

# Wisconsin Department of Safety and Professional Services

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## FUNERAL DIRECTORS EXAMING BOARD APPRENTICE SEMI-ANNUAL REPORT

This report must be completed and returned to the Funeral Directors Examining Board twice a year. Both the Apprentice and Funeral Director must sign the report. It must include the number of hours the Apprentice has been employed at the Establishment and the number of embalmings and funeral services the Apprentice has assisted in. **Failure to complete and return this Form (#395) on each reporting period, could result in termination of the Apprenticeship.**

**Reporting Period From: January 1,**     **To: June 30,**

**Reporting Period From: July 1,**     **To: December 31,**

**1. If you attended a Mortuary school, provide the exact dates of attendance..**

From:   /   /     **To:**   /   /

**2. Did you work as an Apprentice during a winter break from Mortuary school?**

Yes  No If yes, provide exact dates:

From:   /   /    **To:**   /   /

**3. Did you work as an Apprentice during the summer while not attending summer school?**

Yes  No If yes, provide exact dates:

From:   /   /    **To:**   /   /

**4. Have you worked as an Intern during any period not listed in questions 1-3 listed above?**

Yes  No If yes, you may receive apprenticeship credit for a completed internship. Provide exact dates:

From:   /   /    **To:**   /   /

Month	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total Number of Hours Employed:												
Number of Assisted Embalmings:												
Number of Funeral Services Assisted:												
Number of arrangement conferences the apprentice participated in:  (Please attach a brief description of the arrangements for each month and include whether it was a traditional funeral, direct cremation, relationship to the deceased, how long the arrangement took, etc.)												

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Under the penalties of perjury, I certify that the above data is correct to the best of my knowledge and belief.

**Apprentice Name**

**Apprentice Certificate Number**

**Apprentice Signature**

**Date**

 /  / 

**Funeral Director Name**

**Funeral Establishment Name**

**Funeral Director Signature**

**Date**

 /  /