



APPRENTICE ANNUAL REPORT, CASE REPORT, AND SKILLS EVALUATION

APPRENTICES MUST USE THIS FORM TO REPORT APPRENTICE ACTIVITIES COMPLETED FOR EACH RENEWAL PERIOD. REPORTS MUST BE SUBMITTED ANNUALLY FOR NOT LESS THAN THE REQUIRED TERM OF APPRENTICESHIP. APPRENTICES MUST SUBMIT THIS REPORT PRIOR TO CHANGING SUPERVISORS.

NAME		EMAIL		
CONTACT NUMBER	PHYSICAL ADDRESS	CITY	STATE	ZIP
ESTABLISHMENT NAME		CONTACT NUMBER		
NAME OF LICENSED SUPERVISOR (FUNERAL DIRECTOR)		NAME OF LICENSED SUPERVISOR (EMBALMER)		
REPORTING PERIOD: START DATE AND END DATE _____, 20____ TO OCTOBER 1, 20_____				

PURSUANT TO SECTION 34-13-132, CODE OF ALABAMA, 1975, I REPORT AS FOLLOWS

1. I HAVE DEVOTED NOT LESS THAN THIRTY (30) HOURS PER WEEK TO THE DUTIES OF MY APPRENTICESHIP
2. I HAVE NOT BEEN ABSENT FROM DUTY, OTHER THAN IS PROVIDED BY THE ACT, AND HAVE SECURED THE REQUIRED APPROVALS FOR ANY EXTENSIONS TO MY TRAINING PERIOD.
3. I HAVE BEEN, AND ARE NOW IN COMPLIANCE WITH THE CODE OF CONDUCT PRESCRIBED BY SECTION 34-13-134.
4. DURING THE PERIOD COVERED BY THIS REPORT I HAVE FAMILIARIZED MYSELF WITH THE ALABAMA BOARD OF FUNERAL SERVICE STATUTES AND ADMINISTRATIVE CODE GOVERNING THE PRACTICE OF EMBALMING.
5. DURING THE PERIOD COVERED BY THIS REPORT I HAVE FAMILIARIZED MYSELF WITH THE ALABAMA BOARD OF FUNERAL SERVICE STATUTES AND ADMINISTRATIVE CODE GOVERNING THE PRACTICE OF FUNERAL DIRECTING.
6. DURING THE PERIOD COVERED BY THIS REPORT, I HAVE ASSISTED IN _____ EMBALMINGS.
7. DURING THE PERIOD COVERED BY THIS REPORT, I HAVE ASSISTED WITH _____ FUNERALS.
8. DURING THE PERIOD COVERED BY THIS REPORT, I HAVE PARTICIPATED IN THE PRACTICE OF EMBALMING IN ACCORDANCE WITH THE PRESCRIBED TRAINING PROGRAM (APPLICATION OF SECTION 34-13-94 AT BEGINNER LEVELS)
9. DURING THE PERIOD COVERED BY THIS REPORT, I HAVE PARTICIPATED IN THE PRACTICE OF FUNERAL DIRECTING IN ACCORDANCE WITH THE PRESCRIBED TRAINING PROGRAM (APPLICATION OF SECTION 34-13-73 AT BEGINNER LEVELS)

DEMONSTRATED KNOWLEDGE (TO BE COMPLETED BY LICENSED SUPERVISING FUNERAL DIRECTOR)

OF ETHICAL STANDARDS OF FUNERAL SERVICE PRACTICES	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER TELEPHONE AND EMAIL ETIQUETTE	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER TRANSFER OF REMAINS FROM PLACE OF DEATH TO FUNERAL HOME	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PERFORMING AN ARRANGEMENT CONFERENCE	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF AND COMPLIANCE WITH THE FEDERAL TRADE COMMISSION FUNERAL RULE	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF CONDUCTING A VISITATION	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF CONDUCTING A FUNERAL/GRAVESIDE/MEMORIAL SERVICE	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER CREMATION PROCEDURES	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY

