

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street
P.O. Box 83720
Boise, Idaho 83720-0063
(208) 334-3233
FAX (208)-334-3945

MORTICIAN RESIDENT TRAINEE QUARTERLY/FINAL REPORT

____ **Quarterly Report (check the appropriate quarter)** ____ Jan-Mar, ____ April-June, ____ July-Sept., ____ Oct. to Dec.
Please complete a separate report for each quarter. Reports must be submitted within 30 days of the end of each quarter and signed by the resident trainee and the sponsoring mortician. . **NOTE: If the trainee permit was issued in the middle of a quarter, you may include that initial time in the next quarter's report.**

OR

____ **Final Report (A COPY OF THIS FORM MUST BE ATTACHED TO THE APPLICATION FOR LICENSURE IF IT IS THE FINAL REPORT)**

I hereby submit my resident trainee report in accordance with Title 54, Chapter 11 I.C. and the Rules of the Idaho Board of Morticians.

I hereby certify that I was employed at _____
(NAME & LICENSE # OF IDAHO FUNERAL ESTABLISHMENT)

under the direct supervision of _____
(NAME & LICENSE # OF IDAHO LICENSED MORTICIAN)

This report covers the period from _____ to _____ during which time I: _____
(mm/dd/yyyy) (mm/dd/yyyy) (printed name)

assisted in the embalming of _____ dead human bodies under direct supervision of the sponsoring mortician; and/or;

assisted in making arrangements for _____ funerals; and conducted _____ funerals under direct supervision of the sponsoring mortician.

I hereby certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief and that I personally received the supervision noted. I further certify that I am of good moral character, and that I will provide any additional information concerning my qualifications and fitness upon request.

Signature of Trainee Permit #

Subscribed and sworn to before me this _____ day of _____, 20_____

(S E A L)

Notary Public
My commission expires _____

CERTIFICATION OF SUPERVISING MORTICIAN

I hereby certify under penalty of perjury that the information provided is true and correct to the best of my knowledge and belief; that I personally provided the supervision noted and was directly responsible for the named Trainee. I further certify that I believe the named Trainee to be of good moral character, that the named Trainee's performance was satisfactory, and that I will provide any additional information concerning the trainee's qualifications and fitness upon request.

Signature of supervising Mortician License #

Subscribed and sworn to before me this _____ day of _____, 20_____

(S E A L)

Notary Public
My commission expires _____