



## 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: \_\_\_\_\_

**Department of Inspections, Appeals, and Licensing**

Board of Mortuary Science

6200 Park Ave. Suite 100

Des Moines, IA 50321

Email: [plpublic@idph.iowa.gov](mailto:plpublic@idph.iowa.gov)

Phone: 515-281-0254