***SEE A COMPLETE LIST OF ACTIVITIES THAT QUALIFY FOR EACH OF THE ABOVE AREAS OF TRAINING ON THE BOARD'S WEBSITE**



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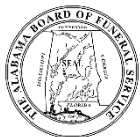
DEMONSTRATED KNOWLEDGE *(TO BE COMPLETED BY LICENSED SUPERVISING EMBALMER)*

OF ETHICAL STANDARDS OF FUNERAL SERVICE PRACTICES	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER TELEPHONE AND EMAIL ETIQUETTE	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER TRANSFER OF REMAINS FROM PLACE OF DEATH TO FUNERAL HOME	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER PRE-EMBALMING PROCEDURES	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER EMBALMING PROCEDURES	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER AUTOPSY CARE	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER POST EMBALMING CARE	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
OF PROPER CREMATION PROCEDURES	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY
IN PERFORMING COSMETICS AND CASKETING REMAINS	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>	UNSATISFACTORY

***SEE A COMPLETE LIST OF ACTIVITIES THAT QUALIFY FOR EACH OF THE ABOVE AREAS OF TRAINING ON THE BOARD'S WEBSITE**

CASES APPRENTICE ASSISTED WITH (SPECIFY WHICH CERTIFICATE ACTIVITY IS RELATED TO)**

	Name of Deceased	Date	FD/EMB*	List one activity performed on each case	Signature of supervisor providing training
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					



APPRENTICE ANNUAL REPORT, CASE REPORT, AND SKILLS EVALUATION

I, THE INTERN NAMED HEREIN, HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TRUE AND ACCURATE. I FURTHER ATTEST TO THE FACT THAT I HAVE COMPLIED WITH ALL APPLICABLE LAWS AND REGULATION GOVERNING THE PRACTICE OF FUNERAL SERVICES. I UNDERSTAND THAT ANY FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION PROVIDED HEREIN SHALL CONSTITUTE GROUNDS FOR THE ADVERSE ACTION AGAINST MY APPRENTICESHIP CERTIFICATION AND/OR ANY SUBSEQUENT LICENSE ISSUED BY THE ALABAMA BOARD OF FUNERAL SERVICE REGARDLESS OF WHEN SUCH FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION ARE DISCOVERED.

SIGNATURE OF APPRENTICE

DATE

I, THE SUPERVISING FUNERAL DIRECTOR NAMED HEREIN, HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TURE AND ACCURATE. I FURTHER ATTEST TO THE FACT THAT I HAVE COMPLIED WITH ALL APPLICABLE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF FUNERAL SERVICES. I UNDERSTAND THAT ANY FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION PROVIDED HEREIN SHALL CONSTITUTE GROUNDS FOR THE ADVERSE ACTION AGAINST MY FUNERAL DIRECTORS LICENSE REGARDLESS OF WHEN SUCH FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION ARE DISCOVERED.

MY SIGNATURE HEREIN SERVES AS MY RECOMMENDATION THAT THE APPRENTICE'S CERTIFICATION CONTINUE.

SIGNATURE OF SUPERVISING FUNERAL DIRECTOR

DATE

PRINTED NAME

LICENSE NUMBER

I, THE SUPERVISING EMBALMER NAMED HEREIN, HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TURE AND ACCURATE. I FURTHER ATTEST TO THE FACT THAT I HAVE COMPLIED WITH ALL APPLICABLE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF FUNERAL SERVICES. I UNDERSTAND THAT ANY FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION PROVIDED HEREIN SHALL CONSTITUTE GROUNDS FOR THE ADVERSE ACTION AGAINST MY EMBALMERS LICENSE REGARDLESS OF WHEN SUCH FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION ARE DISCOVERED.

MY SIGNATURE HEREIN SERVES AS MY RECOMMENDATION THAT THE APPRENTICE'S CERTIFICATION CONTINUE.

SIGNATURE OF SUPERVISING EMBALMER

DATE

PRINTED NAME

LICENSE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20_____.

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES