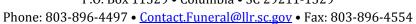
## South Carolina Department of Labor, Licensing and Regulation South Carolina Board of Funeral Service

110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11329 • Columbia • SC 29211-1329





www.llronline.com/POL/Funeral/

## Apprentice Quarterly Reporting Form for Funeral Director/Embalmer License Type Funeral Director Embalmer Dual

	License Type	Funeral Director	Embalmer	Dual		
Name	e		Pern	nit #	Date	2
Repo	rting Period:	From		Through		
Name	e and Address of F	uneral Establishment				
belov	v. However, there	enticeship are important and are certain activities that are g all tasks for either a fund	e required for	the certification of		
Twen		Director must assist with at se funerals MUST INCLUI ral.				
(25)		er must assist with at least 5 JST INCLUDE ALL of the				
	Arrangements Preparing newsp Funeral process Transportation of Checking and an Sales of funeral Conducting fur Preparing deat Correspondence Receiving visito	on arrangement of family and clergy ranging flowers service neral service h certificate , bookkeeping		Bathing and cre Posing feature Mixing fluids Raising vessels Injecting fluid Hypodermic tre Preparation of a Suturing incisi Trocar Cavity Application of Restorative art	s s s eatment autopsied be ions Treatment cosmetics procedures one in each of second s	ody
				Activity		
	N	ame	Date	Funeral Dir	recting	Embalming
1.						
2.						
3.						
4.						
5.						

6.

Name	Date	Funeral Directing	Embalming				
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
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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	e are true and correct t	to the best of my knowle	edge and belief:				
Signature of Funeral Director Supervisor FD  The supervisor of record is the only supervisor that should be signing the form	Lic. # Signature	of Embalmer Supervisor	Embalmer Lic. #				

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@llr.sc.gov. Quarterly reports are not acceptable by fax.