

MASTER'S QUARTERLY EVALUATION REPORT



STATE OF OHIO
BOARD OF EMBALMERS
AND FUNERAL DIRECTORS

APPRENTICESHIP DESIGNATION

☐ DUAL (Embalmer and Funeral Director) ☐ Embalmer Only ☐ Funeral Director Only

Apprentice's Name _____ Certification # _____
Currently in Quarter (indicate one) 1 2 3 4 5 6 7 8 of a (indicate one) 12 or 24 month Apprenticeship _____

Master's Name _____
Funeral Home Name _____
Funeral Home Address _____
City or Village _____
Funeral Home County _____
Daytime Phone _____

This form is to be filled out by the Master, and submitted electronically by the Apprentice via their eLicense account.

EVALUATION

Please indicate whether the Apprentice has demonstrated the following qualities:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	<input type="checkbox"/>	Growth and progress
<input type="checkbox"/>	<input type="checkbox"/>	Coachable
<input type="checkbox"/>	<input type="checkbox"/>	Thorough work

Comments: _____

AREAS OF KNOWLEDGE AND PROFICIENCY

Please indicate the level of knowledge and proficiency you have observed:

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Making Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangement Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral/Memorial Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Laws and Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cremation Procedures, Laws & Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital Statistics Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Embalming and Restorative Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity with Local Religious Organizations and Customs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

AREAS OF KNOWLEDGE AND PROFICIENCY - EMBALMING

Please indicate the level of knowledge and proficiency you have observed if the Apprentice must complete an Embalming component:

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Embalming Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restorative Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

CONCLUSIONS

Does the Apprentice need more training in a specific area?

Do you or the Apprentice need to be contacted by the Inspector? If yes, please explain.

I certify the accuracy of the information recorded on this report.

SIGNED AND CERTIFIED BY:

Signature of Apprentice _____ Certification # _____

Date Signed _____

I certify the accuracy of the information recorded on this report.

SIGNED AND CERTIFIED BY:

Signature of Master _____ License # _____

Date Signed _____