IOWA | Department of Inspections, Appeals, & Licensing

CONFIDENTIAL

Six Month Preceptor Report

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 before the end of the seventh month of the Internship.

1. The Intern has completed at least 12 embalmings and 12 funeral directing cases at this time? **YES / NO**
2. This preceptor was physically present for the first five funeral arrangements, first five emabalmings and first five funeral/memorial services? **YES / NO**
3. Did the intern practice in a competent manner? **YES / NO**
4. Did the intern adhere to the Board's rules including applicable ethical code? **YES / NO**
5. What does the intern need to work on at this time?

Please provide an explanation for any "NO" answers.

Intern Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Department of Inspections, Appeals, & Licensing
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