

Licensee print first & last name here: \_\_\_\_\_



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
200 East Gaines Street  
Tallahassee, FL 32399- 0361

## Supervisor's Quarterly Report of Apprentice or Intern Training

This form is used to by supervisors, or licensee in charge of training facility, to report training of an apprentice or intern (embalmer, funeral director, or concurrent funeral director/embalmer intern).

Section 1. LICENSEE INFORMATION		
Name of Licensee:		
License #:	License Type:	
Section 2. TRAINING AGENCY INFORMATION		
Name of Training Agency:		
Training Agency License #:		
Training Agency Address (street, city, state, zip):		
Section 3. SUPERVISOR INFORMATION		
Name of Supervisor in Charge:	License #:	Telephone #:
Section 4. TRAINING PERIOD		
This report is for the ( <i>circle one</i> ) [ 1 <sup>st</sup> (Jan-Mar) 2 <sup>d</sup> (Apr-Jun) 3 <sup>rd</sup> (Jul- Sept) 4 <sup>th</sup> (Oct-Dec)] quarter training quarter ending on (date): _____		
Section 5. EMBALMER TRAINING ACTIVITIES (skip this section if no embalmer training)		
Instructions and work experience in embalming, that the trainee received this quarter, included the following (check applicable items):		
<input type="checkbox"/> Preparing body for embalmer (bathing, shaving, setting features, etc.)		
<input type="checkbox"/> Embalming body (raising vessels, pre-injection arterial embalming, aspirating, cavity embalming)		
<input type="checkbox"/> Cleaning and sterilizing instruments		
<input type="checkbox"/> Preparing room after embalming operation		
<input type="checkbox"/> Preparing room administration		
<input type="checkbox"/> Dressing and Casketing		
<input type="checkbox"/> Removing body to reception room, residence, church or other location		
<input type="checkbox"/> Preparation of body for shipment		
<input type="checkbox"/> Studying laws, rules and professional or technical publications		
<input type="checkbox"/> Other (specify):		

Licensee print first & last name here: \_\_\_\_\_

**Section Section 6. FUNERAL DIRECTOR TRAINING ACTIVITIES**  
**(skip this section if no funeral director training)**

Instructions and work experience in making funeral arrangements, that the trainee received this quarter, included the following (check applicable items):

- Arranging for clergyman
- Learning requirements of funerals for different denominations
- Setting up chapel or church for service
- Supervising Pallbearers
- Arranging and supervising cortege
- Making arrangements with law enforcement officers, medical examiners, and doctors
- Making death calls
- Preparing and filing death certificates, burial permits and other documents
- Arranging for shipment
- Studying laws, rules and professional or technical publications
- Training in management and administration of funeral establishment
- Preparing obituary notices
- Other (specify) \_\_\_\_\_

**Section 7. INTERN BEHAVIOR AND WORK HABIT EVALUATION**

Rate trainee in each area, for this quarter:

Unsatisfactory	Satisfactory	Excellent	
___	___	___	Adaptability
___	___	___	Cooperation
___	___	___	Initiative
___	___	___	Integrity
___	___	___	Responsibility
___	___	___	Emotional Stability
___	___	___	Leadership
___	___	___	Quality of Work
___	___	___	Quantity of Work
___	___	___	Safety Habits
___	___	___	Care and Use of Equipment

**Overall Quarterly Evaluation** (check one in each group of two)

- Training progress has been satisfactory
- Training progress has NOT been satisfactory
- I recommend credit be given for this period
- I do NOT recommend credit be given for this period

**Comments** (if any):

Licensee print first & last name here: \_\_\_\_\_

**Section 8. LIST OF EMBALMINGS**

*List all embalmings which provided training to this trainee this quarter (continue on separate sheet if needed)*

<u>Name of Deceased</u>	<u>Date embalmed</u>	<u>Name of Deceased</u>	<u>Date embalmed</u>
-------------------------	----------------------	-------------------------	----------------------

--	--	--	--

**Section 9. LIST OF FUNERALS**

*List all funerals which provided training to this trainee this quarter (continue on separate sheet if needed)*

<u>Name of Deceased</u>	<u>Funeral date</u>	<u>Name of Deceased</u>	<u>Funeral date</u>
-------------------------	---------------------	-------------------------	---------------------

--	--	--	--

Licensee print first & last name here: \_\_\_\_\_

**Section 10. SIGNATURES**

I, the **supervisor or training facility licensee in charge** and making this report, have read the foregoing and hereby certify that the information provided in this report is true and correct, and the intern named in this report has worked at the training agency not less than forty hours per week during the training period.

Signature of Individual in Charge or Supervisor: \_\_\_\_\_

Type or print name \_\_\_\_\_

Date signed: \_\_\_\_\_

I, the **apprentice or intern** named herein, hereby certify that I received the training indicated in this report, and that I worked at the training facility at least 40 hours per week during this training period.

Signature of Apprentice/Intern \_\_\_\_\_

Type or print name of above individual \_\_\_\_\_

Date signed: \_\_\_\_\_