
Model Internship Program

Presented By:

The Conference
THE INTERNATIONAL CONFERENCE OF
FUNERAL SERVICE EXAMINING BOARDS

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Model Internship Program

Introduction

The International Conference of Funeral Service Examining Boards (The Conference or ICFSEB) is pleased to introduce its Model Internship Program. Much like *The Conference Model Practice Act* and *The Conference Model Application*, The Conference Model Internship Program will promote standardization of terminology and requirements which will better facilitate public understanding of the profession. This Program is designed to assist and provide guidance to both regulators and professionals in the development of an internship program. The primary mission of the Model Internship Program is to provide a foundation of best practices to train interns to become funeral service professionals. The Program offers information and templates intended to help create internships that meet the needs of the regulatory board, association, and/or funeral establishment. The Program is designed to facilitate training by providing guidelines on program outcomes, content, objectives, administrative procedures, training, and evaluation. The goal of The Conference Model Internship Committee was to develop a set of guidelines that were both rigorous enough to promote adequate supervision and yet flexible enough to accommodate the variety of requirements, training models and settings involved in providing internships. The Program includes guidelines for an Approved Supervisor Training Program, embalming tasks, funeral directing tasks and related reporting forms. The Program was approved by the Board of Directors on December 20, 2018 and adopted at the 115th Annual Meeting on February 27, 2019.

Approved Supervisor Training Program

An internship is designed to train students or recent graduates for competent and responsible work in the funeral service profession. It is the expectation that interns will utilize their internship to broaden and extend their knowledge and practice of funeral service. The foundation of an internship is supervised training which acts as a bridge between education and entry into the profession of funeral service. The Approved Supervisor Training Program guidelines set forth a framework for a training course to prepare supervisors to translate their experience and knowledge into an organized and comprehensive learning experience for the intern. The Conference Model Internship Committee recommends that any individual supervising a funeral service intern complete a training program which meets specified standards.

Task Lists: Embalmer & Funeral Director Intern

The Conference Model Internship Program Task List for embalming and funeral directing interns includes core tasks that are to be performed during the internship. The objectives, tasks and associated competencies were selected to provide a comprehensive and structured plan for both an intern and supervisor to follow. The Conference Model Internship Committee recommends that every intern receive training and complete the tasks identified on the approved task forms.

Intern Training Reports: Embalmer & Funeral Director

Both the embalming and funeral director intern training reports provide structure to ensure the intern is meeting the expectations of the internship. The reports are designed to be used throughout the internship to track progress and as a final evaluation of the competencies of the intern. The Conference Model Internship Committee recommends that the intern completes the training reports with their supervisor.

The Conference Model Internship Committee recommends the documents to be used together to provide structure for an internship program. The forms are customizable and easily adapted to meet the requirements of the regulatory board or funeral establishment.



APPROVED SUPERVISOR TRAINING PROGRAM GUIDELINES

The Conference Model Internship Committee recommends that any individual supervising funeral service interns complete an Approved Supervisor Training Program which meets all standards identified within this document.

Delivery: *On-line or In-person*

Frequency: *Every five (5) years*

Course provided by: *regulatory boards, state or national associations, accredited mortuary schools*

| Learning outcomes for the supervisor at completion of Approved Supervisor Training Program: |
|--|
| Understand and communicate applicable local and state rules and regulations |
| Understand and communicate applicable federal rules and regulations |
| Understand and communicate funeral service ethics and confidentiality standards |
| Provide and communicate intern competency requirements |
| Understand appropriate supervisor relationships/human resource implications |
| Provide and communicate expectations of intern and supervisor |
| Provide and communicate funeral home practices and procedures |

