IOWA | Department of Inspections, Appeals, & Licensing

CONFIDENTIAL

Program Evaluation Form

Board of Mortuary Science

***To be completed by the Intern**

Intern Name, License Number: _____

Preceptor Name, License Number: _____

Funeral Establishment Name, License Number: _____

Establishment Phone Number: _____

Expiration Date of Internship: _____

This form must be completed during the last month of your internship.

Must be on file before the funeral director license can be issued.

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**

3. Did it create a chance for discussion? **YES / NO Explain.**

4. Was the Twelve Month Checklist of Mortuary Science Duties helpful to you? **YES / NO**

5. List any way you think the program can be improved.

Signature: _____ Date: _____

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