

# The Board of Registration of Embalmers and Funeral Directors

## Registered Apprentice Funeral Director Summary Report

To be filed with the Board by the Apprentice and the Funeral Director (Mentor/  
Sponsor) at the end of each **SIX (6)** month interval until fully licensed.

Apprenticeship period of this Report (**must not cover period before registration as an  
Apprentice Funeral Director**) \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_.

Name of Apprentice: \_\_\_\_\_

Address of apprentice: \_\_\_\_\_

Name of Licensed Funeral Director: \_\_\_\_\_

Funeral Home where Apprenticeship is conducted: \_\_\_\_\_

E-mail address: \_\_\_\_\_

For the past \_\_\_\_\_ months I have been registered as an Apprentice Funeral

Director at \_\_\_\_\_ Funeral Home and have been

training under Licensed Funeral Director \_\_\_\_\_.

**During this six month period of this Report I have (specify number of cases the apprentice has  
conducted, under the direct supervision of the licensed, approved mentor):**

Assisted in the arranging of \_\_\_\_\_ funerals under the supervision of my  
licensed mentor

Arranged \_\_\_\_\_ funerals under the supervision of my licensed  
mentor

Conducted \_\_\_\_\_ funerals under the supervision of my licensed  
mentor

Conducted \_\_\_\_\_ committals under the supervision of my licensed  
mentor

**MY DUTIES AS AN APPRENTICE ARE: (Please Check Below)**

- |   |              |
|---|--------------|
| Maintaining Cleanliness of Facilities and Equipment | Yes___ No___ |
| Meeting Family and Visitors                         | Yes___ No___ |
| Arranging Floral Tributes                           | Yes___ No___ |
| Arranging Funerals with Clergymen                   | Yes___ No___ |
| Arranging Funerals with Fraternal Orders            | Yes___ No___ |
| Completing and Filing Death Certificate             | Yes___ No___ |
| Obtaining Burial Permits                            | Yes___ No___ |
| Arranging Funerals or Ship-in/ Ship-out             | Yes___ No___ |
| Writing of Obituaries                               | Yes___ No___ |
| Arranging Cremation Services                        | Yes___ No___ |

**I HAVE RECEIVED INSTRUCTION AND HAVE KNOWLEDGE OF:**

- (a) Death and Survivor Benefits Including:
- |                              |              |
|------------------------------|--------------|
| D.V.A.                       | Yes___ No___ |
| C.P.P.                       | Yes___ No___ |
| D.N.D.                       | Yes___ No___ |
| Last Post                    | Yes___ No___ |
| Department of Indian Affairs | Yes___ No___ |
- (b) Embalmer & Funeral Director Act & Regulations      Yes\_\_\_ No\_\_\_
- (c) Cemetery and Funeral Services Act                      Yes\_\_\_ No\_\_\_
- (d) Appropriate Sections of the Public Protection Act      Yes\_\_\_ No\_\_\_
- (e) Appropriate Sections of the Vital Statistics Act        Yes\_\_\_ No\_\_\_
- (f) Appropriate Sections of the Fatality Inquiries Act      Yes\_\_\_ No\_\_\_
- (g) Act Respecting the Presumption of Death                Yes\_\_\_ No\_\_\_
- (h) Customs of Different Religious Denominational Services    Yes\_\_\_ No\_\_\_
- (i) Code of Professional Conduct                                Yes\_\_\_ No\_\_\_
- (j) Requirements/procedures of Chain of Custody and ID      Yes\_\_\_ No\_\_\_

*I hereby certify that the above statements are correct and I have completed the experience outlined in this document and the enclosed case reports/practicum documents. I understand false, misleading, or untrue statements may constitute professional misconduct, and can result in renewal application denial, denial of a mentor request, and other such actions deemed appropriate by the Board of Registration of Embalmers and Funeral Directors.*

Signature of Apprentice \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the above statements are correct and the apprentice has completed the experience outlined in this document and the enclosed case reports/practicum documents. I understand false, misleading, or untrue statements may constitute professional misconduct, and can result in renewal application denial, denial of a mentor request, and other such actions deemed appropriate by the Board of Registration of Embalmers and Funeral Directors.

Signature of the approved, licensed Funeral Director Mentor who is responsible for the Apprentice's Activities:

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