

Preceptor Application

Board of Mortuary Science

*Must be submitted by Funeral Director

Funeral Director Name, License Number:			
		Number of current interns:	
		I hereby certify that	(name of proposed intern) has this
		day entered into a contract of employment with me	as a Funeral Director Preceptor for the period of
one year internship period for the purpose of comple	eting their post-graduate education in Funeral Di-		
recting.			
I agree to give	my sincere cooperation and supervise		
the internship as stated in the Administrative Rules. I	will physically be present for the first 5 embalming		
cases and funeral cases. I will supervise the activity in	the preparation room during the embalming of at		
least 25 cases. I will also supervise at least 25 funeral	directing cases. I will attest to the accomplishment		
by assisting the completion of the individual embalm	ing and funeral directing case reports.		
Attestation Statement			
	raining as outlined by the Board of Mortuary Science		
and have submitted proof of completion to the Board	d. I further attest that neither my funeral director license		
nor any of my associated funeral establishment licens	ses have been subject to disciplinary action within the		
past 5 years.			
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

Phone: 515-281-0254