

CONFIDENTIAL

Program Evaluation

(To be completed by the intern)
IAC 645-101.5(1)k

Iowa Board of Mortuary Science
6200 Park Ave.
Des Moines, Iowa 50321

**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