



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 _____, 20____				

I, THE APPRENTICE 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 SERVICES REGARDLESS OF WHEN SUCH FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION ARE DISCOVERED.

SIGNATURE OF APPRENTICE

DATE

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)

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

AREA OF TRAINING DEMONSTRATED KNOWLEDGE IN (TO BE COMPLETED BY SUPERVISING FUNERAL DIRECTOR)

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



APPRENTICE ANNUAL REPORT, CASE REPORT, AND SKILLS EVALUATION

I, THE SUPERVISING FUNERAL DIRECTOR 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 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 FUNERAL DIRECTOR CERTIFICATION CONTINUE.

SIGNATURE OF SUPERVISING FUNERAL DIRECTOR DATE

PRINTED NAME LICENSE NUMBER

AREA OF TRAINING DEMONSTRATED KNOWLEDGE IN (TO BE COMPLETED BY LICENSED SUPERVISING EMBALMER)

ETHICAL STANDARDS OF FUNERAL SERVICE PRACTICES		SATISFACTORY		UNSATISFACTORY
PROPER TELEPHONE AND EMAIL ETIQUETTE		SATISFACTORY		UNSATISFACTORY
PROPER TRANSFER OF REMAINS FROM PLACE OF DEATH TO FUNERAL HOME		SATISFACTORY		UNSATISFACTORY
PROPER PRE-EMBALMING PROCEDURES		SATISFACTORY		UNSATISFACTORY
PROPER EMBALMING PROCEDURES		SATISFACTORY		UNSATISFACTORY
PROPER AUTOPSY CARE		SATISFACTORY		UNSATISFACTORY
PROPER POST EMBALMING CARE		SATISFACTORY		UNSATISFACTORY
PROPER CREMATION PROCEDURES		SATISFACTORY		UNSATISFACTORY
PERFORMING COSMETICS AND CASKETING REMAINS		SATISFACTORY		UNSATISFACTORY

I, THE SUPERVISING EMBALMER 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 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 EMBALMER 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



APPRENTICE ANNUAL REPORT, CASE REPORT, AND SKILLS EVALUATION

FUNERAL DIRECTOR

CASES APPRENTICE ASSISTED WITH *(Print additional pages as needed)* **

	Name of Deceased	Date	List Funeral Director activity performed	Signature of supervising Funeral Director providing training
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				



APPRENTICE ANNUAL REPORT, CASE REPORT, AND SKILLS EVALUATION

EMBALMER

CASES APPRENTICE ASSISTED WITH *(Print additional pages as needed)* **

	Name of Deceased	Date	List Embalming activity performed	Signature of supervising Embalmer providing training
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				