



## Embalmer Intern Training Report

Use this form to report your embalmer internship activities for each quarter.

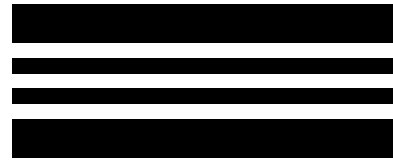
Reports must be submitted every 3 months for no less than the required 2-year term of internship and 3,600 hours of employment.

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 to:

**Funeral and Cemetery Licensing  
Department of Licensing  
PO Box 9012  
Olympia, WA 98507**

For questions or language help call: (360) 664-1575



**24002-SUPPORTING**

Qualifying activities you may report toward your internship are:

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Wear protective clothing/universal precautions.</li> <li>2. Obtain identity of decedent.</li> <li>3. Bathe and disinfect remains.</li> <li>4. Obtain or verify embalming authorization.</li> <li>5. Place and position deceased on embalming table.</li> <li>6. Relieve rigor mortis.</li> <li>7. Clean and inventory personal effects.</li> <li>8. Perform pre-embalming case analysis.</li> <li>9. Select and mix embalming fluids.</li> <li>10. Shave the deceased.</li> <li>11. Set features.</li> <li>12. Make incision.</li> <li>13. Locate and raise vessels for injection/drainage.</li> <li>14. Inject vessels.</li> <li>15. Establish fluid distribution.</li> <li>16. Establish drainage.</li> <li>17. Treat discolorations, bruises, lacerations.</li> <li>18. Suture incisions.</li> </ol> | <ol style="list-style-type: none"> <li>19. Perform autopsy repair (thorasic/abdominal).</li> <li>20. Cranial autopsy repair.</li> <li>21. Aspirate and inject/treat cavities.</li> <li>22. Trocar button/suture.</li> <li>23. Suture autopsy incision.</li> <li>24. Cosmetize remains.</li> <li>25. Dress remains.</li> <li>26. Restorative art.</li> <li>27. Inject tissue filler.</li> <li>28. Dispose of bio-hazardous waste.</li> <li>29. Hypodermic treatment.</li> <li>30. Place remains in casket/container.</li> <li>31. Treat orifices.</li> <li>32. Groom hands and nails.</li> <li>33. Remove medical devises/implants.</li> <li>34. Post embalming clean-up.</li> <li>35. Wrap and/or pouch remains.</li> </ol> |
|---|---|

Name	Firm name
(Area code) Phone 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.				

If you need more room attach a separate sheet or form.

