



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Funeral Service

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4497 • Contact.Funeral@llr.sc.gov • Fax: 803-896-4554

www.llronline.com/POL/Funeral/



Apprentice Quarterly Reporting Form for Funeral Director/Embalmer

License Type Funeral Director Embalmer Dual

Name _____ Permit # _____ Date _____

Reporting Period: From _____ Through _____

Name and Address of Funeral Establishment _____

All activities of an apprenticeship are important and every apprentice should have ample experience in the areas below. However, there are certain activities that are required for the certification of an apprenticeship. **Preceptors must be present during all tasks for either a funeral or embalming.**

An Apprentice Funeral Director must assist with at least 50 funerals in order to complete the apprenticeship. Twenty-five (25) of those funerals **MUST INCLUDE ALL** of the following activities: **A, F, G, and H (in bold) done on the same funeral.**

An Apprentice Embalmer must assist with at least 50 bodies in order to complete the apprenticeship. Twenty-five (25) of those bodies **MUST INCLUDE ALL** of the following activities: **L, M, N, O, R, and S (in bold) done on the same body.**

Funeral Directing

Embalming

- A. Arrangements with family and clergy
- B. Preparing newspaper notices
- C. Funeral procession arrangement
- D. Transportation of family and clergy
- E. Checking and arranging flowers
- F. Sales of funeral service
- G. Conducting funeral service
- H. Preparing death certificate
- I. Correspondence, bookkeeping
- J. Receiving visitors

- K. Bathing and creaming face
- L. Posing features
- M. Mixing fluids
- N. Raising vessels
- O. Injecting fluids
- P. Hypodermic treatment
- Q. Preparation of autopsied body
- R. Suturing incisions
- S. Trocar Cavity Treatment
- T. Application of cosmetics
- U. Restorative art procedures

The apprentice should keep a record of the names of the deceased and the work done in each case. List the name of the deceased, the date on which the activities were engaged, and the type of activity.

	Name	Date	Activity	
			Funeral Directing	Embalming
1.				
2.				
3.				
4.				
5.				
6.				

	Name	Date	Funeral Directing	Embalming
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

IMPORTANT REQUIREMENT: The supervisor/preceptor of record is the supervisor that is allowed to sign your quarterly reports. Your supervisor(s) must sign for both funeral director and embalmer on every report if you are serving a dual apprenticeship.
All signatures are required to process this report.

Signature of Apprentice

Date

I hereby certify that the statements above are true and correct to the best of my knowledge and belief:

Signature of Funeral Director Supervisor

FD Lic. #

Signature of Embalmer Supervisor

Embalmer Lic. #

The supervisor of record is the only supervisor that should be signing the form.

This report must be returned to the Board of Funeral Service, P O Box 11329, Columbia, SC 29211-1329, ***within 30 days*** after the close of each quarter or your report will not be accepted. The quarterly reports may be mailed to the above address or emailed to Contact.Funeral@lfr.sc.gov. Quarterly reports **are not** acceptable by fax.

Quarters are as follows: Jan, Feb, Mar Apr, May, Jun Jul, Aug, Sept Oct, Nov, Dec.