

**Adopt Frl 301.02 through Frl 301.07, previously effective 5/1/14 (Document #10567), and expired 5/1/24, to read as follows:**

Frl 301.02 Qualifications. Each applicant for apprentice embalmer shall possess a high school diploma or equivalent.

Frl 301.03 Requirements. Each applicant for apprentice embalmer shall meet the following conditions and requirements to fulfill an apprenticeship:

(a) Each apprentice embalmer applicant and their sponsor shall meet with the board or a board member to review the apprenticeship requirements;

(b) Each apprentice embalmer shall be employed by a funeral establishment inspected by the board and serve a minimum one year apprenticeship consisting of 2,000 hours of documented funeral related duties, as follows:

(1) One year shall equal 50 weeks, where funeral directing, embalming, or both is the principal occupation;

(2) An apprentice embalmer shall not count hours spent sleeping toward the required apprenticeship hours; and

(3) Each apprentice embalmer shall complete an “Apprentice Embalmer Monthly Report of Duties Performed” documenting the hours of embalming and funeral related duties performed each month, by providing the following:

a. Name and license number of apprentice embalmer;

b. Month and year of reporting period;

c. Number of hours worked during reporting period;

d. A completed column for each corresponding day of the month worked;

e. Identify the embalming form number and number of hours spent performing the following:

1. Removal;

2. Setting features including eyes and mouth;

3. Mixing and injecting fluids;

4. Washing and preparing body for dressing;

5. Applying cosmetics;

6. Applying restorative art treatment;

7. Dressing and casketing body;

8. Cleaning and disinfecting preparation room;

9. Washing and sterilizing instruments;

10. Completing the embalming form;
11. Undressing and disinfecting body;
12. Raising vessels and inserting tubes;
13. Treating cavities;
14. Preparing an autopsied body;
15. Preparation following organ or tissue donation; and
16. Suturing incisions;

f. Identify the funeral directing form number and number of hours spent performing the following:

1. Assisting with arrangement conference;
2. Following up with arrangement conference;
3. Working calling hours;
4. Working funeral service;
5. Completing funeral directing report;
6. Assisting with preparing and filing a death certificate;
7. Assisting with preparing social security administration and veteran administration forms;
8. Preparing newspaper notices;
9. Arranging flowers;
10. Arranging for military honors;
11. Directing traffic or parking cars;
12. Ordering a casket or vault;
13. Driving a hearse, family car, or service car;
14. Receiving visitors or seating guests;
15. Contacting cemetery;
16. Assisting family to select merchandise;
17. Arranging for clergy and organist;

18. Arranging for fraternal services; and

19. Arranging for cremation;

g. Signature and phone number of apprentice embalmer certifying the accuracy of the information contained in the report; and

h. Signature, and license number of the sponsor certifying the accuracy of the information contained in the report;

(c) The form shall be provided by the board and shall be submitted to the board office no later than 30 days following the reporting period. Failure to submit reports when due shall be sufficient cause for suspension or revocation of an apprentice embalmer license;

(d) Each apprentice embalmer shall work at all times under the instruction and personal supervision of the sponsoring licensed embalmer and funeral director, who shall be held responsible for all acts or omissions of that apprentice embalmer which occur while that apprentice embalmer is sponsored by him or her;

(e) The licensed embalmer and funeral director who serves as the chief executive or chief operating officer of the sole proprietorship, partnership, corporation, association, limited liability partnership, limited liability company or other business organization which employs said apprentice embalmer shall also be held responsible for all acts or omissions of the apprentice embalmer which occur in the course of that apprentice embalmer's employment with that entity;

(f) Each apprentice embalmer so employed shall comply with any and all requirements of RSA 325, Frl 100-700, and any and all other federal, state, and local laws and rules, and regulations pertaining to the business or profession of embalming and funeral directing-;

