



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Funeral Service
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4497 • Contact.Funeral@llr.sc.gov • Fax: 803-896-4554
llr.sc.gov/fs

APPRENTICE COMPLETION FORM

Apprentice Name: _____ Certificate No.: _____
Supervisor Name: _____ License No.: _____
Supervisor Email: _____ Completion Date: _____
Supervisor Name: _____ License No.: _____
Supervisor Email: _____ Completion Date: _____
Facility Name: _____ License No.: _____

APPRENTICE EMPLOYMENT

Has the Apprentice maintained full-time employment, of 35 hours or more, for the duration of the apprenticeship?

☐ Yes ☐ No

If no, submit with this form a written explanation specifying dates when full time employment was not maintained and an explanation why not.

TRAINING

Has the Apprentice assisted with 50 cases of embalming and/or 50 cases of funeral directing, of which 25 of the 50 cases included the specific tasks as required by the Board?

☐ Yes ☐ No

If no, submit a written explanation with this form.

ATTESTATION

I, the supervising licensee, attest that the statements made herein are true and correct. I attest to having maintained direct supervision of the apprentice while they assisted me in embalming and/or funeral directing services.

Signature of Supervisor (Funeral Director or Dual)

Date

Signature of Supervisor (Embalmer)

Date