

# **APPRENTICESHIP TERMINATION**

## **AFFIDAVIT OF ADDITIONAL TRAINING**



STATE OF OHIO  
BOARD OF EMBALMERS  
AND FUNERAL DIRECTORS

### APPRENTICESHIP DESIGNATION

**Embalmer Only**       **DUAL (Embalmer and Funeral Director)**       **Funeral Director Only**

Apprentice's Name \_\_\_\_\_ Certification # \_\_\_\_\_

Currently in Quarter (circle one) 1 2 3 4 5 6 7 8 of a \_\_\_\_\_ month Apprenticeship (indicate 12 or 24 month)

Master's Name \_\_\_\_\_ License # \_\_\_\_\_

Funeral Home Name \_\_\_\_\_

Funeral Home Address \_\_\_\_\_

City or Village \_\_\_\_\_

Funeral Home County \_\_\_\_\_

Daytime Phone \_\_\_\_\_

**This form is to be filled out by the Apprentice.**

**Complete this form as you obtain the additional training requirements.**

**If you were provided proof of attendance, please attach a copy of your Certificates of Completion.**

**Submit electronically with other Apprenticeship Termination documents, via the Apprentice's eLicense account.**

### **EMBALMER ONLY APPRENTICESHIPS**

**Attend in person or by electronic method, one embalming seminar (topics can range from chemical to actual procedures)**

Name of Seminar \_\_\_\_\_

Date of Seminar \_\_\_\_\_

Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, OSHA Training**

Name of Seminar \_\_\_\_\_

Date of Seminar \_\_\_\_\_

Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, one State of Ohio Board of Embalmers and Funeral Directors monthly Board Meeting**

Date of Board Meeting \_\_\_\_\_

Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, one additional funeral profession seminar of your choice**

Name of Seminar \_\_\_\_\_

Date of Seminar \_\_\_\_\_

Location of Seminar (or electronic) \_\_\_\_\_

## EMBALMER AND FUNERAL DIRECTOR (DUAL) APPRENTICESHIPS

**Attend in person or by electronic method, one marketing seminar (topics can range from Preneed sales to general funeral services)**

Name of Seminar \_\_\_\_\_  
Date of Seminar \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, one grief counseling/management seminar**

Name of Seminar \_\_\_\_\_  
Date of Seminar \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, one embalming seminar (topics can range from chemical to actual procedures)**

Name of Seminar \_\_\_\_\_  
Date of Seminar \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, OSHA Training**

Name of Seminar \_\_\_\_\_  
Date of Seminar \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, one State of Ohio Board of Embalmers and Funeral Directors monthly Board Meeting**

Date of Board Meeting \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, one additional funeral profession seminar of your choice**

Name of Seminar \_\_\_\_\_  
Date of Seminar \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**FUNERAL DIRECTOR ONLY APPRENTICESHIPS**

**Attend in person or by electronic method, one marketing seminar (topics can range from Preneed sales to general funeral services)**

Name of Seminar \_\_\_\_\_  
Date of Seminar \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, one grief counseling/management seminar**

Name of Seminar \_\_\_\_\_  
Date of Seminar \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, OSHA Training**

Name of Seminar \_\_\_\_\_  
Date of Seminar \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, one State of Ohio Board of Embalmers and Funeral Directors monthly Board Meeting**

Date of Board Meeting \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**Attend in person or by electronic method, one additional funeral profession seminar of your choice**

Name of Seminar \_\_\_\_\_  
Date of Seminar \_\_\_\_\_  
Location of Seminar (or electronic) \_\_\_\_\_

**I certify the accuracy of the information recorded on this report.**

**SIGNED AND CERTIFIED BY:**

Signature of Apprentice \_\_\_\_\_ Certification # \_\_\_\_\_  
Date Signed \_\_\_\_\_

**I certify the accuracy of the information recorded on this report.**

**SIGNED AND CERTIFIED BY:**

Signature of Master \_\_\_\_\_ License # \_\_\_\_\_  
Date Signed \_\_\_\_\_