



The Louisiana State Board of Embalmers and Funeral Directors

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MONTHLY REPORTING FORM of Interns for Funeral Director and/or Embalmer and Funeral Director

Internship type: Funeral Director _____ Embalmer and Funeral Director _____

Please print all information except where a signature is required.

Name _____ Intern number _____ Date _____

Funeral establishment and phone number _____

Reporting month/Year _____ Contact hours completed _____ (for this month only) **DO NOT LEAVE BLANK**

LA Licensed Supervisor name/E-U # _____

NOTICE: The information above MUST be completed. If the contact hours are not entered, there will be no hours calculated. The completion of this form is the responsibility of the intern and the supervisor. PLEASE PRINT LEGIBLY.

- 1) All activities of an internship are important and every intern should have ample experience in the areas below; however, there are certain activities that are required for the certification of an internship.
- 2) In order for an intern funeral director to receive credit for his/her cases he/she **MUST** complete the following tasks; **A, B, C, D, E, F, G, H, I, J, K, L, M, aa** (in bold) for at least 30 of the 30 mandatory cases. The minimum tasks accepted, 6 per case, is listed by each section.
- 3) In order for an intern embalmer and funeral director to receive credit for his/her cases he/she **MUST** complete the following tasks **A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, aa** (in bold) for at least 30 of the 30 mandatory cases. The minimum tasks accepted, 6 per case, is listed by each section. Both sets of tasks may be applied to 1 case or separate cases.

Funeral Directing - 6 of 14 in BOLD must be completed

- A. Initial first call received
- B. Removal*
- C. Presented GPL/CPL
- D. Arranged services (religious/memorial/fraternal, etc.)
- E. Arrange visitation
- F. Secured financial arrangements
- G. Preparation of forms;
 - 1. social security
 - 2. veteran's
 - 3. insurance
 - 4. death certificate
 - 5. obituary
- H. Arrange funeral procession
- I. Arrangement for cemetery
- J. Arranged ship in and/or ship out
- K. Arranged for cremation
- L. Arranged for identification (cremation)
- M. Assisting/Directing Service
- aa. Cosmetic application*

Embalming – 6 of 15 in BOLD must be completed

- B. Removal*
- N. Body disinfected
- O. Positioned body (for embalming or I.D.)
- P. Posed features (for embalming or I.D.)
- Q. Vessels raised
- R. Mix Fluid
- S. Set pressure/flow
- T. Massage
- U. Aspirate/cavity treatment
- V. Preparation of autopsied body
- W. Sutures
- X. Restorative art procedures
- Y. Medical devices removed
- Z. External treatment to body
- aa. Cosmetic application *

The following tasks are applicable to embalmer and funeral director interns

- bb. Dressing **
- cc. Casketing **

List the name of the deceased, the date on which the activities were engaged and the type of activity performed on the deceased. Just place the letter from the list of described activities below. Example: John Doe; Jan, 15, 2005, A,C,G1,2, M,N,O. Other examples are provided on the website.

The intern should keep a Case Report record of the names of the deceased and the work done on each case in detail at the funeral establishment. Make a copy of this report and keep on file for your records. * The Letter B & aa are repeat tasks and are required for each license, however, should a licensed funeral director only choose to become a licensed embalmer and funeral director, then the letter B & aa task will be a requirement from that list for embalming. ** The bb & cc tasks are applicable to embalmer and funeral director interns.

Name of deceased	Date	Funeral Director (letters of tasks from list)	Embalmer (letters of tasks from list)
1			
2			
3			
4			

ADDITIONAL CASES MAY BE LISTED ON THE FOLLOWING PAGE WHICH IS PROVIDED FOR YOUR CONVENIENCE.

This report MUST be returned to the Board by the 10th day of each month. Delinquent reports may result in loss of credit for that month. Submit reports by fax and/or scanned and emailed. You must call the office with questions. Supplemental pages are provided, please attach additional pages accordingly.

Submission preference is by either fax or scan/email.

TIP: Submit these reports on the 1st day of each month to prevent any delays.

I certify that the statements above are true and correct to the best of my knowledge and belief:
Signature of Intern & Date:
Signature of LA licensed Supervisor & E-U #. & Date:

Use additional page for cases: Do not write below this line. For Board Use ONLY.

FOR BOARD OFFICE USE ONLY - A review of this report indicates the following: Contact hours reported: _____

Total number of FD cases: _____ Number of non-qualified FD cases: _____ Qualified FD cases: _____

Total number of EMB cases: _____ Number of non-qualified EMB cases: _____ Qualified EMB cases: _____

Reviewed and Approved by: _____ Date: _____

