



Virginia Department of
Health Professions
 Board of Funeral Directors and Embalmers

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EMBALMING INTERNSHIP REPORT OF FINAL COMPLETION

This form is to be completed by the Supervisor and Intern upon completion of 2,000 training hours.

EMBALMING 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

SUPERVISOR'S EVALUATION

Instructions: This section is to be completed by the **Supervisor ONLY**.

- (1) Has this intern successfully completed the internship? Yes No
- (2) Should this intern be entitled to sit for examination for embalming licensing? Yes No

Please provide an explanation of your answers below. If applicable, identify areas of weakness and attach relevant documentation. Use a separate sheet if necessary.

INTERN'S EVALUATION

Instructions: This section is to be completed by the **Intern ONLY**.

- (1) Do you believe the training you have received has adequately prepared you for the practice of embalming? Yes No
- (2) Do you agree with the supervisor's evaluation provided above? Yes No

Please provide an explanation of your answers below. Use a separate sheet if necessary.

AFFIDAVITS

INTERN

I hereby certify that the information provided in this report is true and accurate and that I have completed all required hours and training. The case information reported is derived from records of the establishment where I received training and these records are available, upon request, to the Virginia Board of Funeral Directors & Embalmers or any of its personnel. I further attest that I have complied with all applicable laws and regulations governing the practice of embalming. 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 Intern

SUPERVISOR

I hereby certify that the information provided in this report is true and accurate and that the intern named herein has completed his or her internship training under my supervision. I further attest that I have complied with all applicable laws and regulations governing the practice of embalming. 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