



Virginia Department of
Health Professions
Board of Funeral Directors and Embalmers

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SECOND 1000 HOUR EMBALMING INTERNSHIP REPORT

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

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, AND DOCUMENTATION	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) Cremation Laws	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E) General Business Procedures	<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) Embalming Documentation Requirements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H) Other (Explain)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CARE AND PREPARATION OF BODY	Training	
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. **EMBALMINGS.** Please indicate the number of embalmings completed by the intern during this reporting period. (Case information must be provided in Section 4 below.)

Embalmings	
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4. **EMBALMING CASE INFORMATION.** Please provide the following information regarding embalming cases the intern assisted with during this reporting period. Please use a separate sheet to list additional case information.

	Name of Deceased (Last Name, First Initial)	Date
1		
2		
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***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)

Embalming 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 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 Embalming 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 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