

Iowa Board of Mortuary Science  
6200 Park Ave.  
Des Moines, IA 50321  
Telephone (515) 281-4287  
**Internship Change of Preceptor Form**

**TERMINATING PRECEPTOR**

*(To be completed by the intern)*

Iowa Board of Mortuary Science Rule 101.5 requires written requests to the Board of Mortuary Science and approval from the board prior to the status of the intern being altered.

Please complete this form and submit it to the Iowa Board of Mortuary Science.

I, \_\_\_\_\_ Intern Registration Number \_\_\_\_\_ now serving my  
internship under \_\_\_\_\_ F.D. # \_\_\_\_\_  
at the \_\_\_\_\_ Funeral Home located  
at \_\_\_\_\_  
*(Street) (City, State, Zip) (Phone)*

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.

**THIS SECTION IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC**

As an applicant for funeral director internship I understand that I am to devote my time exclusively to the pursuit of completing my internship. I agree to abide by all the laws, rules and regulations that govern the practice of mortuary science. I further agree to file for Board approval all required informational forms, furnished by the Board, before I will be eligible for licensure. I am aware that if at any time it is disclosed that my application contains any willful misrepresentation or falsification, it may be deemed as fraud and deceit and that, if founded, the Board has the authority to impose disciplinary action.

Intern's Signature: \_\_\_\_\_  
*(To be signed in presence of a notary)*

Notary signature: \_\_\_\_\_ Commission expires: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**SEAL**

# NEW PRECEPTOR

(To be completed by the new preceptor)

I, \_\_\_\_\_ Iowa Licensed Funeral Director # \_\_\_\_\_, at  
the \_\_\_\_\_ Funeral Establishment License # \_\_\_\_\_  
(Name of Funeral Establishment)

\_\_\_\_\_  
(Address) (City, State, Zip) (Office telephone)

hereby certify that \_\_\_\_\_ has this day entered into a contract of employment with me as a Funeral Director Intern for the period of one year from the date hereof for the purpose of completing their post-graduate education in Funeral Directing.

I agree to give \_\_\_\_\_ (name of Intern) 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.

Have you **submitted proof** of completed the preceptor training as outlined by The Board of Mortuary Science?  Yes  No

Has there been any disciplinary action against your funeral director's license in the past 5 years?  Yes  No

Has there been any disciplinary action against your funeral establishment license in the past 5 years?  Yes  No

Are you supervising other interns?  Yes  No

## **THIS SECTION IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC**

AFFIDAVIT OF APPLICANT: I swear that I am the person referred to in this application for preceptor certification and that the statements herein are true in every respect. I am aware that if at any time it is disclosed that my application contains any willful misrepresentation or falsification, it may be deemed as fraud and deceit and that, if founded, the Board has the authority to impose disciplinary action.

Preceptor's signature: \_\_\_\_\_  
(To be signed in presence of a notary)

Notary of public signature: \_\_\_\_\_ Commission expires: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of: \_\_\_\_\_ County of: \_\_\_\_\_.

**S E A L**

<b>For Office Use Only:</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<b>Signature</b>	
<b>Date</b>	