The Louisiana State Board of Embalmers and Funeral Directors

CASE detail report form of Interns for Funeral Director and/or Embalmer and Funeral Director

Funeral Establishment and Intern records ONLY - Please do not submit this form to the Office of the Board

This report MUST be completed by the Intern on each case and filed at the funeral establishment. All case reports MUST be readily accessible and available for the Inspector to review. Case Reports may be audited by the Board.

	Internship type: Fune	eral Director   Embalmer and Funeral Director
Name	Intern No	Date:
Name of Deceased		
Case number Disposition: Burial ☐ Crematio	on 🗆 Ship In 🗆 Ship Ou	ıt 🗆
All activities of an internship are important and every intern shou activities that are required for the certification of an internship		the areas below; however, there are certain
l) In order for an intern funeral director to receive credit for his/hei	r cases he/she MUST comple	ete at least 6 the following tasks; A, B, C, D, E, F, C
) In order for an intern embalmer and funeral director to receive of		e MUST complete at least 6 of the following task
B, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, aa, and including the above fo		-
PLEASE "V" the box next to the letter		· · · · · · · · · · · · · · · · · · ·
uneral Directing 6 of the 14 in BOLD must be completed		the 15 in BOLD must be completed
A. Initial first call consultation	□ B. Removal*	the 13 m bolb must be completed
☐ B. Removal*	☐ N. Body disinfe	acted
☐ C. Presented GPL/CPL	•	body (embalming or I.D.)
☐ D. Arranged services (religious/memorial/fraternal,etc.)	☐ P. Posed features (for embalming or I.D.)	
☐ E. Arrange visitation	□ Q. Vessels raised	
☐ F. Secured financial arrangements	☐ R. Mix fluid	
☐ G. Preparation of forms such as;	☐S. Set pressure	/flow
☐ 1. social security	☐ T. Massage	, now
2. veteran's	☐ U. Aspirate/ca	vity Treatment
☐ 3. insurance	-	of autopsied body
4. death certificate	□ W. Sutures	or autopoica body
☐ 5. obituary	☐ X. Restorative	art procedures
☐ 5. Oblituary ☐ H. Arrange funeral procession	☐ Y. Medical dev	
☐ I. Arrange runeral procession	☐ Z. External tre	
☐ I. Arrangements for cemetery ☐ J. Arranged ship in/ship out	☐ aa. Cosmetic a	•
		balmer and funeral director interns
☐ L. Arranged for I.D.	bb. Dressing *	
☐ Arranged for i.b. ☐M. Assisted/Directed service	☐ cc. Casketing	
□M. Assisted/birected service □aa. Cosmetic application*	CC. Casketing	
aa. Cosmetic application		
ame of deceased: pervisor / Intern; describe any additional details relating to this ca		
pervisor / mem, describe any additional details relating to this ca-	<u> </u>	

Supervisor MUST be sign additional pages; Also, add the name of the deceased. Staple all corresponding pages together.  Page 2
Intern Signature/Date:
Supervisor Signature/Date:
PLEASE KEEP THIS FORM AT THE FUNERAL ESTABLISHMENT FOR THE INSPECTOR TO REVIEW.

**DO NOT SUBMIT THIS FORM TO THE OFFICE.** 

ALL CASES ARE TO BE LISTED UPON THE MONTHLY FORM THAT IS TO BE SUBMITTED TO THE OFFICE BY THE 10<sup>TH</sup> DAY OF EACH MONTH FOLLOWING THE INTERNSHIP.