

PHYSICAL ADDRESS:
 400 SOUTH UNION STREET SUITE
 395 MONTGOMERY, ALABAMA 36104

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STATE OF ALABAMA
 ALABAMA BOARD OF FUNERAL SERVICE

APPENTICE RENEWAL APPLICATION

Renewal of Apprentice certification for the period of October 1, 2020 through September 30, 2021, is now due. Please complete the information below and return with the appropriate fees to the Board office. **Please PRINT or TYPE all information!! This form must accompany your renewal fee.**

NAME: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT? YES NO

FULL TIME: PART TIME: BUSINESS PHONE: _____

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

Have you been convicted or plead guilty to a felony or misdemeanor, other than a traffic violation WITHIN THE PAST TWELVE MONTHS? YES NO If yes, please explain and attach OFFICAL COURT DOCUMENTS. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY CERTIFICATION TO REVOCATION.

(SIGNATURE OF A PPLICANT)

**APPRENTICE FUNERAL DIRECTOR \$20.00

**APPRENTICE EMBALMER \$20.00

****Apprentice must complete and return case report with skills evaluation, annual report forms, and proof of enrollment in mortuary school or bachelor degree. The case report with skills evaluation and annual report forms are attached to this document. No certification will be renewed unless the Board receives the completed required documents. ****

All renewal applications must be returned with fees by October 1, 2020. A penalty fee of **\$100.00** will be due on each certification renewed after October 1, 2020 through October 31, 2020. After this period, all certificates will be deemed lapsed.

Office Use Only

Received:	Posted:	CA, CK, CC, CCK, MO:	Posted By:	Control No.:		Months: Cases:
				AFD		
				AE		

PLEASE TYPE OR PRINT in INK
PLEASE READ INSTRUCTIONS

ANNUAL REPORT APPRENTICE FUNERAL DIRECTOR

TO: THE ALABAMA BOARD OF FUNERAL SERVICE

FROM: _____ RESIDENCE ADDRESS: _____
NAME OF APPRENTICE PHYSICAL RESIDENCE ADDRESS

PERIOD COVERED BY REPORT: _____, 20____ TO SEPTEMBER 30, 20_____

NAME AND ADDRESS OF ESTABLISHMENT AT WHICH APPRENTICESHIP IS BEING SERVED:

ESTABLISHMENT NAME ADDRESS

SUPERVISING FUNERAL DIRECTOR: _____
NAME LICENSE NUMBER

Pursuant to Section 34-13-132, Code of Alabama, 1975, I report as follows:

1. I have devoted not less than thirty (30) hours per week to the duties of my apprenticeship;
2. I have not been absent from duty, other than is provided by the Act, and have secured the required approvals for any extensions to my training period.
3. I have been, and are now in compliance with the code of conduct prescribed by section 34-13-134.
4. During the period covered by this report I have assisted with _____ funerals.
5. During the period covered by this report I have participated in the practice of funeral directing in accordance with the prescribed training program (Application of Section 34-13-73 at beginner levels);
6. During the period covered by this report I have familiarized myself with the Alabama Board of Funeral Service Statutes and Administrative Code governing the practice of embalming.

I represent the above information to be true and correct and realize that any false statements given in this report subjects my certification to revocation.

(Signature of Apprentice)

CERTIFICATION BY SUPERVISNG FUNERAL DIRECTOR

I have reviewed the report herein made and find it to be true and correct. **I recommend the continued certification of the above stated Apprentice.** I have followed the required Apprentice skills evaluation guidelines in directing the training afforded this Apprentice.

(Signature of Licensed Funeral Director)

PLEASE TYPE OR PRINT in INK
PLEASE READ INSTRUCTIONS

ANNUAL REPORT APPRENTICE EMBALMER

TO: THE ALABAMA BOARD OF FUNERAL SERVICE

FROM: _____ RESIDENCE ADDRESS: _____
NAME OF APPRENTICE PHYSICAL RESIDENCE ADDRESS

PERIOD COVERED BY REPORT: _____, 20____ TO SEPTEMBER 30, 20_____

NAME AND ADDRESS OF ESTABLISHMENT AT WHICH APPRENTICESHIP IS BEING SERVED:

ESTABLISHMENT NAME ADDRESS

SUPERVISING EMBALMER: _____
NAME LICENSE NUMBER

Pursuant to Section 34-13-132, Code of Alabama, 1975, I report as follows:

1. I have devoted not less than thirty (30) hours per week to the duties of my apprenticeship;
2. I have not been absent from duty, other than is provided by the Act, and have secured the required approvals for any extensions to my training period.
3. I have been, and are now in compliance with the code of conduct prescribed by section 34-13-134.
4. During the period covered by this report I have assisted in _____ embalmings.
5. During the period covered by this report I have participated in the practice of embalming in accordance with the prescribed training program (Application of Section 34-13-94 at beginner levels);
6. During the period covered by this report I have familiarized myself with the Alabama Board of Funeral Service Statutes and Administrative Code governing the practice of embalming.

I represent the above information to be true and correct and realize that any false statements given in this report subjects my certification to revocation.

(Signature of Apprentice)

CERTIFICATION BY SUPERVISNG EMBALMER

I have reviewed the report herein made and find it to be true and correct. **I recommend the continued certification of the above stated Apprentice.** I have followed the required Apprentice skills evaluation guidelines in directing the training afforded this Apprentice.

(Signature of Licensed Embalmer)



Alabama Board of Funeral Service

APPRENTICE EMBALMER CASE REPORT AND EVALUATION FORM

Apprentices must use this form to report apprentice embalmer activities completed for each renewal period. Reports must be submitted annually for not less than the required term of apprenticeship. We recommend that you keep a copy for your records. You must submit evaluation reports prior to changing supervisors.

