IOWA | Department of Inspections, Appeals, & Licensing

Internship Change of Preceptor Form

Board of Mortuary Science

Terminating Preceptor

***To be completed by intern**

Inter Name, License Number: _____

Current Funeral Director Name, License Number:_____

Current Funeral Establishment Name, License Number:_____

Establishment Address:_____

City, State, Zip Code:_____

The last day of employment as an intern is/was:_____

☐ **I will not be completing my internship at this time. I will notify the board if there is a change.**

OR

☐ **I request to complete my internship under the supervision of the preceptor indicated on the other side of this form.**

Signature: _____

Date: _____

Department of Inspections, Appeals, and Licensing
Board of Mortuary Science
6200 Park Ave. Suite 100
Des Moines, IA 50321
Email: pld-licensure@dial.iowa.gov
Phone: 515-281-0254

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Internship Change of Preceptor Form

Board of Mortuary Science

New Preceptor

***Must be submitted by Funeral Director**

Funeral Director Name, License Number: _____

Funeral Establishment Name, License Number:_____

Establishment Address:_____

City, State, Zip Code:_____

Number of funerals directed per year:_____

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 completing their post-graduate education in Funeral Directing.

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 embalming and funeral directing case reports.

Attestation Statement

I hereby attest that I have completed the preceptor training as outlined by the Board of Mortuary Science and have submitted proof of completion to the Board. I further attest that neither my funeral director license nor any of my associated funeral establishment licenses have been subject to disciplinary action within the past 5 years.

Signature: _____

Date: _____

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