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 **S E A L**

_____
Notary Public- Printed Name

My Commission expires _____

FORM BFS 10B, REV. 07/2017