



## FIRST 1000 HOUR FUNERAL SERVICE INTERNSHIP REPORT

### FUNERAL SERVICE INTERN INFORMATION (PLEASE PRINT OR TYPE)

NAME OF INTERN (FULL LEGAL NAME):		REGISTRATION NO.:	
MAILING ADDRESS: STREET	CITY	STATE	ZIP CODE
E-MAIL ADDRESS:			

### SUPERVISOR AND ESTABLISHMENT INFORMATION (PLEASE PRINT OR TYPE)

NAME OF SUPERVISOR:		LICENSE NO.:	
PHONE NUMBER:	E-MAIL ADDRESS:		
NAME OF ESTABLISHMENT WHERE EMPLOYED:		LICENSE NO.:	
ADDRESS:	CITY	STATE	ZIP CODE

#### 1. REPORTING PERIOD AND HOURS

Start Date (mm/dd/yy): \_\_\_\_\_ End Date (mm/dd/yy): \_\_\_\_\_

Average No. Hours Per Week: \_\_\_\_\_ **TOTAL HOURS WORKED:** \_\_\_\_\_

#### 2. AREAS OF KNOWLEDGE AND TRAINING. Each intern must receive training in the following areas during the course of their internship. Did the intern receive training in these areas during this reporting period?

LAWS & BUSINESS PRACTICES	Training	
A) Virginia Laws and Regulations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B) Federal Laws: FTC, OSHA, ADA	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C) Vital Statistics and Post-Mortem Regulations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D) Merchandise/Merchandising	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E) Funeral Arranging (At Need & Preneed with families)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F) Cremation Laws	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G) Funeral Directing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H) Preneed Funeral Laws	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I) General Business Procedures and Documentation Requirements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
J) Financing of Funeral Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

FUNERAL ARRANGEMENTS AND REMOVALS	Training	
A) First Calls/Removals	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B) Assisting in Funeral Arrangements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C) Funeral Services (Memorial Services, Graveside Services, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D) Visitations	<input type="checkbox"/> YES	<input type="checkbox"/> NO

E) Cremation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F) Administrative Duties (Filing Death Certificates, paperwork, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G) Other Duties (Explain)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>CARE AND PREPARATION OF BODY</b>	<b>Training</b>	
A) Anatomy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B) Restorative Art	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C) Safety and Sanitation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D) Embalming and Proficiency	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E) Biohazard Awareness, OSHA	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F) Organ/Tissue Donation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G) Anatomical Donation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H) Storage and Handling Requirements	<input type="checkbox"/> YES	<input type="checkbox"/> NO

3. **FUNERALS AND EMBALMINGS.** Please indicate the number completed by the intern during this reporting period. (Case information must be provided in Section 4 below.)

Funerals/Arrangements	
Embalming	

4. **CASE INFORMATION.** Please provide the following information regarding cases the intern assisted with during this reporting period.

	Name of Deceased (Last Name, First Initial)	Assistance With			
		Embalming	Date	Funerals	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

	Name of Deceased (Last Name, First Initial)	Assistance With			
		Embalming	Date	Funerals	Date
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

**\*The Virginia Board of Funeral Directors and Embalmers reserve the right to request verification of hours worked and/or cases reported.**

**5. Attestations. (Must be signed by both Intern and Supervisor)**

**Funeral Service Intern**

*I, the intern named herein, hereby certify that the information provided in this report is true and accurate and that I received the training indicated during this reporting period. I further attest that I have complied with all applicable laws and regulations governing the practice of funeral services. I understand that any false statements or misleading information provided herein shall be sufficient grounds for the denial, suspension, revocation, or discipline of my intern registration or subsequent licensure by the Virginia Board of Funeral Directors & Embalmers, even though it is not discovered until after completion of my internship or issuance of licensure.*

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Funeral Service Intern

**Supervisor**

*I, the supervisor named herein, hereby certify that the information provided in this report is true and accurate and that the intern named herein received training under my supervision during this reporting period. I further attest that I have complied with all applicable laws and regulations governing the practice of funeral services. I understand that any false statements or misleading information provided herein shall be sufficient grounds for the denial, suspension, revocation, or discipline by Virginia Board of Funeral Directors & Embalmers of my registration as an intern supervisor or of my license as a funeral service licensee, funeral director, or embalmer.*

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Supervisor