



State of Ohio  
**Board of Embalmers and Funeral Directors**

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**MASTER REPORT**

Dual    Funeral Director Only    Embalmer Only

Apprentice's Name: \_\_\_\_\_ Registration# \_\_\_\_\_  
 Currently in month \_\_\_\_\_ of a \_\_\_\_\_ month apprenticeship.

Master's Name: \_\_\_\_\_  
 Funeral Home Name: \_\_\_\_\_  
 Funeral Home Address: \_\_\_\_\_  
 Funeral Home County: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_

This form is to be completed and submitted each quarter along with the apprentice case reports.

**Evaluation**

Was apprentice cooperative under direction? \_\_\_\_\_  
 Was apprentice thorough in work assigned? \_\_\_\_\_  
 Is there sufficient evidence of growth and progress? \_\_\_\_\_  
 Is the apprentice cooperative with co-workers? \_\_\_\_\_  
 Is apprentice willing to accept instruction and direction? \_\_\_\_\_  
 Does apprentice exhibit professionalism with families? \_\_\_\_\_  
 Apprentices current strengths? \_\_\_\_\_  
 Apprentices current weakness? \_\_\_\_\_

Based on the amount of apprenticeship served, indicate the level of knowledge and proficiency you observe in your apprentice on a scale of 1-10: (1-Unsatisfactory, 10-Excellent). Please rate each area.

<i>Area of Knowledge and Proficiency</i>	<i>Rating (1-10)</i>
A) Ohio Laws and Rules	
B) Federal Law	
C) Vital Statistic Regulations	
D) Merchandise/Merchandising	
E) Arrangement Conferences	
F) Funeral Directing	
G) General Business Procedures	
H) Reliability	
I) Initiative	
J) Attitude	
K) Overall Quality of Work	

(This section does not apply to FD only apprentices)

<i>Area of Knowledge and Proficiency</i>	<i>Rating (1-10)</i>
A) Anatomy	
B) Restorative Art	
C) Safety and Sanitation	
D) Embalming Techniques	

Please estimate the percentage of the Apprentice's time during an average work week is spent in each of the following areas:

<i>Task</i>	<i>Percentage of Time</i>
A) First Calls/Removals	
B) Driving of Vehicles	
C) Assisting in Funeral Arrangements	
D) Funeral Services (visitations, services, etc.)	
E) Administrative Duties (filing death certificates, paperwork, etc.)	
F) Maintenance (Explain)	
G) Other Duties (Explain)	
H) Embalming (does not apply to FD only apprentices)	

*Total 100%*

### CONCLUSIONS

Does the apprentice need more training in specific areas?  Yes or  No  
 If yes, explain: \_\_\_\_\_

Do you or the apprentice need to be contacted by an Inspector?  Yes or  No  
 If yes, explain: \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that this is an accurate report on the progress of the above-named apprentice and has been prepared without consultation with the apprentice.

Signed and certified by:

\_\_\_\_\_  
 Printed name of Master License #

\_\_\_\_\_  
 Signature of Master Daytime Phone