

Certification for Funeral Assistant

I, _____ (print name of Type 3 Supervisor), hereby certify that I am the supervisor for _____ (print name of Funeral Home Assistant), who will act under my supervision as a Registered Funeral Home Assistant as a duly Licensed Funeral Establishment. I further certify that I will ensure that this Funeral Home Assistant has sufficient training in general public health, ergonomics, funeral service law and ethics necessary to ensure safe and competent practice in the funeral service industry. I will require or will obtain proof of this training; as well as proof that this individual has completed OSHA training related to biohazards/blood borne pathogens prior to allowing him/her to undertake any activities as a Registered Funeral Home Assistant and will have records of this training available to present to the Board upon request. I further agree that my employment of a Registered Funeral Home Assistant is contingent on meeting any present or future Board requirements, including ensuring the Registered Funeral Home Assistant complete OSHA training for each year employed.

Name of Supervising Type 3 Funeral Director (print): _____

Signature of Supervising Type 3 Funeral Director: _____

Name of Establishment: _____

Name of Funeral Home Assistant (print): _____

Signature of Funeral Home Assistant: _____

Date: _____