

CONFIDENTIAL

Intern Evaluation

(To be completed by the Preceptor)

645-101.3(2)f(6)

Iowa Dept. of Public Health/Board of Mortuary Science
Lucas State Office Bldg., 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075

This form must be in the board office no more than 30 days prior to the end of the Internship.

Intern Name:

Intern Registration Number:

Preceptor Name:

License Number:

Phone Number:

Internship Expiration Date:

1. The intern is thoroughly familiar with all phases of funeral service:

Yes

No

2. The intern needs work in:

3. The intern is especially capable in the following areas:

4. The preceptor-training requirement is:

Good

Not useful

No effect

5. The 6 month and 12 month reports are worthwhile:

Yes

No

6. Comments:

Preceptor Signature

Date