



State of Ohio
Board of Embalmers and Funeral Directors

77 South High Street, 16th Floor, Columbus, OH 43215-6108 • Phone (614) 466-4252 • Fax (614) 728-6825
 E-Mail: oh.emb.bd@funeral.ohio.gov • Website: www.funeral.ohio.gov

MASTER REPORT

Dual Funeral Director Only Embalmer Only

Apprentice's Name: _____ Registration# _____
 Currently in month _____ of a _____ month apprenticeship.

Master's Name: _____
 Funeral Home Name: _____
 Funeral Home Address: _____
 Funeral Home County: _____
 Daytime Phone: _____

This form is to be completed and submitted each quarter along with the apprentice case reports.

Evaluation

Was apprentice cooperative under direction? _____
 Was apprentice thorough in work assigned? _____
 Is there sufficient evidence of growth and progress? _____
 Is the apprentice cooperative with co-workers? _____
 Is apprentice willing to accept instruction and direction? _____
 Does apprentice exhibit professionalism with families? _____
 Apprentices current strengths? _____
 Apprentices current weakness? _____

Based on the amount of apprenticeship served, indicate the level of knowledge and proficiency you observe in your apprentice on a scale of 1-10: (1-Unsatisfactory, 10-Excellent). Please rate each area.

<i>Area of Knowledge and Proficiency</i>	<i>Rating (1-10)</i>
A) Ohio Laws and Rules	
B) Federal Law	
C) Vital Statistic Regulations	
D) Merchandise/Merchandising	
E) Arrangement Conferences	
F) Funeral Directing	
G) General Business Procedures	
H) Reliability	
I) Initiative	
J) Attitude	
K) Overall Quality of Work	

(This section does not apply to FD only apprentices)

<i>Area of Knowledge and Proficiency</i>	<i>Rating (1-10)</i>
A) Anatomy	
B) Restorative Art	
C) Safety and Sanitation	
D) Embalming Techniques	

Please estimate the percentage of the Apprentice's time during an average work week is spent in each of the following areas:

<i>Task</i>	<i>Percentage of Time</i>
A) First Calls/Removals	
B) Driving of Vehicles	
C) Assisting in Funeral Arrangements	
D) Funeral Services (visitations, services, etc.)	
E) Administrative Duties (filing death certificates, paperwork, etc.)	
F) Maintenance (Explain)	
G) Other Duties (Explain)	
H) Embalming (does not apply to FD only apprentices)	

Total 100%

CONCLUSIONS

Does the apprentice need more training in specific areas? Yes or No
 If yes, explain: _____

Do you or the apprentice need to be contacted by an Inspector? Yes or No
 If yes, explain: _____

Additional comments: _____

I certify that this is an accurate report on the progress of the above-named apprentice and has been prepared without consultation with the apprentice.

Signed and certified by:

 Printed name of Master License #

 Signature of Master Daytime Phone

Completion of this form is required by Administrative Rule 4717-4-03(B)(6) and 4717-4-04(B)(6).