| Recommended content for the Approved Supervisor Training Program: |
|---|
| Laws, Rules, and Safety Compliance |
| <ul style="list-style-type: none"> ● Local and state rules and regulations <ul style="list-style-type: none"> - License limitations/restrictions - Vital statistics/vital records ● Federal rules and regulations <ul style="list-style-type: none"> - Federal Trade Commission Funeral Rule - Occupational Safety & Health Administration - Social Security Administration Benefits - Veterans Administration Benefits - American with Disabilities Act - Environmental Protection Agency |
| Supervision Principles |
| <ul style="list-style-type: none"> ● Funeral Service Ethics and Confidentiality Standards ● Oversight of Intern Competency Requirements <ul style="list-style-type: none"> - Arranging and directing - Embalming and restorative art - Cremation ● Appropriate supervisor relationships/human resource implications <ul style="list-style-type: none"> - Dual relationships - Sexual harassment - Undue influence - Employment law (<i>Equal Employment Opportunity Commission, Wage and Hour, Americans with Disabilities Act</i>) ● Expectations of intern and supervisor <ul style="list-style-type: none"> - Reporting forms and submission deadlines - Overview of internship training timeline - Communication ● Funeral home practices and procedures <ul style="list-style-type: none"> - New employee orientation <ul style="list-style-type: none"> - Review of company policies and handbook - Operation specific practices and procedures |



INTERNSHIP TASKS

| Objectives for Approved Supervisor to review with Intern: | |
|--|--|
| | Understand and review intern expectations and reporting forms |
| | Understand and adhere to ethical and confidentiality standards |
| | Understand and apply local, state, and federal rules and regulations |
| | Understand and apply workplace safety standards |
| | Understand and review company policies and handbook e.g. proper communication and dress code |

| Demonstrated knowledge of the following: | |
|---|--|
| | 1. Federal Trade Commission Funeral Rule |
| | 2. Proper use of prep room equipment, fluids, formaldehyde monitoring test, ventilation system |
| | 3. Personal protective equipment, eye wash and body wash stations |
| | 4. Operation of a body lift and transfer to prep table/refrigeration |
| | 5. Embalming procedures |
| | 6. Required authorizations and verifications |
| | 7. Requirements for transfer or shipping |

Tasks to be completed by intern during internship:

| A. Observe and assist licensed embalmer in the following: | |
|--|--|
| | 1. Transfer of remains from place of death |
| | 2. Pre-embalming procedures |
| | 3. Embalming procedures |
| | 4. Post-embalming care |
| | 5. Restorative art, cosmetizing, dressing, and casketing |

| B. Transfer of remains from place of death: | |
|--|--|
| | 1. Receive notification of death (first call) and obtain all necessary information |
| | 2. Ensure personal protective clothing and equipment are being used as appropriate |
| | 3. Verify identity of deceased and complete documentation |
| | 4. Perform transfer from place of death |
| | 5. Document personal effects |
| | 6. Obtain embalming authorization (if authorizing agent is present and allowed by law) |

| C. Pre-embalming procedures: | |
|-------------------------------------|--|
| | 1. Verify identity of deceased |
| | 2. Place and position deceased on embalming table |
| | 3. Inventory, document, clean, and safeguard personal effects |
| | 4. Perform pre-embalming case analysis including: - notation of unique marks/tattoos, scars, etc. - notation of pre-embalming condition (edema, dehydration, prolonged refrigeration, decomposition, etc.) |
| | 5. Assess whether restoration is necessary/possible, obtain authorization and discuss with responsible party |
| | 6. Bathe and disinfect deceased |
| | 7. Relieve rigor mortis |

| | |
|--|--|
| | 8. Shave deceased |
| | 9. Set facial features |
| | 10. Select and mix embalming fluids based on case analysis |

| | |
|---------------------------------|--|
| D. Embalming procedures: | |
| | 1. Locate/raise vessels for injection/drainage (including: carotid, axillary, radial, ulnar, femoral, iliac) |
| | 2. Inject embalming fluid into vessels |
| | 3. Adjust and monitor the rate of flow and pressure of embalming machine |
| | 4. Establish and monitor drainage |
| | 5. Treat discolorations, bruises, and lacerations |
| | 6. Perform proper treatment for special cases (e.g. infants, autopsies, trauma, burns, donations) |
| | 7. Evaluate fluid distribution and take corrective measures, if necessary |
| | 8. Close/suture embalming incision(s)/use of trocar button |
| | 9. Perform autopsy repair if needed |
| | 10. Aspirate, inject, and/or treat cavities as necessary |

| | |
|--------------------------------|--|
| E. Post embalming care: | |
| | 1. Perform hypodermic treatment as necessary |
| | 2. Treat orifices |
| | 3. Remove medical devices |
| | 4. Bathe and sanitize |
| | 5. Clean and disinfect the preparation/embalming room and instruments |
| | 6. Dispose of bio-hazardous materials in compliance with Occupational Safety & Health Administration standards |
| | 7. Complete embalming intern report |

