

Articling Agreement
BOARD OF ADMINISTRATION under
The Manitoba *Funeral Directors and Embalmers Act*

A. Student Information:

Name _____ Phone No. _____
Address _____ e-mail address _____
City, Province & Postal Code _____

B. Sponsor Information:

Name _____ Phone No. _____
Address _____ e-mail address _____
City, Province & Postal Code _____
Embalmer No. _____ Funeral Director No. _____

C. Sponsor's Declaration:

I will provide the above noted student with instruction, training and practical experience in embalming and funeral directing that meets the Board's requirements.

- ◆ I am currently a licensed funeral director/embalmer in the Province of Manitoba.
- ◆ I will instruct the student in the practices, customs and protocols of our local area.
- ◆ I vouch for the student's character, integrity, and qualifications to become a Funeral Director Embalmer.
- ◆ I will cooperate with the college and will complete any evaluations, forms, log books required to complete the practicum of the program.
- ◆ I have read the attached document describing the course of studies and fully understand the extent of the program in which the aforementioned student is enrolling.
- ◆ I will ensure that he/she has sufficient time and resources to complete and attend all lessons, seminars, practicum and examination. (for further information on the program of studies or practicum requirements contact the Canadian College of Funeral Service at 1-888-797-9941 or info@ccfs.co)

Signature of Sponsor: _____

Date: _____

D. Board Use ONLY:

Date Received: _____ Date Reviewed: _____

Decision by the Board: Approved Credit Hours Not Approved

Reason not Approved: _____

Date of Reply: _____

Signature of Chair: _____

Signature of Registrar: _____