AFFIDAVIT OF COMPETENCY FOR RESIDENT TRAINEESHIP FUNERAL SERVICE

)	AFFIDAVIT OF:	
)	(Print Supervisor Name)	
g first duly swo	vorn, hereby depose and say as follows:	
years of age a petency.	and do not suffer from any physical or	menta
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ľ	years of age a	(Print Supervisor Name) g first duly sworn, hereby depose and say as follows: years of age and do not suffer from any physical or

- 3. I have personally observed the above-named trainee perform various funeral service activities, and am familiar with the above-named trainee's skills and competencies in the practice of funeral service.
- 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 embalm decedents.
- 8. I have personally observed the above-named trainee consistently and competently use universal safety precautions to prevent infectious disease.
- 9. 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:

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- 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;
- 1. 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;
- s. Evaluate cases for medical examiner jurisdiction;
- t. Setting features;
- u. Mixing fluids;
- v. Raising vessels and inserting tubes;
- w. Injecting fluids;
- x. Suturing incisions;
- y. Cavity treatment;
- z. Removal and disinfecting of body;
- aa. Positioning of body;
- bb. Restorative art treatment including hypodermic treatment;
- cc. Preparation of autopsied body including treatment of viscera;
- dd. Treatment of remains following organ and/or tissue donation;
- ee. Application of cosmetics;
- ff. Dressing and casketing;
- gg. Cleaning and disinfection of preparation room; and
- hh. Handling and/or disposing of biomedical waste.

	Signature of Licensed Supervisor	
STATE OF NORTH CAROLINA		
COUNTY		
Sworn to and subscribed before me by, 20		this day of
Signature of Notary Public	[seal]	
Notary's Printed Name	My Commission Expires:	