

CONFIDENTIAL

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

Intern Evaluation (To be completed by the Preceptor) IAC 481-901.3(2)"f"(6)

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

Intern Name:

Intern Registration Number:

Preceptor Name:

License Number:

Phone Number:

Internship Expiration Date:

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 6 month and 12 month reports are worthwhile:

☐ **Yes**

☐ **No**

6. Comments:

Preceptor Signature

Date