| | |
|--|---|
| F. Restorative art, cosmetizing, dressing, and casketing: | |
| | 1. Perform restoration procedures as necessary |
| | 2. Cosmetize |
| | 3. Dress deceased to ensure proper placement of clothes |
| | 4. Place and position deceased in casket/container |
| | 5. Ensure proper appearance |
| | 6. Adjust cosmetics or lighting if needed for viewing |

| Objectives for Approved Supervisor to review with Intern: | |
|--|---|
| | Understand and review intern expectations and reporting forms |
| | Understand and adhere to ethical and confidentiality standards |
| | Understand and apply local, state, and federal rules and regulations |
| | Understand and apply workplace safety standards |
| | Understand and review company policies and handbook e.g. proper communication and dress code |
| | Understand resources available for grief counseling |
| | Understand expectations of public speaking skills e.g. making announcements, leading services |
| | Understand basic merchandising and marketing |
| | Understand and apply laws, policies, and procedures pertaining to cremation |

| Demonstrated knowledge of the following: | |
|---|--|
| | 1. Federal Trade Commission Funeral Rule |
| | 2. Social Security Benefits (form SSA-721) |
| | 3. Veterans Benefits (and forms) |
| | 4. Military Honors (and forms) |

Tasks to be completed by intern during internship:

| A. Observe and assist licensed funeral director in the following: | |
|--|--|
| | 1. Transfer of remains from place of death |
| | 2. Arrangement conference |
| | 3. Post arrangement activities |
| | 4. Visitation and funeral/memorial service |
| | 5. Post service follow-up |

| B. Transfer of remains from place of death: | |
|--|--|
| | 1. Receive notification of death (first call) and obtain all necessary information |
| | 2. Ensure personal protective clothing and equipment are being used as appropriate |
| | 3. Verify identity of deceased and complete documentation |
| | 4. Perform transfer from place of death |
| | 5. Document personal effects |
| | 6. Obtain embalming authorization (if authorizing agent is present and allowed by law) |

| C. Arrangement conference: | |
|-----------------------------------|---|
| | 1. Schedule and conduct arrangement conference |
| | 2. Comply with Federal Trade Commission Funeral Rule |
| | 3. Determine responsible party and financial responsibility |
| | 4. Determine if pre-arrangement contract exists |
| | 5. Inform responsible party of available benefits |
| | 6. Collect vital record information for death certificate and review with responsible party |
| | 7. Compose obituary/notice and review with responsible party |

| | |
|--|---|
| | 8. Present all service and merchandise options |
| | 9. Contact cemetery, vault provider, crematory, officiant, church or service location, florist, musicians/vocalists, escorts, A/V personnel, etc. |
| | 10. Verify all service arrangements with responsible party |
| | 11. Coordinate with responsible party clothing, jewelry, photograph, and personal items |
| | 12. Obtain authorizations for embalming, cremation, disposition, release, etc. |
| | 13. Complete and present itemized statement of funeral goods and services to responsible party |
| | 14. Discuss all payment options (including insurance) with responsible party |

D. Post arrangement activities:

| | |
|--|--|
| | 1. Complete and file death certificate |
| | 2. Complete and file burial transit permit |
| | 3. Submit and distribute obituary/notice to appropriate media |
| | 4. Prepare and coordinate for visitation/service: |
| | a. Order merchandise (casket, vault, urn, etc.) |
| | b. Create memorial folders/pamphlets, registry books, acknowledgement cards, etc. |
| | c. Determine and arrange audio/visual needs |
| | d. Prepare site for service |
| | 5. Prepare deceased for visitation/services including dressing, cosmetizing, casketing, etc. |
| | 6. Coordinate religious funeral customs, fraternal and military funeral honors, etc. |
| | 7. Prepare deceased for cremation including proper identification and removal of medical devices |
| | 8. Arrange for shipping of remains |
| | 9. Prepare honorariums/gratuities |

E. Visitation and funeral/memorial service:

| | |
|--|---|
| | 1. Direct services up to final disposition |
| | 2. Instruct participants e.g. speakers, pallbearers, musicians, police escorts |
| | 3. Prepare and direct funeral procession e.g. placement of vehicles, operate hearse in procession |
| | 4. Present honorariums/gratuities |

