CREMATORY TECHNICIAN SUPERVISION AND TRAINING

Instructions
This section is to be completed and signed by both the applicant for the crematory technician and the licensed crematory operator who will be supervising the applicant.

Section 1 – Applicant Information

1. Applicant Full Name: _____
   First Middle Last
2. Applicant Mailing Address: _____
3. Applicant Email Address: _____
4. Name of Crematory Where Applicant Will be Employed as Technician: _____
5. Physical Address of Crematory Facility: _____
6. Crematory License Number: _____

Section 2 – Supervisor Information

7. Supervisor Full Name: _____
   First Middle Last
8. Supervisor Montana Crematory Operator License Number: _____

Section 3 – Summary of Training to be Completed

9. Per ARM 24.147.1115, applicants for crematory technician must include: *"…[a] summary of training to be completed by the applicant, including subject areas, method of testing, length of training, and name of person providing training…"*. Describe planned training and name of the person providing the training below:

Section 4 – Declaration

I, the crematory technician applicant have discussed the above plan with my supervisor and accept responsibility for its implementation.

_____ _____
Legal Signature of Applicant Date

I, the supervising crematory operator have discussed the above plan the applicant, accept responsibility for its implementation, and supervisory responsibility over the applicant.

_____ _____
Legal Signature of Supervisor/Crematory Operator Date