

West Virginia Board of Funeral Service Examiners
APPRENTICE CASE REPORTS - FUNERAL DISPOSITIONS

Apprentice Name _____

AFD # _____

Preceptor Name _____

FD # _____

Funeral Establishment _____

License # WV- _____

REPORT FOR THE MONTH OF _____, 20____

CASE #	NAME OF DECEASED	DATE OF ACTION	ACTIVITY PERFORMED	PRECEPTOR INITIALS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

I swear or affirm that I performed all tasks listed above.

Apprentice Signature _____

Date _____

This Section To Be Completd By Preceptor

I certify that the apprentice named above assisted in all procedures marked under the general supervision of myself or another licensed funeral director.

Preceptor Signature _____

Date _____

Evaluation	Unsatisfactory	Marginal	Good	Excellent
Willingness to Perform Tasks				
Exhibits Professional Attitude				
Quality of Work				
Comments:				