

**TRAINEE & TRAINEE SUPERVISOR VERIFICATION**

**Please review the materials enclosed in this packet with your trainee, complete this form and return to the Board office within ten (10) days.**

**SECTION I.** I have read the enclosed printed trainee materials and understand all the information included (timely filing of reports, etc.) as well as the laws and rules pertaining to resident trainees. I also understand if this is a funeral director or funeral service traineeship, the trainee must assist in at least 25 cases of funeral arranging activities (whether performed at time of need, by assisting in preneed funeral planning activities, or a combination thereof) as well as at least 25 cases of funeral ceremony and disposition of the body activities. I also understand if this is an embalmer or funeral service traineeship, the trainee must assist in at least 25 cases of embalming activities.

**SECTION II.** By entering my initials and signing below, I acknowledge that I understand and agree to abide by the rules governing supervision of a resident trainee; specific acknowledgement of the following shall not constitute a waiver of any other duties imposed upon me as a supervisor:

1. Trainee monthly work reports are due no later than the 10<sup>th</sup> day of the month immediately following the month in which the work is completed. I understand that monthly work reports may be submitted electronically via fax to (919) 733-8271 or via e-mail to [trainee@ncbfs.org](mailto:trainee@ncbfs.org) on or before the 10<sup>th</sup> day of the following month to be considered timely.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

2. In order to meet the requirements for traineeship, the trainee must work a minimum of 2,000 hours and complete 25 cases for each applicable category.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

3. When a trainee engages in arrangement, ceremony or embalming activities at the funeral home, a licensee must be on the funeral home premises.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

4. When a trainee engages in arrangements or ceremonies off premises, a licensed supervisor employed by the establishment with which the resident trainee is registered must be present.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

5. A licensee must be present in the same room when a trainee negotiates financial arrangements or accepts payment for funeral services and/or merchandise.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

6. In order for the trainee to receive work credit for activities, the trainee supervisor must be present when the activities are performed.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

7. A licensed supervisor shall review with the purchaser any contract negotiated by the trainee, and then the licensed supervisor shall obtain the purchaser's signature on the contract in the licensed supervisor's presence.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

8. As the supervisor, I am responsible for making certain the trainee is observing and in compliance with state and federal laws and regulations related to funeral service and cremation.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

9. As the supervisor, I am responsible for signing the accurate monthly report for the trainee.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

10. As the supervisor, I understand that I may be required to accompany the trainee should they have to meet with the trainee committee or Board.

\_\_\_\_\_ Trainee Initials                      \_\_\_\_\_ Supervisor Initials

\_\_\_\_\_  
**Licensed Supervisor Name and License No.**

\_\_\_\_\_  
**Signature of Licensed Supervisor**

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public – Official Signature

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Trainee Name and License No.**

\_\_\_\_\_  
**Signature of Trainee**

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public – Official Signature

\_\_\_\_\_  
Notary Public – Printed Name

My commission expires: \_\_\_\_\_