

Apprentice Embalmer Log

In accordance with [OAR 830-011-0020\(2\)](#) To qualify for a license as an embalmer, in addition to meeting the time and competency requirements, an apprentice embalmer must be directly involved in the following during the apprenticeship period under the supervision of a licensed embalmer:

- (a) Perform at least 35 arterial embalmings.
- (b) For the purpose of this section, "supervision" means that each task shall be performed by an apprentice embalmer only after receiving direction from a licensed embalmer.
- (c) An apprentice embalmer must maintain a log book containing entries of the clearly identifiable completed 35 arterial embalmings. Such log book shall be located at the facility where the apprentice is supervised and the apprentice and the apprentice's supervisor must furnish this record to the Board upon request. The apprentice may use a supplemental page to document any of the 35 required arterial embalmings performed at an alternate facility as directed by their supervisor. All supplemental pages must be included in the log book. The log book must be retained for a period of one year after licensure as an embalmer, or, if not licensed as an embalmer, for six years after the last log entry and must include the following:

- (A) Name of the deceased;
- (B) Date of death;
- (C) Date and location where embalming was completed;
- (D) Description of required embalming competency completed;
- (E) Number of hours worked per week and total hours at the completion of apprenticeship;
- (F) Supervisor's written confirmation for each embalming performed by their apprentice; and
- (G) Name of licensed facility making the embalming arrangements.

Below is a sample of an embalmer apprentice log. Please customize to fit your needs, but remember, each area below is a requirement of the log's contents.

Embalmer Apprentice Name: _____ Supervisor's Name: _____

Week of: _____									
Hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____ Weekly Total _____ Running Total _____									

Name of Deceased	Date of Death	Date / place of Embalming	Facility Making Arrangements	Description of required embalming competency completed	Supervisor's written confirmation