



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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APPRENTICE EMBALMER REPORTING FORM

Information

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.

Apprentice Embalmer Information (Please Print or Type)

Name of Apprentice Embalmer (Full Legal Name):	Certificate of Registration No:
Mailing Address:	City, State, Zip
Email Address:	Phone No:

Approved Preceptor and Establishment Information (Please Print or Type)

Name of Approved Preceptor:	License No:
Mailing Address:	Phone No:
Name of Establishment where employed (include license #):	
Address of Establishment:	City, State, Zip

Reporting Period and Hours

Start Date (mm/dd/yy)	End Date (mm/dd/yy)
Average No. of Hours Per Week:	Total Hours Worked

Leave of Absence or Vacation

From:	To:
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Demonstrated Knowledge

Each apprentice embalmer must receive training and demonstrate knowledge in the following areas during the course of their apprenticeship.

**Not all items will be completed by first six months of apprenticeship.*

The apprentice embalmer has successfully demonstrated knowledge of the following:			
1. Federal Trade Commission Funeral Rule	Yes	No	
2. Proper use of prep room equipment, fluids, formaldehyde monitoring test, ventilation system	Yes	No	
3. Personal protective equipment, eye wash and body wash stations	Yes	No	
4. Operation of a body lift and transfer to prep table/refrigeration	Yes	No	
5. Embalming procedures	Yes	No	
6. Required authorizations and verifications	Yes	No	
7. Requirements for transfer or shipping	Yes	No	

**NEVADA FUNERAL AND CEMETERY SERVICES BOARD
APPRENTICE EMBALMER REPORTING FORM**

Areas of Training

Each apprentice embalmer must receive training and observe and assist in the following areas during the course of their apprenticeship. Has the apprentice embalmer observed and assisted the licensed embalmer in the following?

**Not all tasks will be completed by first six months of apprenticeship.*

A. Observe and assist licensed embalmer in the following:	OBSERVE/ASSIST		
1. Transfer of remains from place of death	Yes	<input type="checkbox"/>	No
2. Pre-embalming procedures	Yes	<input type="checkbox"/>	No
3. Embalming procedures	Yes	<input type="checkbox"/>	No
4. Post-embalming care	Yes	<input type="checkbox"/>	No
5. Restorative art, cosmetizing, dressing, and casketing	Yes	<input type="checkbox"/>	No

B. Transfer of remains from place of death:	TRAINING		
1. Receive notification of death (first call) and obtain all necessary information	Yes	<input type="checkbox"/>	No
2. Ensure personal protective clothing and equipment are being used as appropriate	Yes	<input type="checkbox"/>	No
3. Verify identity of deceased and complete documentation	Yes	<input type="checkbox"/>	No
4. Perform transfer from place of death	Yes	<input type="checkbox"/>	No
5. Document personal effects	Yes	<input type="checkbox"/>	No
6. Obtain embalming authorization (if authorizing agent is present and allowed by law)	Yes	<input type="checkbox"/>	No

C. Pre-embalming procedures:	TRAINING		
1. Verify identity of deceased	Yes	<input type="checkbox"/>	No
2. Place and position deceased on embalming table	Yes	<input type="checkbox"/>	No
3. Inventory, document, clean, and safeguard personal effects	Yes	<input type="checkbox"/>	No
4. Perform pre-embalming case analysis including: - notation of unique marks/tattoos, scars, etc. - notation of pre-embalming condition (edema, dehydration, prolonged refrigeration, decomposition, etc)	Yes	<input type="checkbox"/>	No
5. Assess whether restoration is necessary/possible, obtain authorization and discuss with responsible party	Yes	<input type="checkbox"/>	No
6. Bathe and disinfect deceased	Yes	<input type="checkbox"/>	No
7. Relieve rigor mortis	Yes	<input type="checkbox"/>	No
8. Shave deceased	Yes	<input type="checkbox"/>	No
9. Set facial features	Yes	<input type="checkbox"/>	No
10. Select and mix embalming fluids based on case analysis	Yes	<input type="checkbox"/>	No

