IOWA | Department of Inspections, Appeals, & Licensing

CONFIDENTIAL

Twelve 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 no more than 2 weeks prior to the end of the Internship.

1. The Intern has completed at least 25 embalmings and 25 funeral directing cases at this time? **YES / NO**

2. Did the intern practice in a competent manner? **YES / NO**

3. Did the intern adhere to the Board's rules including applicable ethical code? **YES / NO**

4. Has the intern submitted all required reports to the Board office with appropriate preceptor comments? **YES / NO**

5. Do you recommend this intern for full licensure as a funeral director? **YES / NO**

6. Did the intern successfully complete their one-year internship program? **YES / NO**

7. Please provide an explanation for any "NO" answers.

Preceptor Signature: _____ Date: _____

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