Applied Learning Practicum Competency Summary Sheet

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| Name of Student | Student Signature | Date Signed |
| Funeral Home Location/Contact Information | Student Identification Number | Reporting Period |

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| # | Patient Identification | Embalmings | Arrangements | Funerals | Committals |
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Attestations (Must be signed by both apprentice and approved licensed mentor)

Student Apprentice

I, the student apprentice named herein, hereby certify that I have completed the experiential learning reported in this document and the enclosed case reports and practicum documents. I further attest that I have reviewed all reports listed above with the approved licensed mentor named herein and that the information provided in this summary report is true and accurate. I understand that false, misleading, or untrue statements may constitute professional misconduct, and can result in the denial of my license renewal application, denial of a mentor request, and other such actions deemed appropriate by the Board of Registration of Embalmers and Funeral Directors.

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Signature of Student Apprentice

Approved Licensed Mentor

I, the approved licensed mentor named herein, hereby certify that the experiential learning reported in this document was completed under my direction. I further attest that I have reviewed all reports listed above with the student apprentice named herein and that the information provided in this summary report is true and accurate. I understand that false, misleading, or untrue statements may constitute professional misconduct, and can result in the denial of my license renewal application, denial of a mentor request, and other such actions deemed appropriate by the Board of Registration of Embalmers and Funeral Directors.

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Mentor Feedback