

The Nova Scotia Board of Registration of Embalmers and Funeral Directors

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Apprentice Embalmer Case Report and Summary Evaluation

Apprentices and licensed mentors must use this form to report apprentice embalmer activities completed for each renewal period. Reports must be submitted after the first 12 months and the final ten months.

Name of Apprentice	Preparation Room Cases Completed in Total
Phone	Email
Reporting Period (DD/MM/YY – DD/MM/YY)	
Name of Mentor	Funeral Home
Phone	Email

If the apprentice has not completed the minimum number of 25 embalming procedures during the first 22 months of the apprenticeship, the apprentice may request an extension prior to the anniversary date of the license issuance and renew the apprenticeship agreement and apprentice license for an additional 12 months.

Please be aware that there is a three-year statute of limitations to complete the embalmer apprenticeship. Please contact the Executive Manager if you have any questions or concerns about completing the embalmer apprenticeship within the three-year time frame.

<u>Qualifying activities reported by the apprentice:</u> (Initial and circle where applicable all procedures that apply to the reporting period)	
<input type="checkbox"/>	a) Exhibits a professional attitude
<input type="checkbox"/>	b) Complies with provincial statutes, regulations, Licensing Board polices, Code of Conduct
<input type="checkbox"/>	c) Maintains confidentiality of information
<input type="checkbox"/>	d)Secures legal documentation required for the transfer, burial, cremation
<input type="checkbox"/>	e)Obtains or verifies identity of the deceased and embalming authorization
<input type="checkbox"/>	f) Abides by Occupational Health and Safety standards employed at the funeral home
<input type="checkbox"/>	g) Performs a pre-embalming case analysis and determines the preservative demand for each preparation room case
<input type="checkbox"/>	h) Performs embalming and restorative procedures under the direct supervision of a licensed mentor.
<input type="checkbox"/>	i)Wears protective equipment and employs universal precautions
<input type="checkbox"/>	j) Employs proper positioning

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	k) Performs primary disinfection
	l) Performs pre-embalming procedures and treatments: shaving, sets features, incisions, relieves rigor mortis, removes autopsy sutures, surface preservative treatments, removes surgical– surgical drains, feeding tubes, urinary catheters
	m) Selects and raises vessels for injection and drainage
	n) Selects embalming and accessory chemicals
	o) Sets the pressure and rate of flow
	p) Performs embalming treatments – injection, drainage, massage, autopsy aspiration
	q) Performs cavity aspiration and treatment
	r) Ligates vessels and sutures incisions
	s) Performs post-embalming treatments – disinfection, hypodermic treatment, treats orifices, trims and groom nails, performs hair removal, hair restoration and styling, excises tumours, removes medical devices
	t) Disposes of bio-hazardous waste
	u) Applies cosmetics
	v) Participates in the dressing, casketing of the deceased for viewing and preparation for shipping
	w) Removes medical implants with prior approval
	x) Disinfects preparation room, embalming instruments and equipment
	y) Completes a statistical case report form for every embalming procedure
	z) Completes a practicum report form for every preparation room procedure

Licensed Embalmer Mentor Evaluation: Please circle the applicable response competent OR developing

Complies with professional ethical standards	Competent	Developing
Demonstrates proper pre-embalming procedures	Competent	Developing
Demonstrates knowledge of embalming and accessory chemicals	Competent	Developing
Demonstrates proper embalming procedures	Competent	Developing
Demonstrates proper autopsy embalming and restorative procedures	Competent	Developing
Demonstrates ability to perform post-embalming restorative procedures	Competent	Developing
Demonstrates ability to apply cosmetics	Competent	Developing
Demonstrates proper dressing and casketing procedures	Competent	Developing

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Comments:

I certify these above statements and accompanying reporting documentation are correct and I have completed the experience outlined. I understand that false or untrue statements may constitute professional misconduct, and can result in renewal denial, mentor request denial, and other actions deemed appropriate by the Board.

Signature of Apprentice	Date
Signature of Mentor	Date
Internal – Nova Scotia Board of Registration of Embalmers and Funeral Directors	
Reviewed/approved for licensing examination	Date
Authorized by	Signature