RESET

GRADUATED PROFICIENCY DECLARATION

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

Intern/CCFS Student Name:	
Preceptor/Sponsor Name:	
Mentor Name:	

Levels		Authorization to Advance	Preceptor /Sponsor Initials	Mentor Initials
		Must be initialed prior to moving to next level		
A	Direct oversight of Intern or CCFS Student on all aspects of the role must be available on the premises.	Preceptor/Sponsor and Mentor must fully agree that the Intern or CCFS Student may progress to the next level.		
B	Intern or CCFS Student must clearly demonstrate the capacity and ability to undertake all aspects of their role without immediate supervision available at the location, but have a Preceptor or Sponsor, or appropriately designated licensee, available to physically attend the location within approximately 1 hour from the Intern or CCFS Student.			
C	Intern or CCFS Student must clearly demonstrate the capacity and ability to undertake all aspects of their role without immediate supervision available at the location, but have a Preceptor or Sponsor, or appropriately designated licensee, available within a reasonable period requiring only remote instruction or guidance.			
D	Intern or CCFS Student can function in all aspects of the role completely independently on assigned activities.			

I/we acknowledge that _____ has met the criteria indicated above and will advance to
(CCFS Student or Intern)
the next level.

Intern/CCFS Student Signature: _____ Date: _____

Preceptor/Sponsor Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

Intern/CCFS Student Comments: _____

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Preceptor/Sponsor Comments: _____

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Mentor Comments: _____

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