



## Embalmer Intern Training Report

Use this form to report your embalmer internship activities for each quarter.

Reports must be submitted every 3 months for no less than the required 2-year term of internship and 3,600 hours of employment.

We recommend that you keep a copy for your records. You must submit training reports prior to changing sponsors to avoid loss of training credit.

When completed, mail to:

**Funeral and Cemetery Licensing  
Department of Licensing  
PO Box 9012  
Olympia, WA 98507**

For questions or language help call: (360) 664-1555

Qualifying activities you may report toward your internship are:

- |  |  |
|--|--|
| 1. Wear protective clothing/universal precautions.   | 19. Perform autopsy repair (thoracic/abdominal). |
| 2. Obtain identity of decedent.                      | 20. Cranial autopsy repair.                      |
| 3. Bathe and disinfect remains.                      | 21. Aspirate and inject/treat cavities.          |
| 4. Obtain or verify embalming authorization.         | 22. Trocar button/suture.                        |
| 5. Place and position deceased on embalming table.   | 23. Suture autopsy incision.                     |
| 6. Relieve rigor mortis.                             | 24. Cosmetize remains.                           |
| 7. Clean and inventory personal effects.             | 25. Dress remains.                               |
| 8. Perform pre-embalming case analysis.              | 26. Restorative art.                             |
| 9. Select and mix embalming fluids.                  | 27. Inject tissue filler.                        |
| 10. Shave the deceased.                              | 28. Dispose of bio-hazardous waste.              |
| 11. Set features.                                    | 29. Hypodermic treatment.                        |
| 12. Make incision.                                   | 30. Place remains in casket/container.           |
| 13. Locate and raise vessels for injection/drainage. | 31. Treat orifices.                              |
| 14. Inject vessels.                                  | 32. Groom hands and nails.                       |
| 15. Establish fluid distribution.                    | 33. Remove medical devices/implants.             |
| 16. Establish drainage.                              | 34. Post embalming clean-up.                     |
| 17. Treat discolorations, bruises, lacerations.      | 35. Wrap and/or pouch remains.                   |
| 18. Suture incisions.                                |  |

TYPE or PRINT Name		Firm name
(Area code) Phone number	Email	
Report period Three months from _____ to _____		

	Name of deceased	Date	Activities performed in each case	Name of licensee providing training
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

**Licensed sponsor evaluation of intern**

Answer the following

- Progress toward level of skill required to work independently . . . . .  Satisfactory  Unsatisfactory
- Exhibits professional attitude . . . . .  Satisfactory  Unsatisfactory
- Quality of work . . . . .  Satisfactory  Unsatisfactory
- Use of sanitary and safety devices. . . . .  Satisfactory  Unsatisfactory
- Maintains confidentiality of information. . . . .  Satisfactory  Unsatisfactory
- Complies with laws, rules, and regulations governing funeral service and business operations. . . . .  Satisfactory  Unsatisfactory
- Complies with OSHA standards . . . . .  Satisfactory  Unsatisfactory
- Complies with laws, rules, and regulations regarding pre-arrangement sales and funding contracts . . . . .  Satisfactory  Unsatisfactory
- Maintains awareness of changes in funeral service law. . . . .  Satisfactory  Unsatisfactory
- Applies an understanding of funeral service law . . . . .  Satisfactory  Unsatisfactory

Comments:

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*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

	TYPE or PRINT Name of intern embalmer	Registration number
Date and place	<b>X</b>	
	Signature of intern embalmer	

*The intern embalmer named above assisted in all activities listed under the supervision of a licensed embalmer. I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

	TYPE or PRINT Name of licensed embalmer/sponsor	License number
Date and place	<b>X</b>	
	Signature of licensed embalmer/sponsor	