F. Post service follow-up:

| | |
|--|---|
| | 1. Arrange for disposition and release of cremated remains to responsible party |
| | 2. After service follow-up with responsible party |
| | 3. Ensure final payment |
| | 4. Complete funeral directing intern report |



INTERNSHIP TRAINING REPORTS



EMBALMER INTERN TRAINING REPORT

Embalmer Intern Information (Please Print or Type)

| | |
|-----------------------------------|---------------------------------|
| Name of Intern (Full Legal Name): | Identification/Registration No: |
| Mailing Address: | City, State, Zip |
| Email Address: | Phone No: |

Approved Supervisor and Establishment Information (Please Print or Type)

| | |
|---|------------------|
| Name of Approved Supervisor: | License No: |
| Email Address of Approved Supervisor: | Phone No: |
| Name of Establishment where employed (include license #): | |
| Address of Establishment: | City, State, Zip |

Reporting Period and Hours

| | |
|--|---------------------|
| Start Date (mm/dd/yy) | End Date (mm/dd/yy) |
| Average No. of Hours Per Week: | Total Hours Worked: |
| Please indicate if this is your first or final report: | |

Demonstrated Knowledge

Each intern must receive training and demonstrate knowledge in the following areas during the course of their internship.

**Not all items will be completed by first six months of internship.*

| The intern has successfully demonstrated knowledge of the following: | | | |
|--|--|-----|----|
| 1. Federal Trade Commission Funeral Rule | | YES | NO |
| 2. Proper use of prep room equipment, fluids, formaldehyde monitoring test, ventilation system | | YES | NO |
| 3. Personal protective equipment, eye wash and body wash stations | | YES | NO |
| 4. Operation of a body lift and transfer to prep table/refrigeration | | YES | NO |
| 5. Embalming procedures | | YES | NO |
| 6. Required authorizations and verifications | | YES | NO |
| 7. Requirements for transfer or shipping | | YES | NO |

Areas of Training

Each intern must receive training and observe and assist in the following areas during the course of their internship. Has the intern observed and assisted the licensed embalmer in the following?

**Not all tasks will be completed by first six months of internship.*

| A. Observe and assist licensed embalmer in the following: | OBSERVE/ASSIST | | |
|--|-----------------------|--|----|
| 1. Transfer of remains from place of death | YES | | NO |
| 2. Pre-embalming procedures | YES | | NO |
| 3. Embalming procedures | YES | | NO |
| 4. Post-embalming care | YES | | NO |
| 5. Restorative art, cosmetizing, dressing, and casketing | YES | | NO |

| B. Transfer of remains from place of death: | TRAINING | | |
|--|-----------------|--|----|
| 1. Receive notification of death (first call) and obtain all necessary information | YES | | NO |
| 2. Ensure personal protective clothing and equipment are being used as appropriate | YES | | NO |
| 3. Verify identity of deceased and complete documentation | YES | | NO |
| 4. Perform transfer from place of death | YES | | NO |
| 5. Document personal effects | YES | | NO |
| 6. Obtain embalming authorization (if authorizing agent is present and allowed by law) | YES | | NO |

| C. Pre-embalming procedures: | TRAINING | | |
|---|-----------------|--|----|
| 1. Verify identity of deceased | YES | | NO |
| 2. Place and position deceased on embalming table | YES | | NO |
| 3. Inventory, document, clean, and safeguard personal effects | YES | | NO |
| 4. Perform pre-embalming case analysis including: - notation of unique marks/tattoos, scars, etc. - notation of pre-embalming condition (edema, dehydration, prolonged refrigeration, decomposition, etc) | YES | | NO |
| 5. Assess whether restoration is necessary/possible, obtain authorization and discuss with responsible party | YES | | NO |
| 6. Bathe and disinfect deceased | YES | | NO |
| 7. Relieve rigor mortis | YES | | NO |
| 8. Shave deceased | YES | | NO |
| 9. Set facial features | YES | | NO |
| 10. Select and mix embalming fluids based on case analysis | YES | | NO |