D. Embalming procedures:	TRAINING		
1. Locate/raise vessels for injection/drainage (incl.: carotid, axillary, radial, ulnar, femoral,	Yes	<input type="checkbox"/>	No
2. Inject embalming fluid into vessels	Yes	<input type="checkbox"/>	No
3. Adjust and monitor the rate of flow and pressure of embalming machine	Yes	<input type="checkbox"/>	No
4. Establish and monitor drainage	Yes	<input type="checkbox"/>	No
5. Treat discolorations, bruises, and lacerations	Yes	<input type="checkbox"/>	No
6. Perform proper treatment for special cases (e.g. infants, autopsies, trauma, burns,	Yes	<input type="checkbox"/>	No
7. Evaluate fluid distribution and take corrective measures, if necessary	Yes	<input type="checkbox"/>	No
8. Close/suture embalming incision(s)/use of trocar button	Yes	<input type="checkbox"/>	No
9. Perform autopsy repair if needed	Yes	<input type="checkbox"/>	No
10. Aspirate, inject, and/or treat cavities as necessary	Yes	<input type="checkbox"/>	No

E. Post embalming care:	TRAINING		
1. Perform hypodermic treatment as necessary	Yes	<input type="checkbox"/>	No
2. Treat orifices	Yes	<input type="checkbox"/>	No

**NEVADA FUNERAL AND CEMETERY SERVICES BOARD
APPRENTICE EMBALMER REPORTING FORM**

3. Remove medical devices	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Bathe and sanitize	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Clean and disinfect the preparation/embalming room and instruments	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Dispose of bio-hazardous materials in compliance with OSHA standards	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Complete embalming apprentice embalmer report	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

F. Restorative art, cosmetizing, dressing, and casketing:	TRAINING			
1. Perform restoration procedures as necessary	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Cosmetize	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Dress deceased to ensure proper placement of clothes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Place and position deceased in casket/container	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Ensure proper appearance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Adjust cosmetics or lighting if needed for viewing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Case Information

Please provide the following information regarding cases the apprentice embalmer completed during this reporting period.

Name or Identification Number of Deceased	Completed	
	Embalming	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
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25.		

**NEVADA FUNERAL AND CEMETERY SERVICES BOARD
APPRENTICE EMBALMER REPORTING FORM**

Please indicate if this is your **first** or **final** report: _____

**The Nevada Funeral and Cemetery Services Board reserves the right to request verification of hours worked and/or cases reported.*

Approved Preceptor Recommendation

Do you recommend this apprentice embalmer move to licensure status at this time?	Yes	No
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Attestations (Must be signed by both Apprentice Embalmer and Approved Preceptor)

Apprentice Embalmer

I, the apprentice embalmer named herein, hereby certify that the information provided in this report is true and accurate. I further attest to the fact that I have complied with all applicable laws and regulations governing the practice of funeral services. I understand that any false statements, material omissions, and/or misleading information provided herein shall constitute grounds for the adverse action against my apprenticeship license/credential and/or any subsequent license issued by any state/jurisdictional licensing authority regardless of when such false statements, material omissions, and/or misleading information are discovered.

Signature of Apprentice Embalmer _____ Date _____

Approved Preceptor

I, the Approved Preceptor named herein, hereby certify that the information provided in this report is true and accurate. I further attest to the fact that I have complied with all applicable laws and regulations governing the practice of funeral services. I understand that any false statements, material omissions, and/or misleading information provided herein shall constitute grounds for the adverse action against my Approved Preceptor license/credential and/or any subsequent license issued by any state/jurisdictional licensing authority regardless of when such false statements, material omissions, and/or misleading information are discovered.

Signature of Approved Preceptor _____ Date _____

Any changes of employment or preceptor must be reported at the time such change is made. 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.

For Board use only:

Report reviewed by:	_____	Date:	_____
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All apprenticeship tasks	_____	Yes	_____	No	_____
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Recommendation: _____
