

CONFIDENTIAL

Program Evaluation (To be completed by the intern) IAC 481-901.3(1)"k"

Iowa Board of Mortuary Science
Department of Inspections, Appeals, & Licensing
6200 Park Avenue, Suite 100
Des Moines, IA 50321-1270

Must be completed by intern during the last month of your internship
Must be on file before the funeral director license can be issued

Name of Intern:

Intern Number:

Internship Issue Date:

Internship Expiration Date:

Name of Preceptor:

Funeral Director License:

Name of Funeral Home:

Funeral Home telephone number:

1. Was the Intern Program explained to you? ☐ Yes ☐ No
Explain any positive or negative ramifications.

2. Did the Six-Month Checklist of Mortuary Science Duties prove helpful to you? ☐ Yes ☐ No
Did it create a chance for discussion? ☐ Yes ☐ No
Explain.

3. Was the Twelve-Month Checklist of Mortuary Science Duties helpful to you? ☐ Yes ☐ No

4. List any ways you think the program can be improved.

Intern Signature

Date