

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

FUNERAL DIRECTORS EXAMING BOARD APPRENTICE SEMI-ANNUAL REPORT

This report must be completed and returned to the Funeral Directors Examining Board twice per 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 assisted by the Apprentice. **Failure to return completed form for each reporting period could result in termination of the Apprenticeship. Complete form in its entirety and upload into [LicenseE](http://License.wi.gov).** (Upload instructions are located at the bottom of the form.)

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: / /

| Month | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Number of Assisted Embalmings | | | | | | | | | | | | |
| Number of Hours Worked | | | | | | | | | | | | |
| Number of Funeral Services Assisted | | | | | | | | | | | | |
| Number of Preparations Without Embalming | | | | | | | | | | | | |
| Number of arrangement conferences the apprentice participated in (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 (Provide a digital signature or print and sign form.) | Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | / | | | / | | | | |
| | | / | | | / | | | | | | |
| Funeral Director Name | Funeral Establishment Name | | | | | | | | | | |
| Funeral Director Signature (Provide a digital signature or print and sign form.) | Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | / | | | / | | | | |
| | | / | | | / | | | | | | |

APPRENTICIE INSTRUCTIONS TO UPLOAD COMPLETED FORM INTO [LicenseE](#):

***ATTACH A BRIEF DESCRIPTION** of the arrangements conferences the apprentice participated in for each month and include whether it was a traditional funeral, direct cremation, relationship to the deceased, how long the arrangement took, etc.

1. Login to your [LicenseE](#) account.
2. Select "My Approved Licenses."
3. From the toolbar go to the "Action" column and select "395."
4. Upload Form 395 (*including descriptions)
5. **IMPORTANT:** Inform the credentialing team you uploaded the document by submitting a support ticket.
 - Select "Request Support" from the blue toolbar.
 - Select "Create New Ticket"
 - Complete and submit a ticket.