

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
MORTUARY SCIENCE
P.O. Box 30018, Lansing, MI 48909
517-373-8376 Fax: 517-373-2162
www.michigan.gov/mortuaryscience

FOR OFFICE USE ONLY			
_____	Total Months this period	_____	Total Months
_____	Total Days this period	_____	Total Days

EMBALMING AND RESIDENT TRAINEE RATING REPORT

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

Reporting Period: Please make copies of this form as needed.

- January 1st through June 30th. For credit, this Report must be received no later than July 15th.
- July 1st through December 31st. For credit, this Report must be received no later than January 15th.
- A report must be filed when the Resident Trainee terminates employment.
 - Credit for the time employed cannot be approved unless these requirements are met.
 - A minimum of five embalmings must have been completed.

Please Note: If you wish to continue to work in a funeral home, you must maintain your Resident Trainee License until you pass the National and Michigan State Board exams. Original forms must be submitted; faxed copies are not acceptable.

Resident Trainee Certification

I attest to the completeness and accuracy of the information contained on this report. I am aware that a false statement or dishonest answer may be grounds for disciplinary action against my license.

Resident Trainee's Signature _____ Date _____

Print Name _____

Resident Trainee License Number _____ Expiration Date _____

Please indicate the total number of services performed this period in the spaces indicated below.

- _____ Removing remains from the place of death
- _____ Securing information for death certificate and newspapers
- _____ Filing death certificate/obtaining burial transit permit
- _____ Contacting newspapers for placement of death notice
- _____ Arranging for clergy
- _____ Checking/placing flowers
- _____ Receiving visitors
- _____ Assisting in selling funeral merchandise
- _____ Assisting in making funeral arrangements
- _____ Arranging cemetery details
- _____ Assisting at the funeral
- _____ Applying cosmetics and arranging hair of deceased

A minimum of 20 services are required to complete the training in each of the above categories.

See reverse side for requested additional information.

- _____ Embalmings
- A minimum of 25 embalmings are required to complete the training in the above category.**
- _____ Arranging for or providing music
 - _____ Completing and filing social security forms
 - _____ Completing and filing veterans' forms
 - _____ Performing restorative work
 - _____ Arranging the receiving/transferring of human remains by common carrier
 - _____ Contacting the deceased's lodge, club, or place of employment concerning the death

A minimum of 3 services are required to complete the training in each of the above categories.

Is the Resident Trainee terminating employment at this time? No Yes

Sponsor Certification

I hereby certify that the information contained in this report is true and accurate. I attest to the ability of the above named Resident Trainee to perform funeral services, and that said Trainee served under my supervision on a full time basis during the period from:

_____/_____/_____ (month/day/year) to _____/_____/_____ (month/day/year)

Funeral Establishment Name _____

Sponsor's Signature _____ Date _____

Print Name _____

Sponsor's License Number _____ Expiration Date _____

Please fill in the following information for each embalming that you performed.

	NAME (First, Middle, Last)	GENDER (M/F)	PLACE OF DEATH (City, County, State)	DECEDENT'S DATE OF DEATH
1				
2				
3				
4				
5				
6				
7				
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