IOWA | Department of Inspections, Appeals, & Licensing

CONFIDENTIAL

Intern Evaluation Form

Board of Mortuary Science

***To be completed by the Preceptor**

Intern Name, License Number: _____

Preceptor Name, License Number: _____

Funeral Establishment Name, License Number: _____

Establishment Phone Number: _____

Expiration Date of Internship: _____

This form must be in the board office no more than 30 days prior to the end of the Internship.

1. The Intern is thoroughly familiar with all phases of funeral service: **YES / NO**

2. The intern needs work in:

3. The intern is especially capable in the following areas:

4. The preceptor-training requirement is: **GOOD / NOT USEFUL / NO EFFECT**

5. The six and twelve month reports are worthwhile: **YES / NO**

6. Comments:

Signature: _____ Date: _____

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