

State of West Virginia
Board of Funeral Service Examiners

APPRENTICE CASE REPORT - FUNERAL DIRECTING

Apprentice Name: _____

AFD# _____ AEMB# _____

Preceptor Name: _____

FD# _____ EMB# _____

Funeral Establishment: _____

License #: WV- _____

REPORT FOR THE MONTH OF: _____ 20__

Case #	Name of Deceased	Date of Activities	Activities Performed	Preceptor's Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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19				
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21				
22				
23				
24				
25				

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

Apprentice Signature _____

Date _____

This Section To Be Completed by Preceptor:

I certify that the Apprentice named above assisted in all procedures marked under the direct and personal supervision of myself or another licensed funeral director.

Preceptor Signature _____

Date _____

Evaluation of Training	Unsatisfactory	Marginal	Good	Excellent
Willingness to Perform Tasks				
Exhibits Professional Attitude				
Quality of Work				
Use of Sanitary & Safety Devices				
Comments:				