(g) The entity which employs an apprentice embalmer shall notify the board, in writing, of any change in the identity of the sponsoring licensed embalmer or funeral director to whom that apprentice embalmer is responsible, and of any change in the name and address of the licensed funeral establishment(s) in which each such apprentice embalmer works;

(h) The total number of apprentice embalmers employed by any one entity shall not exceed one apprentice embalmer for each 50 cases, or fraction thereof, for which funeral goods and services were provided by the entity during the preceding calendar year;

(i) Each apprentice embalmer shall successfully complete a full course of instruction of at least 12 months in an accredited institution of mortuary science approved by the American Board of Funeral Service Education (ABFSE) and earn an associate's degree. No time spent attending embalming school or any postsecondary institution shall constitute any part of the required apprentice funeral home working requirement;

(j) Each apprentice embalmer shall provide certified transcript(s) of completion of 30 credit hours of postsecondary education; and

(k) Prior to the conclusion of the apprentice embalmer's first year as a licensed apprentice embalmer, each apprentice embalmer shall provide, in writing, a letter of acceptance at an accredited school of mortuary science.

(a) Each apprentice embalmer shall assist in embalming 25 bodies according to (e) below. Assisted embalmings shall be completed prior to unassisted embalmings.

(b) Each apprentice embalmer shall embalm 25 bodies unassisted according to (e) below.

(c) Each apprentice embalmer shall arrange the details required for conducting 25 funerals along with conducting the arrangement conference, assisting families with selection of merchandise, and other phases of the profession.

(d) Each apprentice embalmer shall complete 25 "Apprentice Funeral Directing Form" by providing the following:

- (1) Consecutive apprentice funeral directing form number;
- (2) Name and license number of apprentice embalmer;
- (3) Name and license number of sponsor;
- (4) Name and address of funeral home sponsoring apprentice;
- (5) Name, address, and date of birth of deceased;
- (6) Place and date of death;
- (7) Address of place of death;
- (8) Type of funeral service, checking all that apply:
  - a. Full service funeral;
  - b. Calling/visitation hours;
  - c. Memorial service;
  - d. Graveside service; or
  - e. Direct cremation;
- (9) Place and time of funeral service;
- (10) Address of funeral service;
- (11) Name of officiating clergy and faith;
- (12) List of funeral participation, checking all that apply;
  - a. Assisted in filing death certificate;
  - b. Assisted family with selection of merchandise;
  - c. Assisted with arrangement conference;
  - d. Arranged for clergy;
  - e. Arranged for organist;
  - f. Arranged flowers;

- g. Arranged for military honors;
- h. Parked cars;
- i. Ordered casket/vault;
- j. Directed traffic;
- k. Drove family car;
- l. Drove hearse;
- m. Prepared newspaper notices;
- n. Received visitors;
- o. Drove service car;
- p. Seated guests at service;
- q. Contacted cemetery;
- r. Arranged for cremation;
- s. Arranged for fraternal services;
- t. Assisted with Social Security and Veterans Administration forms;
- u. Assisted to obtain a burial permit;
- v. Checked and recorded flowers;
- w. Assisted with office work; or
- x. Carried casket;

(13) Signature of apprentice embalmer and date; and

(14) Signature of sponsor and date.

(e) Each apprentice embalmer shall complete an “Apprentice Embalming Form” for each embalming completed in (a) and (b) above, by providing the following:

- (1) Either the unassisted embalming report number, or the assisted embalming report number, using consecutive numbers in chronological order;
- (2) Current apprenticeship license effective date;
- (3) Name and license number of apprentice embalmer;
- (4) Name and license number of sponsor;
- (5) Name and address of funeral home sponsoring apprentice;
- (6) Name, address, and date of birth of deceased;
- (7) Place and date of death;