Name	Firm Name
Phone	Email
Report period _____, 20____ to September 30, 20____	

Qualifying activities you may report toward your apprenticeship are:

1. Complying with ethical standard of Funeral Service practices
a) Exhibit professional attitude
b) Maintain awareness of changes in funeral service law
c) Comply with laws, rules, and regulations governing funeral service
d) Maintain appropriate certification
e) Maintain confidentiality of information

2. Demonstrate proper telephone and email etiquette
a) Answer the telephone in a positive and factual manner
b) Receive initial notification of death

3. Transfer of remains from place of death to the funeral home to initiate disposition
a) Show proper use of removal equipment
b) Wear protective equipment and observes universal precautions during removal
c) Obtain the identity of remains/ place identification on remains
d) Comply with embalming/refrigeration regulations
e) Obtain or verify embalming authorization

4. Pre-embalming Procedures
a) Wear protective clothing
b) Place and position deceased on embalming table
c) Clean and inventory personal effects
d) Perform pre-embalming case analysis
e) Relieve rigor mortis
f) Select and mix embalming fluids.
g) Shave the deceased
h) Set features



Alabama Board of Funeral Service

5. Embalming Procedures	
a) Make Incision	
b) Locate and raise vessels for injection/drainage	
c) Inject vessels	
d) Establish fluid distribution	
e) Establish drainage	
f) Treat discoloration, bruises, lacerations	
g) Suture incisions	
h) Aspirate and inject/treat cavities	
i) Trocar button/suture	
6. Autopsy Care	
a) Perform autopsy repair (thoracic/abdominal)	
b) Perform cranial autopsy repair	
c) Suture autopsy incision	
7. Post Embalming Care	
a) Hypodermic treatment	
b) Treat orifices	
c) Groom hands and nails	
d) Remove medical devices/implants	
e) Post embalming clean-up	
f) Dispose of bio-hazardous waste	
8. Cremation	
a) Confirm identity of deceased prior to cremation	
b) Document and remove jewelry and other personal effects as instructed	
c) Obtain consent to remove implanted devices	
d) Remove medical devices/implants	
e) Place deceased in state required combustible container	
f) Position remains in casket	
9. Cosmetics/Casketing	
a) Cosmetize remains	
b) Restorative art	
c) Inject tissue filler	
d) Dress remains	
e) Place remains in casket	
f) Wrap and/or pouch remains	



Alabama Board of Funeral Service

Apprentice Embalmer Case Report

	Name of Deceased	Date	Activities performed on each case	Signature of Supervisor providing training
1.				
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Alabama Board of Funeral Service

APPRENTICE FUNERAL DIRECTOR CASE REPORT AND EVALUATION FORM

Apprentices must use this form to report apprentice funeral director activities completed for each renewal period. Reports must be submitted annually for not less than the required term of apprenticeship. We recommend that you keep a copy for your records. You must submit evaluation reports prior to changing supervisors.

Name	Firm Name
Phone	Email
Report period _____, 20____ to September 30, 20____	

Qualifying activities you may report toward your apprenticeship are:

1. Complying with ethical standard of Funeral Service practices
a) Exhibit professional attitude and dress
b) Maintain awareness of changes in funeral service law
c) Comply with laws, rules, and regulations governing funeral service
d) Maintain appropriate certification
e) Maintain confidentiality of information
2. Demonstrate proper telephone and email etiquette
a) Answer the telephone in a positive and factual manner
b) Receive initial notification of death
3. Transfer of remains from place of death to the funeral home to initiate disposition
a) Show proper use of removal equipment
b) Wear protective equipment and observes universal precautions during removal
c) Obtain the identity of remains/ place identification on remains
d) Comply with embalming/refrigeration regulations
4. Arrangement conference
a) Observe funeral arrangements
b) Conduct arrangement conference
c) Contact person with right of disposition to schedule arrangement conference
d) Gather vital statistic information
e) Compose obituary/death notice
f) Obtain authorizations for embalming, cremation, release etc.
g) Obtain burial transit permit
h) Complete insurance forms, Social Security Statement of Death
i) Complete veteran flag application, headstone/marker and burial benefits forms



Alabama Board of Funeral Service

	j) Gather and document information regarding the care of the deceased for disposition and /or presentation, such as clothing, jewelry, makeup/hair
	k) Obtain certified copies of death certificate
	l) Plan and coordinate service and disposition details

	5. Federal Trade Commission Funeral Rule
	a) Present and explain a general price list
	b) Present and explain a casket price list
	c) Present and explain an outer burial container price list
	d) Present and discuss merchandise options (caskets, outer burial containers)
	e) Complete and explain a statement of funeral goods and services selected

	6. Visitation
	a) Assist with visitation
	b) Receive and arrange flowers
	c) Arrange viewing room

	7. Funeral/Graveside/Memorial Service
	a) Assist with funeral/graveside/memorial service
	b) Coordinate funeral service participants (clergy, military, etc.)
	c) Arrange funeral procession, limousines, escorts, transportation, etc.
	d) Arrange casket/urn
	e) Prepare and present honorariums and gratuities
	f) Assist with ceremonial rites (committal services, graveside, immediate burials, etc.)
	g) Conclude service and dismiss attendees
	h) Confirm identity of decedent prior to disposition

	8. Cremation
	a) Confirm identity of deceased prior to cremation
	b) Document and remove jewelry and other personal effects as instructed
	c) Obtain consent to remove implanted devices
	d) Confirm implanted medical devices have been removed
	e) Place deceased in state required combustible container
	f) Return cremated remains as directed by the authorizing agent



Alabama Board of Funeral Service

Apprentice Funeral Director Case Report

	Name of Deceased	Date	Activities performed on each case	Signature of supervisor providing training
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