

GEORGIA STATE BOARD OF FUNERAL SERVICE

INSTRUCTIONS FOR APPRENTICESHIP REPORTING FORMS

**It is the responsibility of the apprentice to keep records of hours and services performed and to submit a copy of such record to the Board every six (6) months.  
Maintain a copy of the report for your records.**

The Apprentice Funeral Service Report is used to keep daily and weekly records of the hours the apprentice serves at the funeral establishment. The maximum weekly credit allowed for service is 40 hours. If serving while enrolled in Mortuary School, no more than 4 hours per day shall be credited (20 hours per week).

**Board Rule 250-4-.03 Serving of Apprenticeship.**

- (1) Hours and Duration. An apprenticeship period consists of 3,120 hours served in a time span of no less than 18 months and no more than two renewal cycles, as defined in O.C.G.A. § 43-18-50(c). This period shall be measured from the date the application is approved by the Board. The eighteen-month minimum must be in addition to the time required to graduate from a college of funeral service accredited by the American Board of Funeral Service Education or such other college specifically approved by the Board.
- (2) Business Hours. Regular business hours, for purposes of apprenticeship, means the hours between 8:00 A.M. and 10:00 P.M.
- (3) Sleeping. An apprentice may not count hours spent sleeping in a funeral establishment toward his/her hours of requirement, even if such time spent sleeping occurs during the regular business hours as defined in Rule 250-4-.03(2).
- (4) Reports. Every six months, each apprentice shall furnish the details of the hours spent in employment as an apprentice on forms supplied by the Board. After completing the 3,120 hours for apprenticeship within the specified period, the apprentice shall send the last report to the Board regardless of the date. The information contained in the report shall be certified as correct by the funeral director in full and continuous charge and by the supervising funeral director and embalmer. The report will specify the number of bodies in the embalming of which the apprentice has assisted and the number of funerals in which the apprentice has assisted. This report shall be current and available for inspection.

The apprentice must submit a copy of the Apprentice Funeral Service Report to:

Georgia State Board of Funeral Service  
237 Coliseum Drive  
Macon, GA 31217

**\*\*\*You are expected to retain a copy of your reports and affidavits for your records. The Board office will not stamp or sign forms, or mail copies for your records. We do not send acknowledgment of receipt. We update your file with your reported hours when reports are reviewed and determined correct. Any request to verify hours must be made in writing, along with a \$25.00 verification fee.**

If the supervising embalmer or director changes or if you change employment to another funeral establishment, your service hours will not be credited until you submit a request to change supervisors and/or apprenticeship site and the change is approved by the Board. Submit these changes on the Apprenticeship Registration Application form.

GEORGIA STATE BOARD OF FUNERAL SERVICE

APPRENTICE FUNERAL SERVICE REPORT

APPRENTICE REGISTRATION NO. \_\_\_\_\_ REPORT DATES: \_\_\_\_\_

IS APPRENTICE ENROLLED IN MORTUARY SCHOOL: \_\_\_\_ YES \_\_\_\_ NO

APPRENTICE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

FUNERAL ESTABLISHMENT: \_\_\_\_\_ License No.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 STREET COUNTY CITY STATE ZIP CODE

Apprenticeship registration is for a specific establishment and supervising embalmer and funeral director. If any of these change, submit an application reflecting the changes. Hours served under changed circumstances without prior approval from the Board will not be credited to you. See Rule 250-4-.06 for Qualifications for Establishments; Rule 250-4-.05 for Qualifications for Supervision. **No more than 4 credit hours are awarded per day while enrolled in embalming school. Rule 250-4-.03, GEORGIA STATE BOARD OF FUNERAL SERVICE.**

MAXIMUM CREDIT PER WEEK 40 HOURS

REPORT FOR THE WEEK OF:								REPORT FOR THE WEEK OF:							
FROM			TO			NO. OF HOURS	NO. OF CASES EM/FD	FROM			TO			NO. OF HOURS	NO. OF CASES EM/FD
MO.	DAY	YEAR	MO.	DAY	YEAR			MO.	DAY	YEAR	MO.	DAY	YEAR		

I hereby certify that this report is accurate and that the above reported information was taken from the records of the above-named establishment and is available for review by the Georgia State Board of Funeral Service or any of its personnel.

\_\_\_\_\_  
 Signature of Supervising Embalmer License Number Date

\_\_\_\_\_  
 Signature of Supervising Funeral Director License Number Date

\_\_\_\_\_  
 Signature of Apprentice Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY SEAL

\_\_\_\_\_  
 Notary Public