- (8) Primary cause and time of death;
- (9) Date and time body received at funeral home;
- (10) Name of funeral home receiving body;
- (11) Name of attendants on first call;
- (12) Pre-embalming condition of body, checking all that apply;
  - a. Straight, non-posted;
  - b. Partial or full autopsy, describe;
  - c. Emaciated/dehydrated;
  - d. Edematous/dropsical;
  - e. Purge;
  - f. Tissue gas;
  - g. Odor;
  - h. Skin slip;
  - i. Discoloration;
  - j. Rigor mortis;
  - k. Mutilations;
  - l. Jaundice;
  - m. Organ and/or tissue donor, describe;
  - n. Surgery;
  - o. Exposure to temperature extremes, describe; or
  - p. Other, describe;
- (13) Time between death and embalming;
- (14) Body refrigerated, indicating 'yes' or 'no';
- (15) Arteries used for injection;
- (16) Veins used for drainage;
- (17) Type and index of arterial fluid used, rate of flow;
- (18) Method of injection, hand pump, gravity or machine pressure;
- (19) Concentration of arterial fluid injected and number of gallons injected;
- (20) Type and amount of cavity fluid used;

- (21) Other supplemental chemicals or fluids used;
- (22) Occurrences during embalming, checking all that apply;
  - a. Clearing;
  - b. Purge;
  - c. Distention of face or hands;
  - d. Firming;
  - e. Leakage; or
  - f. Vascular problems;
- (23) How any problems were encountered and rectified, with a description;
- (24) Checking the following procedures completed;
  - a. Undressed and washed body;
  - b. Disinfected/packed orifices;
  - c. Shaved;
  - d. Set features, including closing eyes/mouth;
  - e. Inserted cannulea/drain tubes;
  - f. Mixed and injected fluids;
  - g. Aspirated cavities, injected cavity fluid;
  - h. Treated cavities/viscera for autopsy case;
  - i. Reaspirate cavities;
  - j. Sutured/sealed incisions;
  - k. Treated skin slip and decubitus ulcers;
  - l. Washed body and prepared for dressing;
  - m. Dressed and casketed body;
  - n. Applied cosmetics, treated discoloration chemically;
  - o. Applied restorative measures;
  - p. Cleaned/sanitized table, floor, prep room;
  - q. Washed/sterilized instruments;
  - r. Hypodermic treatment; or
  - s. Chose injection site, indicating incisions, raised vessels;
- (25) Embalming operation complications, indicating 'yes' or 'no';

- (26) Description of embalming complications and methods used for correction;
- (27) Signature of apprentice embalmer and date; and
- (28) Signature of sponsor and date.

(f) The forms shall be provided by the board and shall be submitted to the **licensing bureau** monthly in conjunction with the “Apprentice Embalmer Monthly Report”.

Frl 301.05 Effective.

- (a) Licenses shall expire 2 years from the date of issuance.
- (b) Apprenticeships shall become effective on the date the completed application is approved by the licensing bureau.

Frl 301.06 Extensions.

- (a) Extensions shall be granted in one year intervals and shall not exceed 4 consecutive extensions. Extension requests shall be made in writing 30 days prior to the expiration date and shall be signed by the requesting apprentice embalmer.
- (b) Apprenticeships shall be completed within a contiguous 5 year period unless the apprentice embalmer petitions the licensing bureau, in writing, and shows cause why the licensing bureau should extend special consideration. Cause shall include personal, financial, or medical hardship. The licensing bureau shall request that the apprentice embalmer appear before the licensing bureau.
- (c) Once the 5 year period is exceeded, if the licensing bureau does not grant a special exception, the apprentice embalmer shall be required to reapply for an embalmers apprentice license as specified in Frl 301.

Frl 301.07 Changing Sponsors.

- (a) If there is a change in the employment status of any apprentice embalmer, the entity, or sponsor which employed the apprentice embalmer shall submit to the licensing bureau a written affidavit indicating the length of time that the apprentice embalmer was employed. The new entity or sponsor shall notify the licensing bureau of the new employee apprentice embalmer.
- (b) Each apprentice embalmer shall also notify the licensing bureau of any change in employment or sponsorship. Failure to notify the licensing bureau of such change shall result in disallowing time served with new entity or sponsor.

