disinfect remains. | 21. Aspirate and inject/treat cavities. |
| 4. Obtain or verify embalming authorization. | 22. Trocar button/suture. |
| 5. Place and position deceased on embalming table. | 23. Suture autopsy incision. |
| 6. Relieve rigor mortis. | 24. Cosmetize remains. |
| 7. Clean and inventory personal effects. | 25. Dress remains. |
| 8. Perform pre-embalming case analysis. | 26. Restorative art. |
| 9. Select and mix embalming fluids. | 27. Inject tissue filler. |
| 10. Shave the deceased. | 28. Dispose of bio-hazardous waste. |
| 11. Set features. | 29. Hypodermic treatment. |
| 12. Make incision. | 30. Place remains in casket/container. |
| 13. Locate and raise vessels for injection/drainage. | 31. Treat orifices. |
| 14. Inject vessels. | 32. Groom hands and nails. |
| 15. Establish fluid distribution. | 33. Remove medical devises/implants. |
| 16. Establish drainage. | 34. Post embalming clean-up. |
| 17. Treat discolorations, bruises, lacerations. | 35. Wrap and/or pouch remains. |
| 18. Suture incisions. | |

Name	Firm name
(Area code) Telephone number	Email
Report period Three months from _____ to _____	

#	Name of deceased	Date	Activities performed for each case	Name of licensee providing training
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Licensed sponsor evaluation of intern

Answer the following

- Progress toward level of skill required to work independently Satisfactory Unsatisfactory
- Exhibits professional attitude Satisfactory Unsatisfactory
- Quality of work Satisfactory Unsatisfactory
- Use of sanitary and safety devices. Satisfactory Unsatisfactory
- Maintains confidentiality of information Satisfactory Unsatisfactory
- Complies with laws, rules, and regulations governing funeral service and business operations Satisfactory Unsatisfactory
- Complies with OSHA standards. Satisfactory Unsatisfactory
- Complies with laws, rules, and regulations regarding pre-arrangement sales and funding contracts. Satisfactory Unsatisfactory
- Maintains awareness of changes in funeral service law. Satisfactory Unsatisfactory
- Applies an understanding of funeral service law Satisfactory Unsatisfactory

Comments:

I certify that I performed all listed activities.

X

Signature of intern embalmer

Registration number

Date

The intern embalmer named above assisted in all activities listed under the supervision of a licensed embalmer, and I declare under penalty of perjury that all statements made herein are true.

X

Signature of licensed embalmer/sponsor

License number

Date



STATE OF WEST VIRGINIA
 Board of Funeral Service Examiners
 179 Summers Street, Suite 319
 Charleston, WV 25301

(304) 558 0302
 (304) 558 0660 Fax
www.wvfuneralboard.com
wvfuneralboard@hotmail.com

FIRST QUARTER APPRENTICE EVALUATION

Apprentice's Name: _____ AFD: _____ AE: _____

Supervisor's Name: _____ Funeral Home: _____

1. Indicate the level of knowledge and proficiency you observe in your apprentice on a scale of 1-10: (1-Unsatisfactory, 10-Excellent). Please comment on each area.

AREA OF KNOWLEDGE AND PROFICIENCY	Rating (1-10)
A) West Virginia Law	
B) Federal Law	
C) Vital Statistic Regulations	
D) Merchandise/Merchandising	
E) Funeral Arranging	
F) Counseling	
G) Funeral Directing	
H) Knowledge at Religious and Fraternal Rites and Procedures	
I) General Business Procedures	

2. Please estimate the amount of the Apprentice's time during an average work week spent in each of the following areas:

A) First Calls/Removals	%
B) Driving of Vehicles	%
C) Assisting in Funeral Arrangements	%
D) Funeral Services (Visitations, Services, etc.)	%
E) Administrative Duties (Filing Death Certificates, paperwork, etc.)	%
F) Maintenance (Explain)	%
G) Other Duties (Explain)	%

Total 100%

3. After three months of supervision, indicate the level of knowledge and proficiency you observe in your Apprentice on a scale of 1-10:

(1-Unsatisfactory, 10-Excellent). In addition, please comment on each area.

AREA OF KNOWLEDGE AND PROFICIENCY	Rating (1-10)
A) Anatomy	
B) Restorative Art	
C) Safety and Sanitation	
D) Embalming Techniques	
E) Responsibility	
F) Reliability	
G) Interpersonal Relationships	
H) Initiative	
I) Attitude	
J) Overall Quality of Work	

4. Is this Apprentice willing to accept instruction and directions? Please Comment.

I certify that this is an accurate report on the progress of the above-named Apprentice and has been prepared without consultation with the Apprentice.

Signature of Preceptor

Date

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
 FAX #: (608) 261-7083
 Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

FUNERAL DIRECTORS EXAMING BOARD APPRENTICE SEMI-ANNUAL REPORT

This report must be completed and returned to the Funeral Directors Examining Board twice a year. Both the Apprentice and Funeral Director must sign the report. It must include the number of hours the Apprentice has been employed at the Establishment and the number of embalmings and funeral services the Apprentice has assisted in. **Failure to complete and return this Form (#395) on each reporting period, could result in termination of the Apprenticeship.**

Reporting Period From: January 1, / / To: June 30, / /

Reporting Period From: July 1, / / To: December 31, / /

1. If you attended a Mortuary school, provide the exact dates of attendance..

From: / / To: / /

2. Did you work as an Apprentice during a winter break from Mortuary school?

Yes No If yes, provide exact dates:

From: / / To: / /

3. Did you work as an Apprentice during the summer while not attending summer school?

Yes No If yes, provide exact dates:

From: / / To: / /

4. Have you worked as an Intern during any period not listed in questions 1-3 listed above?

Yes No If yes, you may receive apprenticeship credit for a completed internship. Provide exact dates:

From: / / To: / /

Month	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total Number of Hours Employed:												
Number of Assisted Embalmings:												
Number of Funeral Services Assisted:												
Number of arrangement conferences the apprentice participated in: (Please attach a brief description of the arrangements for each month and include whether it was a traditional funeral, direct cremation, relationship to the deceased, how long the arrangement took, etc.)												

Wisconsin Department of Safety and Professional Services

Under the penalties of perjury, I certify that the above data is correct to the best of my knowledge and belief.	
Apprentice Name _____	Apprentice Certificate Number _____
Apprentice Signature _____	Date _ / _ / _
Funeral Director Name _____	Funeral Establishment Name _____
Funeral Director Signature _____	Date _ / _ / _

