

# COMMONWEALTH OF VIRGINIA

## Board of Funeral Directors and Embalmers

Perimeter Center – 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463

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### SECOND 1000 HOUR FUNERAL INTERNSHIP REPORT

#### Funeral Service Intern Information (Please Print or Type)

|                                   |      |                   |          |
|-----------------------------------|------|-------------------|----------|
| Name of Intern (Full Legal Name): |      | Registration No.: |          |
| Mailing Address: Street           | City | State             | ZIP Code |
| E-mail Address:                   |      |                   |          |

#### Supervisor and Establishment Information (Please Print or Type)

|                                       |                 |              |          |
|---------------------------------------|-----------------|--------------|----------|
| Name of Supervisor:                   |                 | License No.: |          |
| Phone Number:                         | E-mail Address: |              |          |
| Name of Establishment Where Employed: |                 | License No.: |          |
| Address:                              | City            | State        | ZIP Code |

#### 1. Reporting Period and Hours

Start Date (mm/dd/yy): \_\_\_\_\_ End Date (mm/dd/yy): \_\_\_\_\_

Average No. Hours Per Week: \_\_\_\_\_ **TOTAL HOURS WORKED:** \_\_\_\_\_

#### 2. Areas of Knowledge and Training. Each intern must receive training in the following areas during the course of their internship. Did the intern receive training in these areas during this reporting period?

| Laws & Business Practices   | Training                     |                             |
|---|------------------------------|-----------------------------|
| A) Virginia Laws and Regulations                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B) Federal Laws: FTC, OSHA, ADA                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C) Vital Statistics and Post-Mortem Regulations                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D) Merchandise/Merchandising  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E) Funeral Arranging (At Need & Preneed with families)                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F) Cremation Laws   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| G) Funeral Directing  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| H) Preneed Funeral Laws   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I) General Business Procedures  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Funeral Arrangements and Removals                                     | Training                     |                             |
| A) First Calls/Removals   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B) Assisting in Funeral Arrangements                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C) Funeral Services (Memorial Services, Graveside Services, etc.)     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D) Visitations  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E) Cremation  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F) Administrative Duties (Filing Death Certificates, paperwork, etc.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| G) Other Duties (Explain)   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Care and Preparation of Body  | Training                     |                             |
| A) Anatomy  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B) Restorative Art  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C) Safety and Sanitation  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D) Embalming and Proficiency  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E) Biohazard Awareness, OSHA  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F) Organ/Tissue Donation  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| G) Anatomical Donation  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

