

**AFFIDAVIT OF COMPETENCY FOR RESIDENT TRAINEESHIP
FUNERAL DIRECTING**

In the matter of: _____, (Print Trainee Name))))))	AFFIDAVIT OF: _____ (Print Supervisor Name)
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I, _____, being first duly sworn, hereby depose and say as follows:
 (Print Supervisor Name)

1. I am an adult over eighteen years of age and do not suffer from any physical or mental conditions affecting my competency.
2. I am _____ licensee # _____, and I am employed by _____.
 (FSL/FD) (Name of Funeral Est.)
3. I have personally observed the above-named trainee perform various funeral directing activities, and am familiar with the above-named trainee's skills and competencies in the practice of funeral directing.
4. I have personally observed the above-named trainee successfully and competently conduct a funeral arrangements conference from start to finish.
5. I have personally observed the above-named trainee successfully and competently supervise a funeral service from start to finish.
6. I have personally observed the above-named trainee competently ensure necessary financial arrangements were made to provide the funeral goods and services selected.
7. I have personally observed the above-named trainee competently complete the following activities during his or her traineeship:
 - a. At-need or preneed arranging, including all documents and records;
 - b. Imminent / pending death (hospice) arranging;
 - c. Observe sale of funeral service;
 - d. Assist with funeral or memorial or interment/committal ceremonies for casketed remains;
 - e. Assist with funeral or memorial or interment/committal ceremonies for cremated remains;
 - f. Attendance at funeral home;
 - g. Answer telephone / correspondence, handle records, bookkeeping;
 - h. Care for equipment and premises;
 - i. Prepare death notices / obituaries;
 - j. Ship-in / ship-out arrangements;

- k. Prepare death certificates;
- l. Secure permits, prepare VA or social security forms;
- m. Receive visitors;
- n. Funeral procession and arrangement;
- o. Transport survivors and clergy;
- p. Witness / arrange cremation services;
- q. Complete cremation authorization forms;
- r. Identify authorizing agent or next-of-kin; and
- s. Evaluate cases for medical examiner jurisdiction.

Signature of Licensed Supervisor

STATE OF NORTH CAROLINA

_____ COUNTY

Sworn to and subscribed before me by _____ this _____ day of _____, 20____.

Signature of Notary Public

[seal]

Notary's Printed Name

My Commission Expires: _____