| D. Embalming procedures: | TRAINING | | |
|--|-----------------|--|----|
| 1. Locate/raise vessels for injection/drainage (incl.: carotid, axillary, radial, ulnar, femoral, iliac) | YES | | NO |
| 2. Inject embalming fluid into vessels | YES | | NO |
| 3. Adjust and monitor the rate of flow and pressure of embalming machine | YES | | NO |
| 4. Establish and monitor drainage | YES | | NO |
| 5. Treat discolorations, bruises, and lacerations | YES | | NO |
| 6. Perform proper treatment for special cases (e.g. infants, autopsies, trauma, burns, donations) | YES | | NO |
| 7. Evaluate fluid distribution and take corrective measures, if necessary | YES | | NO |
| 8. Close/suture embalming incision(s)/use of trocar button | YES | | NO |
| 9. Perform autopsy repair if needed | YES | | NO |
| 10. Aspirate, inject, and/or treat cavities as necessary | YES | | NO |

| E. Post embalming care: | TRAINING | | |
|--|-----------------|--|----|
| 1. Perform hypodermic treatment as necessary | YES | | NO |
| 2. Treat orifices | YES | | NO |
| 3. Remove medical devices | YES | | NO |
| 4. Bathe and sanitize | YES | | NO |

Approved Supervisor Recommendation

Do you recommend this intern move to licensure status at this time? YES NO

Attestations (Must be signed by both Intern and Approved Supervisor)

Embalmer Intern

I, the embalmer intern named herein, hereby certify that the information provided in this report is true and accurate. I further attest to the fact that I have complied with all applicable laws and regulations governing the practice of funeral services. I understand that any false statements, material omissions, and/or misleading information provided herein shall constitute grounds for the adverse action against my internship license/credential and/or any subsequent license issued by any state/jurisdictional licensing authority regardless of when such false statements, material omissions, and/or misleading information are discovered.

_____ Date _____
Signature of Intern

Approved Supervisor

I, the Approved Supervisor named herein, hereby certify that the information provided in this report is true and accurate. I further attest to the fact that I have complied with all applicable laws and regulations governing the practice of funeral services. I understand that any false statements, material omissions, and/or misleading information provided herein shall constitute grounds for the adverse action against my Approved Supervisor license/credential and/or any subsequent license issued by any state/jurisdictional licensing authority regardless of when such false statements, material omissions, and/or misleading information are discovered.

_____ Date _____
Signature of Approved Supervisor

For Board use only:

Report reviewed by: _____ Date: _____

All internship tasks completed? YES NO

Recommendations:



FUNERAL DIRECTOR INTERN TRAINING REPORT

Funeral Director Intern Information (Please Print or Type)

| | |
|-----------------------------------|---------------------------------|
| Name of Intern (Full Legal Name): | Identification/Registration No: |
| Mailing Address: | City, State, Zip |
| Email Address: | Phone No: |

Approved Supervisor and Establishment Information (Please Print or Type)

| | |
|---|------------------|
| Name of Approved Supervisor: | License No: |
| Email Address of Approved Supervisor: | Phone No: |
| Name of Establishment where employed (include license #): | |
| Address of Establishment: | City, State, Zip |

Reporting Period and Hours

| | |
|--|---------------------|
| Start Date (mm/dd/yy) | End Date (mm/dd/yy) |
| Average No. of Hours Per Week: | Total Hours Worked: |
| Please indicate if this is your first or final report: | |

Demonstrated Knowledge

Each intern must receive training and demonstrate knowledge in the following areas during the course of their internship.

**Not all items will be completed by first six months of internship.*

| The intern has successfully demonstrated knowledge of the following: | | | |
|---|--|-----|----|
| 1. Federal Trade Commission Funeral Rule | | YES | NO |
| 2. Social Security Benefits (form SSA-721) | | YES | NO |
| 3. Veterans Benefits (and forms) | | YES | NO |
| 4. Military Honors (and forms) | | YES | NO |

Areas of Training

Each intern must receive training and observe and assist in the following areas during the course of their internship. Has the intern observed and assisted the licensed funeral director in the following?

