

RESIDENT TRAINEE WORK REPORT – FUNERAL SERVICE

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: _____

FUNERAL DIRECTING ACTIVITIES	
CORE ARRANGING ACTIVITIES	Number of Activities for Month
At-Need or Preneed Arranging	
Imminent/Pending Death (Hospice) Arranging	
Observe Sale of Funeral Service	
CORE CEREMONY & DISPOSITION ACTIVITIES	
Number of Activities for Month	
Assist with funeral or memorial or interment/committal ceremonies for casketed remains	
Assist with funeral or memorial or interment/committal ceremonies for cremated remains	
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. ** If you are the registered supervisor for the above trainee and the manager of the above establishment, please only complete the supervisor signature information below and place a check mark here:

_____.

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)	