

Due Date: 10 days after month ends

State of West Virginia
Board of Funeral Service Examiners

APPRENTICE CASE REPORT - EMBALMING

Apprentice Name: _____

AFD# _____ AEMB# _____

Preceptor Name: _____

FD# _____ EMB# _____

Funeral Establishment: _____

License #: WV- _____

REPORT FOR THE MONTH OF: _____ 20__

| Case # | Name of Deceased | Date of Activities | Activities Performed | Preceptor's Initials |
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I swear or affirm that I performed all tasks listed above.

Apprentice Signature _____

Date _____

This Section To Be Completed by Preceptor:

I certify that the Apprentice named above assisted in all procedures marked under the direct and personal supervision of myself or another licensed embalmer.

Preceptor Signature _____

Date _____

| Evaluation of Training | Unsatisfactory | Marginal | Good | Excellent |
|----------------------------------|----------------|----------|------|-----------|
| Willingness to Perform Tasks | | | | |
| Exhibits Professional Attitude | | | | |
| Quality of Work | | | | |
| Use of Sanitary & Safety Devices | | | | |
| Comments: | | | | |