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 QUARTERLY REPORT

Quarterly reports must be submitted within 30 days after the closing of each quarter. Late reports will not be accepted. Reports may be mailed or uploaded via Document Submission (preferred). Do not fax or email.

Apprentice Name: _____ Certificate No.: _____

Supervisor Name: _____ License No.: _____

Supervisor Name: _____ License No.: _____

Facility Name: _____ License No.: _____

Reporting Period for (check one): ☐ Q1: Jan-Mar ☐ Q2: Apr-Jun ☐ Q3: Jul-Sep ☐ Q4: Oct-Dec

APPRENTICE EMPLOYMENT

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

During this quarter, the apprentice assisted on cases totaling: _____ .

Of the 50 cases required for completion of the apprenticeship, 25 must include performing in each of those cases all of the activities listed below in bold.

Funeral Directing	Embalming
A. Arranging with family and clergy	M. Bathing and creaming face
B. Preparing obituaries	N. **Posing features**
C. Arranging funeral procession	O. **Mixing fluids**
D. Arranging for transportation of decedent, to include obtaining the proper documentation	P. **Raising vessels**
E. Checking and arranging flowers	Q. **Injecting fluids**
F. Selling of funeral service, to include preparing funeral service purchase agreement and presenting general price list to family	R. Hypodermic treatments
G. Conducting funeral service	S. Preparing of autopsied body
H. Preparing death certificate	T. **Suturing incisions**
I. Preparing correspondence and maintaining bookkeeping	U. **Trocar cavity treatment**
J. Receiving visitors	V. Applying cosmetics
K. Observing sale and coordination of pre-need	W. Restorative art procedures
L. Arranging for cremation, to include acquiring appropriate documentation, verifying cremation authorization, and coordinating efforts with coroner's office and crematory.	X. **Dressing and casketing of decedent**

The Apprentice must keep a record of the names of the deceased and the work done in each case. List the name of the deceased, date on which the activities were first engaged, and the type of activity by letter. Include additional sheets if necessary:

			Activity	
Name		Date	Funeral Directing	Embalming
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

ATTESTATION

I, the supervising licensee, attest that the statements made in this report 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 Supervising Licensee Date

_____ _____

Signature of Supervising Licensee Date

I, the apprentice, attest that the statements made in this report are true and correct.

_____ _____

Signature of Apprentice Date