IOWA | Department of Inspections, Appeals, & Licensing

# Summary Report for Funeral Directing Case Reports

## Board of Mortuary Science

**Intern Name, License Number:** _____

| | Name | Town or County of Death | Date |
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*In the event the intern changes preceptors, it is the intern's responsibility to fill out additional forms for each preceptor.*

**This form must be in the board office 30 days prior to the end of the internship.**

Signature of Intern: _____ Date: _____

Signature of Preceptor: _____ Date: _____

IOWA | Department of Inspections, Appeals, & Licensing

# Summary Report for Embalming Case Reports

## Board of Mortuary Science

**Intern Name, License Number:** _____

| | Name | Town or County of Death | Date |
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*In the event the intern changes preceptors, it is the intern's responsibility to fill out additional forms for each preceptor.*

**This form must be in the board office 30 days prior to the end of the internship.**

Signature of Intern: _____ Date: _____

Signature of Preceptor: _____ Date: _____