



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

Supervisor's Quarterly Report of Apprentice or Intern Training

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

Section 1. APPLICANT INFORMATION		
Name of Apprentice/Intern:		
Apprentice/Intern License #:	Apprentice/Intern Phone #:	
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>check one</i>): 1 st (Jan.-Mar.) <input type="checkbox"/> 2 nd (Apr.-Jun.) <input type="checkbox"/> 3 rd (Jul.- Sept.) <input type="checkbox"/> 4 th (Oct.- Dec.) <input type="checkbox"/>		
Training quarter ending (Month/Year):		
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):		

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Integrity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Stability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of Work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quantity of Work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Habits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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):

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>

Section 10. SIGNATURES

I, the **supervisor or training facility licensee in charge**, 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 at least 40 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: _____