

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE BOARD OF FUNERAL DIRECTORS AND EMBALMERS 500 JAMES ROBERTSON PARKWAY, SECOND FLOOR NASHVILLE, TN 37243-1144

Office: (615) 741-5062 Fax: (615) 532-1903 www.state.tn.us/commerce/boards/funeral

QUARTERLY REPORT OF APPRENTICESHIP TRAINING

Apprentice Name:							
Registration No: Funeral DirectorEmb	oalmer	_E-mail Address:					
Name of Supervisor(s) and License No(s).: Calendar Quarter (check one): Jan-March April-June July-Sept Oct-Dec Year							
FUNERAL DIRECTOR	LMER						
Making removal from place of death Arranging for clergy and learning the requirements of funerals for different religions and fraternal organizations Supervising pallbearers Arranging for procession to cemetery Interaction with physicians, nurses, medical examiners, law enforcement, etc. Computer Skills Preparation of death certificates, cremation authorizations, burial permits, etc. Arranging for shipment by common carrier Studying Tennessee laws, rules and professional/technical publications Management and administration duties Preparation of obituary notices Participation in funeral arrangements	Assist in p (bathing, sAssist in ra embalminProficientDressing aDisinfectioMaintaininPreparatioStudying TprofessionCompletioPublicatioPresentatioInterview	o hospital or home reparing the body for chaving, setting feature aising vessels, pre-injug, aspirating and cavit use of embalming machad casketing of remains on of instruments and on an immaculate preparence laws, rules anal/technical publication of embalming case in of articles on embalming to civic group on furth media on apprent	es, etc.) ection, arterial ey treatment chine ns equipment aration room t and ons reports ming meral service tice related subjects				
BEHAVIOR AND WORK EVALUATION Cooperation Initiative Integrity Responsibility Emotional Stability Quality of Work Safety Habits	Unsatisfactory	Satisfactory	Excellent				

Additional Comments of Supervisor:

CASES: (If needed, attach another sheet. Each one must be signed and notarized.)

Date Of Death	Name of Deceased	Manner of Death	Date of Funeral	Assisted on Funeral Serv.	Assisted on Embalming
received instructions ide hereof. Time v	oprentice named herein has been in the principles and techniq worked during the period has befactory. Recommend credit be	ues of funeral din been not less than	recting and/or embalmin thirty-two hours per w	ng, as indicated	on the reverse
Signature of Ap	prentice:				
Signature of Suj	pervisor:				
STATE OF TEN					