

CONFIDENTIAL

Intern Evaluation

(To be completed by the Preceptor)

IAC 645-101.3(2)f(6)

Iowa Board of Mortuary Science

6200 Park Ave.

Des Moines, Iowa 50321

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