**Adopt Frl 301.09, previously effective 5/1/14 (Document #10567), and expired 5/1/24, to read as follows:**

Frl 301.09 Examination. No prior examination shall be required to become an apprentice embalmer.

**Adopt Frl 302.02 through Frl 302.04, previously effective 5/1/2014 (Document #10567), and expired 5/1/24, to read as follows:**



Frl 302.02 Qualifications. Each applicant shall meet the qualifications as set forth in RSA 325:13.

Frl 302.03 Requirements. Each applicant shall pass a practical and oral examination.

Frl 302.04 Practical and Oral Examination.

(a) Each applicant shall have served a one year apprenticeship to be eligible for practical and oral examination.

(b) Each applicant shall receive a letter of eligibility for the practical and oral examination from the board. This letter shall be presented to the board member administering the examination.

(c) Oral questions shall be part of the practical examination. These questions shall pertain to embalming as defined in RSA 325:1, VI and shall be administered by the board member present.

(d) In order to be eligible for licensure, each applicant shall successfully complete the practical/and oral examination as confirmed by the board member administering the examination.

(e) Each applicant shall submit the examination fee pursuant to Plc 1002.17 for each examination at or before the time of examination.

(f) Any applicant that fails the practical and oral examination shall submit to the board a written request for reexamination after 30 days.

(g) If an applicant fails to pass the practical and oral examination after 2 attempts, the applicant shall not be eligible for reexamination for 6 months.

(h) During the 6 months waiting period, the applicant shall maintain an active embalmers apprentice license pursuant to Frl 301.03, Frl 301.04, and Frl 301.05.

**Adopt Frl 303, previously effective 5/1/14 (Document #10567), and expired 5/1/24, to read as follows:**

Frl 303.01 Application for Funeral Director's License. An application for funeral director's license shall consist of a written request for the board to administer the written examination.

Frl 303.02 Qualifications. Each applicant shall meet the qualifications as set forth in RSA 325:14.

Frl 303.03 Written Examination.

(a) The written examination shall consist of questions derived from RSA 5-C, RSA 289, RSA 290, RSA 325, RSA 325-A, RSA 611-B, and administrative rules Frl 100-700;

(b) Each applicant shall submit the written examination fee pursuant to Plc 1002.17 for each examination, at or before the time of examination.

(c) An applicant shall pass the written examination with a minimum grade of 75% to be eligible for licensure. Any applicant that fails the written examination shall submit to the board a written request for reexamination after 30 days.

(d) If an applicant fails to pass the written examination after 2 attempts, the applicant shall not be eligible to reapply for 6 months from the date of the last failed written examination.

APPENDIX I

Rule	State Statutes Implemented
Frl 301.02 - 301.07	RSA 325:29, RSA 325:30
Frl 301.05	RSA 310:8, II
Frl 301.09	RSA 325:29
Frl 302.02 - 302.03	RSA 325:13
Frl 302.04	RSA 325:18, RSA 325:13. RSA 310:5, I
Frl 303.01 - 303.02	RSA 325:14, RSA 325:18
Frl 303.03	RSA 325:14, RSA 325:18, RSA 310:5, I



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**Board of Registration of Funeral Directors & Embalmers**  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

**APPRENTICE FUNERAL DIRECTING FORM**

**Apprentice**

Consecutive Apprentice Funeral Directing Form No. \_\_\_\_\_ of 25

Name of Apprentice: \_\_\_\_\_ Apprentice License No. \_\_\_\_\_  
(First) (Last)

Name of Licensed Sponsor: \_\_\_\_\_ License No. \_\_\_\_\_  
(First) (Last)

