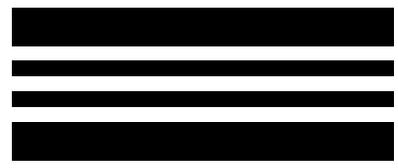


Embalmer Intern Training Report

You can use this form to report your embalmer internship activities for each quarter. Reports must be submitted every three months for no less than the required two-year term of internship and 3,600 hours of employment. We recommend that you keep a copy for your records. You must submit training reports prior to changing sponsors to avoid loss of training credit. When completed, mail or fax to:

Funeral and Cemetery Licensing, Department of Licensing, PO Box 9012, Olympia, WA 98507 Fax: (360) 570-7098



24002-SUPPORTING

Qualifying activities you may report toward your internship are:

- | | |
|--|--|
| 1. Wear protective clothing/universal precautions. | 19. Perform autopsy repair (thorasic/abdominal). |
| 2. Obtain identity of decedent. | 20. Cranial autopsy repair. |
| 3. Bathe and disinfect remains. | 21. Aspirate and inject/treat cavities. |
| 4. Obtain or verify embalming authorization. | 22. Trocar button/suture. |
| 5. Place and position deceased on embalming table. | 23. Suture autopsy incision. |
| 6. Relieve rigor mortis. | 24. Cosmetize remains. |
| 7. Clean and inventory personal effects. | 25. Dress remains. |
| 8. Perform pre-embalming case analysis. | 26. Restorative art. |
| 9. Select and mix embalming fluids. | 27. Inject tissue filler. |
| 10. Shave the deceased. | 28. Dispose of bio-hazardous waste. |
| 11. Set features. | 29. Hypodermic treatment. |
| 12. Make incision. | 30. Place remains in casket/container. |
| 13. Locate and raise vessels for injection/drainage. | 31. Treat orifices. |
| 14. Inject vessels. | 32. Groom hands and nails. |
| 15. Establish fluid distribution. | 33. Remove medical devises/implants. |
| 16. Establish drainage. | 34. Post embalming clean-up. |
| 17. Treat discolorations, bruises, lacerations. | 35. Wrap and/or pouch remains. |
| 18. Suture incisions. | |

Name	Firm name
(Area code) Telephone number	Email
Report period Three months from _____ to _____	

	Name of deceased	Date	Activities performed for each case	Name of licensee providing training
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Licensed sponsor evaluation of intern

Answer the following

- Progress toward level of skill required to work independently Satisfactory Unsatisfactory
- Exhibits professional attitude Satisfactory Unsatisfactory
- Quality of work Satisfactory Unsatisfactory
- Use of sanitary and safety devices. Satisfactory Unsatisfactory
- Maintains confidentiality of information Satisfactory Unsatisfactory
- Complies with laws, rules, and regulations governing funeral service and business operations Satisfactory Unsatisfactory
- Complies with OSHA standards. Satisfactory Unsatisfactory
- Complies with laws, rules, and regulations regarding pre-arrangement sales and funding contracts. Satisfactory Unsatisfactory
- Maintains awareness of changes in funeral service law. Satisfactory Unsatisfactory
- Applies an understanding of funeral service law Satisfactory Unsatisfactory

Comments:

I certify that I performed all listed activities.

X _____
Signature of intern embalmer

Registration number _____ Date _____

The intern embalmer named above assisted in all activities listed under the supervision of a licensed embalmer, and I declare under penalty of perjury that all statements made herein are true.

X _____
Signature of licensed embalmer/sponsor

License number _____ Date _____