



EMBALMING AND RESIDENT TRAINEE RATING REPORT

Authority: 1980 PA 299

Please indicate the total number of services performed <u>this period</u> in the spaces indicated below.	
<p> <input type="checkbox"/> Removing remains from the place of death <input type="checkbox"/> Securing information for death certificate and newspapers <input type="checkbox"/> Filing death certificate/obtaining burial transit permit <input type="checkbox"/> Contacting newspapers for placement of death notice <input type="checkbox"/> Arranging for clergy <input type="checkbox"/> Checking/placing flowers <input type="checkbox"/> Receiving visitors <input type="checkbox"/> Assisting in selling funeral merchandise <input type="checkbox"/> Assisting in making funeral arrangements <input type="checkbox"/> Arranging cemetery details <input type="checkbox"/> Assisting at the funeral <input type="checkbox"/> Applying cosmetics and arranging hair of deceased </p> <p><i>A minimum of 20 services are required to complete the training in each of the above categories.</i></p>	<p style="text-align: center;">Embalming</p> <p><i>A minimum of 25 embalmings are required to complete the training.</i></p> <hr/> <p> <input type="checkbox"/> Arranging for or providing music <input type="checkbox"/> Completing and filing social security forms <input type="checkbox"/> Completing and filing veterans' forms <input type="checkbox"/> Performing restorative work <input type="checkbox"/> Arranging the receiving/transferring of human remains by common carrier <input type="checkbox"/> Contacting the deceased's lodge, club, or place of employment concerning the death </p> <p><i>A minimum of 3 services are required to complete the training in each of the above categories.</i></p>
<p>Is the Resident Trainee terminating employment at this time? Yes No</p>	
<p>Resident Trainee Certification</p> <p>I attest to the completeness and accuracy of the information contained on this report. I am aware that a false statement or dishonest answer may be grounds for disciplinary action against my license.</p> <p>Resident Trainee's Signature _____ Date _____</p> <p>Print Name _____</p> <p>Resident Trainee License Number _____</p>	
<p>Sponsor Certification</p> <p>I certify the data contained in this report is correct and the resident trainee performed these services under my supervision on a full-time basis during establishment hours.</p> <p>Sponsor Signature _____ Date _____</p> <p>Print Name _____</p> <p>Sponsor License Number _____</p>	