



## Provisional Licensee Reporting Form Instructions

### **Guidelines for Supervision:**

- It is the responsibility of the FDIC/EIC to arrange and ensure that direct supervision is provided to each provisional licensee under their employment. Failure to do so may be considered a violation and may result in disciplinary actions against all licensees involved.
- Funeral Director Only Licensees may NOT supervise Provisional Embalmer Licensees and Embalmer Only Licensees may NOT supervise Provisional Funeral Director Licensees.
- Provisional Licensees must complete a total of 45 cases in order to complete the Provisional License Program. Of those 45 cases, at least 10 must be complete cases. See the TFSC Provisional Funeral Director Task Checklist (Form 20-007) or the Provisional Embalmer Task Checklist (Form 20-006) for further details.
- The Provisional Licensee and the FDIC/EIC are required to retain originals of all Provisional Licensee Reporting Forms with supporting documentation for all case credit claimed for two years from the completion date of the Provisional License Program. All forms are subject to inspection by the Commission and must be provided for inspection if requested. Failure to retain documentation may result in disciplinary action.
- Provisional Licensees must file a report with the FDIC/EIC outlining the number of cases performed and the name of the Funeral Director or Embalmer who was present when tasks were performed.

### **Form Instructions:**

- Report Type: Separate forms must be used to record cases relating to funeral directing or embalming. Check appropriate line to indicate if report is for funeral directing or for embalming.
- Name & License #: List Appropriate names and license numbers. Use a SEPARATE form for each Funeral Establishment worked in. Use a SEPARATE form for each FDIC/EIC worked under. If the Funeral Establishment or FDIC/EIC changes, uses a SEPARATE form.
- Case #: Keep a running list of cases worked. Each page will allow licensee to report 10 cases of the 45 required. For example, first sheet would be cases 1-10, second sheet would be cases 11-20, third sheet would be 21-30, etc. Indicate in the appropriate column if you will be counting the case as one of your required 10 complete cases.
- Supervisor's Printed Name & License #: Supervisor is a licensed Funeral Director or Embalmer that provides direct supervision for a case. The Supervisor does NOT have to be the FDIC/EIC. **It is strongly recommended that a Provisional Licensee have each supervisor sign the form on the day the tasks were performed. We will NOT accept case logs that have lines drawn down for the printed and signature name of the supervisor. Each line must be completed!**
- Form may be used until filled even if the cases occur in different months AS LONG AS the Funeral Establishment and the FDIC/EIC remain the same.
- If a Provisional Licensee moves to or adds a Funeral Establishment, a SEPARATE form must be started. If a FDIC/EIC changes, a Provisional Licensee must start a SEPARATE form.
- Once a form is completed, sign the form and return to FDIC/EIC for signature.

## Provisional Licensee Reporting Form

Report Type: Funeral Director \_\_\_\_\_ Embalmer \_\_\_\_\_

Provisional Licensee Name: \_\_\_\_\_ License # \_\_\_\_\_

Funeral Establishment Name: \_\_\_\_\_ License # \_\_\_\_\_

Case # 1-45	Complete Case (* or ✓)	Name of Deceased	Date Completed	List <u>ALL</u> Essential Task Completed	List <u>ALL</u> Non-Essential Tasks Completed	Supervisor's Printed Name/License # (Not Always FDIC/EIC)	Supervisor's Signature* (Each line must be signed)

\* I hereby certify that I was the licensed funeral director/embalmer that provided direct supervision on the case listed.

I hereby certify that I performed the above cases with supervision from the Funeral Director/Embalmer listed for each case.

\_\_\_\_\_  
Signature of Provisional Licensee

\_\_\_\_\_  
Date

I hereby certify that I was the FDIC/EIC responsible for supervision of the Provisional Licensee and I agree that the Funeral Director/Embalmer listed for each case was in the room when the identified tasks were completed.

\_\_\_\_\_  
Printed name of FDIC/EIC

\_\_\_\_\_  
License # of FDIC/EIC

\_\_\_\_\_  
Signature of FDIC/EIC

\_\_\_\_\_  
Date