



STATE OF WEST VIRGINIA  
 Board of Funeral Service Examiners  
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FOURTH QUARTER APPRENTICE EVALUATION

Apprentice's Name: \_\_\_\_\_ AFD: \_\_\_\_\_ AE: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Funeral Home: \_\_\_\_\_

1. Please estimate the amount of the Apprentice's time during an average work week spent in each of the following areas:

|   |   |
|---|---|
| A) First Calls/Removals   | % |
| B) Driving of Vehicles  | % |
| C) Assisting in Funeral Arrangements                                  | % |
| D) Funeral Services (Visitations, Services, etc.)                     | % |
| E) Administrative Duties (Filing Death Certificates, paperwork, etc.) | % |
| F) Maintenance (Explain)  | % |
| G) Other Duties (Explain)   | % |

Total 100%

2. Now that the Apprentice has completed the one year apprenticeship, how would you rate the Apprentice's knowledge and proficiency on a scale of 1-10: (1-Unsatisfactory, 10-Excellent). In addition, please comment on each area.

| <i>AREA OF KNOWLEDGE AND PROFICIENCY</i> | <i>Rating (1-10)</i> |
|--|----------------------|
| A) Anatomy                               |                      |
| B) Restorative Art                       |                      |
| C) Safety and Sanitation                 |                      |
| D) Embalming Techniques                  |                      |

3. Is this apprentice ready for licensure? Why or Why Not?

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4. Please comment on any aspect of the apprenticeship program that needs to be strengthened.

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**I certify that this is an accurate report on the progress of the above-named Apprentice and has been prepared without consultation with the Apprentice.**

\_\_\_\_\_  
**Signature of Preceptor**

\_\_\_\_\_  
**Date**