

CFSB Intern Activity Report

Reporting Period: Date _____ **to** _____ (month/year)
 This form must be returned with INT annual certification renewal. Intern/Trainees may report up to twelve months of internship on this form. Original forms must be submitted; fax copies are not acceptable.

For CFSB Use

Type of Certification for which this internship will apply: Certified Mortuary Science Practitioner Certified Funeral Director Certified Embalming Technician

This portion must be completed by the Intern/Trainee.

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 terminating internship, denial or revocation of certification.

Print Name of INT _____ INT number _____
 Intern Signature _____ Date _____

This portion to be completed by CMSP or CFD: Indicate the total number of services performed this period in the spaces indicated below.

- | | |
|--|---|
| # _____ Removing remains from the place of death
_____ Applying cosmetics and arranging hair of deceased
_____ Arranging the receiving/transferring of human remains by common carrier
_____ Performing restorative work
_____ Assisting in making funeral arrangements
_____ Securing information for death certificate and newspapers
_____ Assisting in selling funeral merchandise
_____ Receiving visitors | # _____ Assisting at the funeral
_____ Checking/placing flowers
_____ Filing death certificate/obtaining burial transit permit
_____ Contacting newspapers for placement of death notice
_____ Arranging for clergy
_____ Arranging cemetery details
_____ Arranging for or providing music
_____ Completing and filing social security forms
_____ Completing and filing veterans' forms
_____ Contacting the deceased's lodge, club, or place of employment concerning the death |
|--|---|

Internship period: 2,000 hours (equivalent to 1-year full-time employment). A minimum of 25 funerals/memorials are required for CMSP internship. For CFD internship, a minimum of 50 funerals/memorials are required for Option A; a minimum of 150 funerals/memorials are required for Option B.

This portion to be completed by CMSP or CET: # _____ Non-Autopsied Embalming Cases # _____ Autopsied Embalming Cases

- | | |
|--|--|
| # _____ Set features
_____ Raised vessels
_____ Mixed fluid
_____ Aspirated | # _____ Injected cavity fluid
_____ Sutured autopsy incisions
_____ Bathed remains
_____ Cleaned and disinfected embalming room |
|--|--|

Internship period: 4,000 hours (equivalent to 2-years full-time employment). A minimum of 25 embalming cases are required CMSP internship. For CET internship, a minimum of 50 embalming cases are required for Option A; a minimum of 100 embalming cases are required for Option B. Case reports for each embalming must be maintained and available for review by the CFSB Board upon request. See reverse side for required additional information.

Is the Intern/Trainee terminating employment / internship at this time?

No Yes Termination date _____

A separate termination report must be filed when the Intern terminates employment or internship.

This portion must be completed by the Supervising Certified Mortuary Science Practitioner

I hereby certify that the information contained in this report is true and accurate. I attest that the above named Intern/Trainee performed the funeral/memorial services or embalming cases indicated above, and that said Intern/Trainee served under my supervision during the entire period indicated above.

Print name of CMSP _____ CMSP Number: _____ Exp Date: _____
 CMSP Signature: _____ Date: _____

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Embalming Case Report Log

Name of Intern _____

Please complete the following information for each embalming case that you perform during internship period.

1	Name of Deceased (last name, first initial)	Date of Death	Date of Embalming	Autopsy?		Remains Refrigerated prior to embalming?		Supervising Embalmer
				YES	NO	YES	NO	
2				YES	NO	YES	NO	
3				YES	NO	YES	NO	
4				YES	NO	YES	NO	
5				YES	NO	YES	NO	
6				YES	NO	YES	NO	
7				YES	NO	YES	NO	
8				YES	NO	YES	NO	
9				YES	NO	YES	NO	
10				YES	NO	YES	NO	
11				YES	NO	YES	NO	
12				YES	NO	YES	NO	
13				YES	NO	YES	NO	
14				YES	NO	YES	NO	
15				YES	NO	YES	NO	
16				YES	NO	YES	NO	
17				YES	NO	YES	NO	
18				YES	NO	YES	NO	
19				YES	NO	YES	NO	
20				YES	NO	YES	NO	
21				YES	NO	YES	NO	
22				YES	NO	YES	NO	
23				YES	NO	YES	NO	
24				YES	NO	YES	NO	
25				YES	NO	YES	NO	

Please print a new copy of this form to report additional cases. Attach this form to Page 1 of Intern Activity Report.