

**AFFIDAVIT OF COMPETENCY FOR RESIDENT TRAINEESHIP
EMBALMING**

In the matter of: _____)
AFFIDAVIT OF: _____)
_____,)
(Print Trainee Name))
_____,)
(Print Supervisor Name))

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/EM) (Name of Funeral Est.)
3. I have personally observed the above-named trainee perform various embalming activities, and am familiar with the above-named trainee's skills and competencies in the practice of embalming.
4. I have personally observed the above-named trainee competently embalm decedents.
5. I have personally observed the above-named trainee consistently and competently use universal safety precautions to prevent infectious disease.
6. I have personally observed the above-named trainee competently complete the following activities during his or her traineeship:
 - a. Setting features;
 - b. Mixing fluids;
 - c. Raising vessels and inserting tubes;
 - d. Injecting fluids;
 - e. Suturing incisions;
 - f. Cavity treatment;
 - g. Removal and disinfecting of body;
 - h. Positioning of body;
 - i. Restorative art treatment including hypodermic treatment;
 - j. Preparation of autopsied body including treatment of viscera;
 - k. Treatment of remains following organ and/or tissue donation;
 - l. Application of cosmetics;
 - m. Dressing and casketing;
 - n. Cleaning and disinfection of preparation room;
 - o. Handling and/or disposing of biomedical waste.

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: _____