



Funeral Director Intern Training Report

Use this form to report your funeral director internship activities for each quarter. We recommend that you keep a copy for your records.

Reports must be submitted every 3 months for no less than the required year term of internship and 1,800 hours of employment.

You must submit training reports prior to changing sponsors to avoid loss of training credit.

When complete, 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. Receive initial notification of death.
2. Remove remains from place of death.
3. Wear protective clothing/observe universal precautions.
4. Obtain the identity of remains/place identification on remains.
5. Comply with embalming/refrigeration regulations.
6. Observe funeral arrangements.
7. Conduct arrangement conference.
8. Gather vital statistic information.
9. Compose obituary/death notices.
10. Obtain authorizations for embalming, cremation, release etc.
11. Obtain burial transit permit.
12. Complete Statement of Funeral Goods and Services Selected.
13. Plan and coordinate service and disposition details.
14. Present and explain a general price list.
15. Present and explain a casket price list.
16. Present and explain an outer burial container price list.
17. Determine financial responsibility.
18. Document and remove personal effects.
19. Complete and file death certificate.
20. Obtain certified copies of death certificate.
21. Explain FTC requirements.
22. Explain Social Security and VA benefits.
23. Assist with visitation.
24. Assist with funeral/memorial or graveside service.
25. Receive and arrange flowers.
26. Viewing room set-up.
27. Make disposition arrangements.
28. Maintain appropriate licensing.
29. Maintain confidentiality of information.
30. Coordinate funeral service participants (clergy, military, etc.)
31. Prepare and present honorariums/gratuities.
32. Conclude service and dismiss attendees.
33. Arrange casket/urn settings.
34. Confirm identity of decedent prior to disposition.
35. Complete disposition of cremated human remains.

TYPE or PRINT Name		Firm name
10-digit phone number	Email	
Report period Three months from _____ to _____		Hours

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

[illegible]

TYPE or PRINT Name _____

Registration number

Date and place

Signature of intern funeral director

TYPE or PRINT Name _____

License number _____

Date and place

Signature of licensed funeral director/sponsor