



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509
 Phone (775) 825-5535 * Fax (775) 507-4102
 Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Apprentice Embalmer Reporting Form

I, _____, a duly registered and qualified apprentice embalmer, working under the direction of _____, a licensed embalmer, whose license number is _____, do hereby submit a report covering the period of my apprenticeship from _____ to _____ in accordance with the provisions of 642.240 affecting registration and training of apprentices in embalming in Nevada; and further certify that the responses are true and correct.

MONTH	Number of Hours Worked	Number of Days Worked	Number of Cases Prepared		MONTH	Number of Hours Worked	Number of Days Worked	Number of Cases Prepared
January					July			
February					August			
March					September			
April					October			
May					November			
June					December			
Total Cases:					Total Cases:			

Leave of absence or vacation report: From _____ to _____

APPRENTICE EMBALMER'S CERTIFICATION

I hereby certify that the above information is to the best of my knowledge, true and correct.

LICENSED EMBALMER CERTIFICATION

I hereby certify that the above individual worked under my supervision and direction as an apprentice embalmer and that the above information is to the best of my knowledge, true and correct.

Signature of Apprentice Embalmer _____ License No. _____

Signature of Embalmer _____ License No. _____

Apprentice Embalmer Reporting Form

IMPORTANT NOTICE

This report must be filed with the Nevada Funeral and Cemetery Services Board on or before January 1, and July 1, of each year, covering the six month period immediately preceding the first of the month in which said report is submitted.

FAILURE TO SUBMIT REPORT ON TIME MAY BE CAUSE FOR REVOCATION OF YOUR CERTIFICATE.

Full credit for time served as an apprentice is entirely dependent upon the completeness and accuracy of the data submitted on this report. The name and license number of the embalmer must be filled out.

The number of days worked each month, and total number of hours worked each month during the period covered by this report must be complete. The certification of the embalmer is required.

Leave of absence or vacation must be indicated in the space provided. "Two weeks' vacation each year is permissible without leave of absence from the Board. Any additional leaves of absence must be approved by the Board and notice of the return to work must be filed with the Board within ten days after the expiration of the leave of absence. Failure to comply with these requirements will cause the certificate to be revoked."

Any changes of employment must be reported at the time such change is made, and must be confirmed by the employers concerned. If such change has occurred during the six month period covered by this report, separate reports of the time worked must be filed for each period.

SUBMISSION

Return this report to:

Nevada Funeral and Cemetery Services Board
3740 Lakeside Drive, Suite 201
Reno, NV 89509