Name and Address of Funeral Home: \_\_\_\_\_

**Deceased**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Address of Place of Death: \_\_\_\_\_

**Type of Funeral Service** (Check all that apply)

Full Service Funeral  Calling/Visitation Hours  Memorial Service  Graveside Service  Direct Cremation

**Location of Funeral Service**

Place of Funeral Service: \_\_\_\_\_ Time: \_\_\_\_\_

Address of Funeral Service: \_\_\_\_\_

Officiating Clergy: \_\_\_\_\_ Faith: \_\_\_\_\_

**Funeral Participation** (Check all that apply)

_____ Assisted in filing death certificate	_____ Assisted in obtaining burial permit	
_____ Assisted family with selection of merchandise	_____ Assisted with arrangement conference	
_____ Arranged for clergy	_____ Arranged for organist	_____ Arranged flowers
_____ Checked and recorded flowers	_____ Arranged for military honors	_____ Parked cars
_____ Assisted with office work	_____ Ordered casket or vault	_____ Carried casket

\_\_\_\_\_ Directed traffic                      \_\_\_\_\_ Drove family car                      \_\_\_\_\_ Drove hearse  
\_\_\_\_\_ Prepared newspaper notices                      \_\_\_\_\_ Received visitors                      \_\_\_\_\_ Drove service car  
\_\_\_\_\_ Seated guests at service                      \_\_\_\_\_ Contacted cemetery                      \_\_\_\_\_ Arrange for cremation  
\_\_\_\_\_ Arranged for fraternal services                      \_\_\_\_\_ Assisted with S.S.A. and V.A. forms

I hereby state this is a true description of this case.

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

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Reports shall be filed MONTHLY with the Board of Registration of Funeral Directors and Embalmers, 7 Eagle Square, Concord, NH 03301



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Phone: 603-271-2152

APPRENTICE EMBALMING FORM

(Please **Print** or Type)

Unassisted Embalming Form No. \_\_\_\_ of 25  
Assisted Embalming Form No. \_\_\_\_ of 25

**Apprentice**

Current Apprenticeship License period from: \_\_\_\_\_ to \_\_\_\_\_

Name of Apprentice: \_\_\_\_\_ Apprentice Lic. No. \_\_\_\_\_  
(First) (Last)

Name of Licensed Sponsor: \_\_\_\_\_ License No. \_\_\_\_\_  
(First) (Last)

Name and Location of Funeral Home: \_\_\_\_\_

**Deceased**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Primary Cause of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

**Receipt of Body**

Date and Time Received: \_\_\_\_\_ Receiving Funeral Home: \_\_\_\_\_

Attendants on First Call: \_\_\_\_\_

**Pre Embalming Condition Of Body** (*Check all that apply*)

\_\_\_\_\_ Straight (non-posted) \_\_\_\_\_ Partial or Full Autopsy (describe) \_\_\_\_\_  
\_\_\_\_\_ Emaciated/Dehydrated \_\_\_\_\_ Edematous/Dropsical \_\_\_\_\_ Purge

Tissue Gas                       Odor                       Skin Slip  
 Discoloration                       Rigor Mortis                       Mutilations  
 Jaundice                       Organ and/or Tissue Donor (describe) \_\_\_\_\_  
 Surgery                       Other (describe) \_\_\_\_\_  
 Exposure to temperature extremes (describe) \_\_\_\_\_

**Embalming**

Time between death and embalming \_\_\_\_\_ Body Refrigerated? YES NO

Arteries Used for Injection: \_\_\_\_\_

Veins Used for Drainage: \_\_\_\_\_

Type and index of arterial fluid used: \_\_\_\_\_ Rate of flow: \_\_\_\_\_

Method of Injection: Hand Pump \_\_\_\_\_ Gravity \_\_\_\_\_ Machine Pressure \_\_\_\_\_

Concentration of arterial fluid injected and number of gallons injected: \_\_\_\_\_

Type and amount of cavity fluid used: \_\_\_\_\_

Other supplemental chemicals or fluids used: \_\_\_\_\_

Did any of the following occur during embalming?

