Reset Form

CASE REPORTS FOR FUNERAL DIRECTOR INTERN

State Form 11470 (R6 / 1-15)

PROFESSIONAL LICENSING AGENCY
STATE BOARD OF FUNERAL AND CEMETERY SERVICE
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2298
Telephone: (317) 234-3031
www.IN.gov/pla

INSTRUCTIONS: Funeral director interns shall submit to the board a total of four (4) case reports by the conclusion of the one (1) year experience requirement as follows:

First report due at the end of your third (3rd) month of licensure.
Second report due at the end of your sixth (6th) month of licensure.
Third report due at the end of your ninth (9th) month of licensure.
Fourth report due at the end of your twelfth (12th) month of licensure

Check one:
☐ First Quarter Filing ☐ Second Quarter Filing ☐ Third Quarter Filing ☐ Fourth Quarter Filing

Name of intern *(please print)*	Intern license number
Signature of intern	Date (*month, day, year*)

SECTION A	**NAME OF DECEASED**	**DATE OF DEATH *(month, day, year)***
1.		
2.		
3.		
4.		
5.		
6.		

SECTION B 1 — **CASE INFORMATION**

Name of first deceased			Date (*month, day year*)
Age	Sex ☐ Male ☐ Female	Date of death (*month, day, year*)	Autopsy ☐ Yes ☐ No

Cause of death

Condition of body before embalming

Vessels used

List special treatment necessary.

Restorative art employed (*explain*)

Condition of body at time of burial

Supervising funeral director's evaluation of the licensed intern's performance regarding this case

Signature of supervising funeral director	Funeral Director license number	Funeral Home license number	Date *(month, day, year)*

SECTION B 2	CASE INFORMATION		
Name of second deceased			Date (*month, day year*)
Age	Sex ☐ Male ☐ Female	Date of death (*month, day, year*)	Autopsy ☐ Yes ☐ No
Cause of death			
Condition of body before embalming			
Vessels used			
List special treatment necessary.			
Restorative art employed (*explain*)			
Condition of body at time of burial			
Supervising funeral director's evaluation of the licensed intern's performance regarding this case			

Signature of supervising funeral director	Funeral Director license number	Funeral Home license number	Date (*month, day, year*)

SECTION B 3	CASE INFORMATION		
Name of third deceased			Date (*month, day year*)
Age	Sex ☐ Male ☐ Female	Date of death (*month, day, year*)	Autopsy ☐ Yes ☐ No
Cause of death			
Condition of body before embalming			
Vessels used			
List special treatment necessary.			
Restorative art employed (*explain*)			
Condition of body at time of burial			
Supervising funeral director's evaluation of the licensed intern's performance regarding this case			

Signature of supervising funeral director	Funeral Director license number	Funeral Home license number	Date *(month, day, year)*

SECTION B 4	CASE INFORMATION		
Name of fourth deceased			Date (*month, day year*)
Age	Sex ☐ Male ☐ Female	Date of death *(month, day, year)*	Autopsy ☐ Yes ☐ No
Cause of death			
Condition of body before embalming			
Vessels used			
List special treatment necessary.			
Restorative art employed (*explain*)			
Condition of body at time of burial			
Supervising funeral director's evaluation of the licensed intern's performance regarding this case			
Signature of supervising funeral director	Funeral Director license number	Funeral Home license number	Date *(month, day, year)*

SECTION B 5	CASE INFORMATION		
Name of fifth deceased			Date (*month, day year*)
Age	Sex ☐ Male ☐ Female	Date of death (*month, day, year*)	Autopsy ☐ Yes ☐ No
Cause of death			
Condition of body before embalming			
Vessels used			
List special treatment necessary.			
Restorative art employed (*explain*)			
Condition of body at time of burial			
Supervising funeral director's evaluation of the licensed intern's performance regarding this case			
Signature of supervising funeral director	Funeral Director license number	Funeral Home license number	Date *(month, day, year)*

SECTION B 6	CASE INFORMATION		
Name of sixth deceased			Date (*month, day year*)
Age	Sex ☐ Male ☐ Female	Date of death (*month, day, year*)	Autopsy ☐ Yes ☐ No
Cause of death			
Condition of body before embalming			
Vessels used			
List special treatment necessary.			
Restorative art employed (*explain*)			
Condition of body at time of burial			
Supervising funeral director's evaluation of the licensed intern's performance regarding this case			

Signature of supervising funeral director	Funeral Director license number	Funeral Home license number	Date *(month, day, year)*

SECTION C — **INTERN PERFORMANCE EVALUATION**

The funeral director intern has assisted or participated in the following funeral directing services: *(Indicate the number of times performed in each case.)*

1. Embalmings _____
2. First Call _____
3. Assisted at Funerals _____
4. Prepared Death Notices _____
5. Arranged Funeral or Memorial Services _____
6. Rosary-Lodge Services _____
7. Prepared Death Certificates _____
8. Arranged for Organist, Soloist or Beautician _____
9. Ship-Out Detail _____
10. Veterans Burial _____
11. Social Security Forms _____
12. Indigent Funeral _____
13. Cemetery Details _____
14. Assist in the sale of merchandise _____
15. Maintenance of Funeral Establishment and all Equipment _____
16. Preparation of Sales Tax for each Individual Service _____
17. Compliance with FTC RULING _____

I hereby certify that the foregoing application is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which is being applied, for disciplinary action against the license which may be issued, and for disciplinary action against the license that I hold.

Signature of supervising funeral director	License number	Date *(month, day, year)*

INSTRUCTIONS: Internship verification required for fourth quarter report only.

FOURTH QUARTER INTERNSHIP VERIFICATION BY FUNERAL DIRECTOR

I, _____ (*Name of funeral director*) , _____ (*License number*) , of

the _____ (*Name of funeral home*) , _____ (*Location*)

_____ (*License number*) , hereby verify that _____ (*Name of intern*) for the period

from _____ (*Month, day, year*) to _____ (*Month, day, year*) ,has practiced funeral

service continuously under my direct supervision pursuant to 832 IAC 3-2-1.

I swear to or affirm the truth of the foregoing.

STATE OF _____

COUNTY OF _____ } SS:

I _____, having been duly sworn on oath, say that I am the above-named supervising funeral director, that I have personally prepared the foregoing verification, and that the same is true to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which is being applied, for disciplinary action against the license which may be issued, and for disciplinary action against the license that I hold.

Signature of supervising funeral director	Signature of Notary Public	
Printed or typed name of supervising funeral director	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public (*month, day, year*)	County of residence	Date commission expires (*month, day, year*)

FOURTH QUARTER INTERNSHIP VERIFICATION BY FUNERAL DIRECTOR

I, _____ (*Name of funeral director*) , _____ (*License number*) , of

the _____ (*Name of funeral home*) , _____ (*Location*)

_____ (*License number*) , hereby verify that _____ (*Name of intern*) for the period

from _____ (*Month, day, year*) to _____ (*Month, day, year*) ,has practiced funeral

service continuously under my direct supervision pursuant to 832 IAC 3-2-1.

I swear to or affirm the truth of the foregoing.

STATE OF _____

COUNTY OF _____ } SS:

I _____, having been duly sworn on oath, say that I am the above-named supervising funeral director, that I have personally prepared the foregoing verification, and that the same is true to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which is being applied, for disciplinary action against the license which may be issued, and for disciplinary action against the license that I hold.

Signature of supervising funeral director	Signature of Notary Public	
Printed or typed name of supervising funeral director	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public (*month, day, year*)	County of residence	Date commission expires (*month, day, year*)