

Iowa Dept. Public Health/Board of Mortuary Science
Lucas State Office Bldg., 5th Floor
Des Moines, IA 50319-0075
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 Bureau of Professional Licensure.

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

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