Clearing                       Purge                       Distention of face or hands  
 Firming                       Leakage                       Vascular problems

How were any problems encountered, rectified? \_\_\_\_\_

Check any of the following procedures completed:

<input type="checkbox"/> Undressed and washed body	<input type="checkbox"/> Disinfected/packed orifices
<input type="checkbox"/> Shaved	<input type="checkbox"/> Set features, including closing eyes/mouth
<input type="checkbox"/> Inserted cannulea/drain tubes	<input type="checkbox"/> Mixed and injected fluids
<input type="checkbox"/> Aspirated cavities, injected cavity fluid	<input type="checkbox"/> Treated cavities/viscera for autopsy case
<input type="checkbox"/> Reaspirate cavities	<input type="checkbox"/> Sutured/sealed incisions
<input type="checkbox"/> Treated skin slip and decubitis ulcers	<input type="checkbox"/> Washed body and prepared for dressing
<input type="checkbox"/> Dressed and casketed body	<input type="checkbox"/> Applied cosmetics, treated discoloration chemically
<input type="checkbox"/> Applied Restorative measures	<input type="checkbox"/> Cleaned/sanitized table, floor, prep room
<input type="checkbox"/> Washed/sterilized instruments	<input type="checkbox"/> Hypodermic treatment

\_\_\_\_\_ Chose injection site, made incisions, raised vessels

Was the embalming operation completed without complication(s)? \_\_\_\_\_

Describe the complication(s) and methods used for correction. \_\_\_\_\_

I hereby state this is a true description of this case.

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

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPRENTICE EMBALMER MONTHLY REPORT OF DUTIES PERFORMED**

**Apprentice Name** \_\_\_\_\_ **License No.** \_\_\_\_\_ **Report Month & Year** \_\_\_\_\_ **Number of Hours Worked** \_\_\_\_\_

Each apprentice embalmer is required to serve a one-year (50 weeks) apprenticeship consisting of 2,000 hours of documented embalming and funeral related duties. Please refer to NH Code of Administrative Rules **Fri 301.03 for Apprentice Embalmer Requirements.**

<b>Embalming Cases:</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Embalming Report #																																
Removal																																
Undressed & disinfecting body																																
Set features including eyes/mouth																																
Raised vessels & inserted tubes																																
Mixed & injected fluids																																
Sutured incisions																																
Cavity treatment																																
Washed body & prepared for dressing																																
Applied cosmetics																																
Applied restorative art treatment																																
Preparation of autopsied body																																
Prep following organ or tissue donation																																
Dressed & casketed body																																
Cleaning & disinfection of preparation room																																
Washed & sterilized instruments																																
<b>Complete the Embalming Form</b>																																
<b>Funeral Directing Cases:</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Funeral Directing Report #																																
Assisted w preparing & filing death certificate																																
Assisted-w preparing SSA & VA forms																																
Assisted family with selection of merchandise																																
Assisted with arrangement of conference																																
Follow up to arrangement of conference																																
Prepared newspaper notices																																
Arranged for clergy, organist																																
Arranged flowers																																
Arranged for military honors																																
Directed traffic or park cars																																
Ordered casket or vault																																



Drove hearse, family car or service car																																	
Received visitors or seated guests																																	
Contacted cemetery																																	
Arranged for cremation																																	
Arranged for fraternal services																																	
Work calling hours																																	
Work funeral service																																	
Complete funeral directing report																																	

I hereby certify that this report is accurate and that the above reported information was taken from the records of the establishment listed below and is available for review by the New Hampshire Board of Registration of Funeral Directors and Embalmers.

Signature of Apprentice \_\_\_\_\_ Phone # \_\_\_\_\_ Signature & License # of Sponsor \_\_\_\_\_