Candidate Name: _____ Social Security Number: _____

Applicant is required to list the names of at least 35 case histories (over the period of 1 year), indicating with checkmarks that they have complied with section 13.38, sub-section (2), which states that the complete theory of funeral directing services including, but not limited to, the following has been completed. **A total count of 35 in each of the first 5 categories (columns) is required for licensure PLUS Each case (line) must also have at least 1 item in categories 6-14 in order to qualify.** The cases are required to have been done under the supervision of the preceptor. Upload completed form to your PALS account under experience

CASE HISTORY RECORD FULL NAME OF THE DECEASED	Initial call details	Embalming	Cosmetizing of bodies	Dressing of bodies	Directing of funerals	Selling of funeral service merchandise	Recordkeeping	Purchasing of necessary supplies	Preparing death certificates and documents	Preparing applications for death benefits such as social security, veterans administration, insurance companies and lodges	Follow-up service to family after the funeral service has been completed	Counseling service to family on the types of services and merchandise available	Instruction of prepaid burial accounts	Professional responsibilities
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Candidate Name: _____ Social Security Number: _____

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FUNERAL DIRECTOR PRECEPTOR'S AFFIDAVIT

This form is to be completed on or after the completion date of the registered internship.

The cases listed herein have been completed by _____
(Name of Applicant)

Resident Intern, and supervised by the below named Preceptor(s). The Resident Intern is a person of good moral character, possesses skills and knowledge of the funeral profession and has been registered as in intern from:

_____ /_____/ _____ to _____ /_____/ _____
Month Day Year Month Day Year

During the internship, the applicant deported himself/herself in an honest and satisfactory manner. This applicant has been instructed in all phases of sanitation and funeral directing and has been personally supervised in the cases listed by the applicant on their case history record, attached hereto.

Preceptor Name: _____

Address: _____

_____

License Number: _____

_____
Preceptor Signature

_____
Resident Intern Signature

_____
2nd Preceptor Signature (if applicable)

State of Pennsylvania

County of _____

Sworn and subscribed to before me this

_____ day of_____, 20____

_____
Notary Public Signature

My commission expires: _____

COMPLETE THIS FORM ON OR AFTER THE COMPLETION DATE OF THE REGISTERED INTERNSHIP AND UPLOAD THIS FORM TO YOUR PALS ACCOUNT