



Six & Twelve Month Checklist of Mortuary Science Duties

Board of Mortuary Science

Intern Name, License Number: _____

Preceptor Name, License Number: _____

Funeral Establishment Name, License Number: _____

Establishment Phone Number: _____

Issue Date of Internship: _____

Expiration Date of Internship: _____

The following is a list of documents to be reviewed and discussed with your preceptor:

6 Month	12 Month	Federal Trade Commission/OSHA
		1. General Price List
		2. Casket Price List
		3. Outer Burial Container Price List
		4. Statement of Funeral Goods and Services Selected
		5. Telephone Price Disclosure
		6. Prohibited Practices
6 Month	12 Month	OSHA/IOSHA, www.osha.gov, www.iowaosha.gov
		1. Hazardous Communication Training
		2. Annual Formaldehyde Training
		3. Annual Bloodborne Pathogen Training
		4. Iowa Occupational Safety and Health
6 Month	12 Month	Federal Laws/Rules Governing Funeral Practice
		1. Americans with Disabilities Act, https://www.justice.gov/crt/disability-rights-section
		2. Social Security Administration Forms, https://www.ssa.gov/
		3. SSI Exclusion (Clergy and Amish may be excluded)
		4. Veterans Administration/Veterans Affairs Forms, https://www.cem.va.gov/



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6 Month	12 Month	State Laws/Rules Governing Funeral Practice
		1. Vital Statistics
		2. Vital Records
		3. Uniform Anatomical Gifts
		4. Scientific Purposes
		5. Environmental Health
		6. Medical Examiner
6 Month	12 Month	State Laws https://www.legis.iowa.gov/law
		1. County Home Rule
		2. Crime Victim Compensation
		3. Door-to-door Sales
		4. Funeral Procession Law
		5. Final Disposition Act
6 Month	12 Month	Iowa Securities https://www.legis.iowa.gov/law
		1. Pre-Need Sales
		2. Cemetery Regulations
6 Month	12 Month	Board of Mortuary Science, Code https://www.legis.iowa.gov/law
		1. General Provisions Regulating Practice of Professions
		2. Funeral Directing, Mortuary Science, and Cremation
		3. Continuing Education and Regulation
6 Month	12 Month	Board of Mortuary Science, Administrative Rules
		1. Practice of Funeral Directing
		2. Mortuary Science Licensure
		3. Continuing Education for Mortuary Science
		4. Discipline for Funeral Directors
		5. Enforcement for Unlicensed Practice
		6. Mortuary Science Fees



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The following is a list of tasks or services to be discussed, observed, and/or completed:

6 Month	12 Month	Funeral Services
		1. Practice of Funeral Directing
		2. Mortuary Science Licensure
		3. Continuing Education for Mortuary Science
		4. Discipline for Funeral Directors
		5. Enforcement for Unlicensed Practice
		6. Mortuary Science Fees
		7. Contact Cemeteries/Crematories
		8. Contact Outer Burial Container Provider
		9. Contact Florist
		10. Contact Musicians and Vocalists
		11. Complete Death Certificate
		12. Complete and Submit Obituaries to Website and Newspapers
		13. Conduct Funeral Ceremonies
		14. Set Up Floral Arrangements
		15. Register Book and Memorial Folders
		16. Greet Funeral Attendees
		17. Instruct and Assist Casket Bearers
		18. Prepare for Funeral Procession
		19. Drive a Vehicle in Procession
		20. Assist at Graveside Committal Services
		21. Care for Funeral Attendees as They Leave Cemetery
6 Month	12 Month	Removal
		1. Procedures for Removal/Residence, Institution or Accident Site
		2. Equipment Necessary for Transportation of Deceased Human Remains
		3. Documentation for Removal from the Place of Death
		4. Universal Precautions Related to Removals from Place of Death
		5. Required and Accepted Procedures in Assisting Family Members Present



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6 Month	12 Month	Embalming
		1. Verify Permission to Embalm
		2. Removal from Stretcher or Cot
		3. Positioning on Preparation Table
		4. Pre-embalming Analysis
		5. Bathing, Shampooing, and Disinfecting
		6. Setting Features
		7. Selection of Injection and Drainage Sites
		8. Techniques for Raising Vessels
		9. Chemical Selection and Mixing
		10. Injection and Drainage Methods
		11. Embalming Machine Operation and Maintenance
		12. Aspiration Techniques
		13. Cavity Treatment
		14. Methods of Closing Incisions
		15. Suturing Techniques
		16. Restorative Techniques
6 Month	12 Month	Preparing the Body
		1. Preparing Remains for Viewing
		2. Dressing
		3. Cosmetizing
		4. Casketing
6 Month	12 Month	Cremation
		1. Preparing Remains for Cremating (including removal of medical devices)
		2. Be Familiar with Required Cremation Forms
		3. Contact Medical Examiner and Obtain <i>Cremation Permit by Medical Examiner</i>
		4. Be Familiar with Requirements for the Crematory
		5. Procedures for Handling Cremated Remains



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Six Month Checklist of Mortuary Science Duties

Signature of Intern: _____ Date: _____

Signature of Preceptor: _____ Date: _____

The Evaluation will be submitted before the end of the Seventh month of internship.

Department of Inspections, Appeals, and Licensing

Board of Mortuary Science

6200 Park Ave. #100

Des Moines, IA 50321

Email: plpublic@idph.iowa.gov

Phone: 515-281-0254



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Yes	No	
		1. Has the intern assisted with or performed a minimum of 10 transfers of human remains?
		2. Has the intern performed 25 embalmings of human remains?
		3. Has the intern prepared a minimum of 10 human remains for viewing?
		4. Has the intern assisted with cremation procedures?
		5. Has the intern made a complete funeral arrangement with a minimum of 10 families?
		6. Has the intern, coordinated, at a minimum, 10 visitations?
		7. Has the intern directed a minimum of 25 funerals or memorial services?
		8. Did the intern work on the first 5 embalming cases, first 5 funeral arrangements, and first 5 funeral or memorial services in your physical presence?
		9. Do you recommend to the Board of Mortuary Science that this applicant/intern be licensed by Board in the state of Iowa?

*If the answer to any question 1-9 above is No, please give details on a separate sheet. Additionally, please note that if the Board of Mortuary Science decides to deny licensure to an applicant/intern based upon your answers, you may be called to testify at a licensure denial hearing.

Twelve Month Checklist of Mortuary Science Duties

Signature of Intern: _____ Date: _____

Signature of Preceptor: _____ Date: _____

The Evaluation will be submitted within two weeks of the end of the internship.

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