**Not all tasks will be completed by first six months of internship.*

| A. Observe and assist licensed funeral director in the following: | OBSERVE/ASSIST | |
|--|-----------------------|----|
| 1. Transfer of remains from place of death | YES | NO |
| 2. Arrangement conference | YES | NO |
| 3. Post arrangement activities | YES | NO |
| 4. Visitation and funeral/memorial service | YES | NO |
| 5. Post service follow-up | YES | NO |

| B. Transfer of remains from place of death: | TRAINING | |
|--|-----------------|----|
| 1. Receive notification of death (first call) and obtain all necessary information | YES | NO |
| 2. Ensure personal protective clothing and equipment are being used as appropriate | YES | NO |
| 3. Verify identity of deceased and complete documentation | YES | NO |
| 4. Perform transfer from place of death | YES | NO |
| 5. Document personal effects | YES | NO |
| 6. Obtain embalming authorization (if authorizing agent is present and allowed by law) | YES | NO |

| C. Arrangement conference: | TRAINING | |
|---|-----------------|----|
| 1. Schedule and conduct arrangement conference | YES | NO |
| 2. Comply with Federal Trade Commission Funeral Rule | YES | NO |
| 3. Determine responsible party and financial responsibility | YES | NO |
| 4. Determine if pre-arrangement contract exists | YES | NO |
| 5. Inform responsible party of available benefits | YES | NO |
| 6. Collect vital record information for death certificate and review with responsible party | YES | NO |
| 7. Compose obituary/notice and review with responsible party | YES | NO |
| 8. Present all service and merchandise options | YES | NO |
| 9. Contact cemetery, vault provider, crematory, officiant, church or service location, florist, musicians/vocalists, escorts, A/V personnel | YES | NO |
| 10. Verify all service arrangements with responsible party | YES | NO |
| 11. Coordinate with responsible party clothing, jewelry, photograph, and personal items | YES | NO |
| 12. Obtain authorizations for embalming, cremation, disposition, release, etc. | YES | NO |
| 13. Complete and present itemized statement of funeral goods and services to responsible party | YES | NO |
| 14. Discuss all payment options (including insurance) with responsible party | YES | NO |

| D. Post arrangement activities: | TRAINING | |
|--|-----------------|----|
| 1. Complete and file death certificate | YES | NO |
| 2. Complete and file burial transit permit | YES | NO |
| 3. Submit and distribute obituary/notice to appropriate media | YES | NO |
| 4. Prepare and coordinate for visitation/service: | YES | NO |
| a. Order merchandise (casket, vault, urn, etc.) | YES | NO |
| b. Create memorial folders/pamphlets, registry books, acknowledgement cards, etc. | YES | NO |
| c. Determine and arrange audio/visual needs | YES | NO |
| d. Prepare site for service | YES | NO |
| 5. Prepare deceased for visitation/services including dressing, cosmetizing, casketing, etc. | YES | NO |
| 6. Coordinate religious funeral customs, fraternal and military funeral honors, etc. | YES | NO |
| 7. Prepare deceased for cremation including proper identification and removal of medical devices | YES | NO |
| 8. Arrange for shipping of remains | YES | NO |
| 9. Prepare honorariums/gratuities | YES | NO |

Approved Supervisor Recommendation

Do you recommend this intern move to licensure status at this time? YES NO

Attestations (Must be signed by both Intern and Approved Supervisor)

Funeral Director Intern

I, the funeral director intern named herein, hereby certify that the information provided in this report is true and accurate. I further attest to the fact that I have complied with all applicable laws and regulations governing the practice of funeral services. I understand that any false statements, material omissions, and/or misleading information provided herein shall constitute grounds for the adverse action against my internship license/credential and/or any subsequent license issued by any state/jurisdictional licensing authority regardless of when such false statements, material omissions, and/or misleading information are discovered.

_____ Date _____
Signature of Intern

Approved Supervisor

I, the Approved Supervisor named herein, hereby certify that the information provided in this report is true and accurate. I further attest to the fact that I have complied with all applicable laws and regulations governing the practice of funeral services. I understand that any false statements, material omissions, and/or misleading information provided herein shall constitute grounds for the adverse action against my Approved Supervisor license/credential and/or any subsequent license issued by any state/jurisdictional licensing authority regardless of when such false statements, material omissions, and/or misleading information are discovered.

_____ Date _____
Signature of Approved Supervisor

| |
|---|
| <p><u>For Board use only:</u></p> <p>Report reviewed by: _____ Date: _____</p> <p>All internship tasks completed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Recommendations:</p> <p>_____</p> <p>_____</p> |
|---|