

**IDAHO BOARD OF MORTICIANS**  
**Idaho Division of Occupational and Professional Licenses**  
**11341 W. Chinden Blvd., Bldg #4, Boise ID 83714 or**  
**PO Box 83720, Boise ID 83720-0063**  
**Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>**  
**E-mail: [mor@ibol.idaho.gov](mailto:mor@ibol.idaho.gov)**

**MORTICIAN RESIDENT TRAINEE QUARTERLY/FINAL REPORT**

**Quarterly Report (check the appropriate quarter)**  Jan-Mar,  April-June,  July-Sept.,  Oct. to Dec.  
Please complete a separate report for each quarter. Reports must be submitted within 30 days of the end of each quarter and signed by the resident trainee and the sponsoring mortician. **NOTE: If the trainee permit was issued in the middle of a quarter, you may include that initial time in the next quarter's report.**

**OR**

**Final Report (A COPY OF THIS FORM MUST BE ATTACHED TO THE APPLICATION FOR LICENSURE IF IT IS THE FINAL REPORT)**

I hereby submit my resident trainee report in accordance with Title 54, Chapter 11 I.C. and the Rules of the Idaho Board of Morticians.

I hereby certify that I was employed at \_\_\_\_\_  
(NAME & LICENSE # OF IDAHO FUNERAL ESTABLISHMENT)

under the direct supervision of \_\_\_\_\_  
(NAME & LICENSE # OF IDAHO LICENSED MORTICIAN)

This report covers the period from \_\_\_\_\_ to \_\_\_\_\_ during which time I: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy) (Printed Name)

assisted in the embalming of \_\_\_\_\_ dead human bodies under direct supervision of the sponsoring mortician; and/or;

assisted in making arrangements for \_\_\_\_\_ funerals; and conducted \_\_\_\_\_ funerals under direct supervision of the sponsoring mortician.

I hereby certify under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief and that I personally received the supervision noted. I further certify that I am of good moral character, and that I will provide any additional information concerning my qualifications and fitness upon request.

\_\_\_\_\_  
Signature of Trainee Permit #

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(S E A L)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_

**CERTIFICATION OF SUPERVISING MORTICIAN**

I hereby certify under penalty of perjury that the information provided is true and correct to the best of my knowledge and belief; that I personally provided the supervision noted and was directly responsible for the named Trainee. I further certify that I believe the named Trainee to be of good moral character, that the named Trainee's performance was satisfactory, and that I will provide any additional information concerning the trainee's qualifications and fitness upon request.

\_\_\_\_\_  
Signature of Supervising Mortician License #

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(S E A L)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_