

## RESIDENT TRAINEE WORK REPORT – EMBALMING

### TRAINEE INFORMATION (PLEASE PRINT OR TYPE)

NAME OF TRAINEE (FULL LEGAL NAME):	TRAINEE NO.:
E-MAIL ADDRESS:	

### ESTABLISHMENT INFORMATION (PLEASE PRINT OR TYPE)

NAME OF ESTABLISHMENT WHERE EMPLOYED:	PERMIT NO.:		
ADDRESS:	CITY	STATE	ZIP CODE

#### 1. REPORTING PERIOD AND HOURS:

MONTH: \_\_\_\_\_ TOTAL HOURS WORKED: \_\_\_\_\_

EMBALMING	Number of Cases for Month
5 of the following must be completed to count as one case: Setting features, Mixing fluids, Raising vessels & inserting tubes, Injecting fluids, Suturing incisions, Cavity treatment.	

#### 2. CERTIFICATIONS: (Must be signed by both Supervisor and Establishment Manager)

##### SUPERVISOR INFORMATION:

##### MANAGER INFORMATION:

NAME OF REGISTERED SUPERVISOR:	LICENSE NO.:	NAME OF ESTABLISHMENT MANAGER:	LICENSE NO.:
SIGNATURE OF SUPERVISOR:		SIGNATURE OF MANAGER:	
Sworn to and subscribed before me this the ____ day of _____, 20____.		Sworn to and subscribed before me this the ____ day of _____, 20____.	
Notary Public: _____		Notary Public: _____	
My Commission Expires: _____		My Commission Expires: _____	
(SEAL)		(SEAL)	

If you are the registered supervisor for the above trainee and the manager of the above establishment please only complete the supervisor signature information above and place a check mark here: \_\_\_\_\_.