

Six & Twelve Month Checklist of Mortuary Science Duties

Iowa Dept. Public Health/Board of Mortuary Science

Lucas State Office Building

321 E. 12th St.

Des Moines, Iowa 50319-0075

Name of Intern:

Registration Number:

Expiration Date of Internship:

Preceptor Name:

License Number:

Funeral Establishment:

Telephone:

The following is a list of documents to be reviewed and discussed with your preceptor:

6 month	12 month	Federal Trade Commission/OSHA
<input type="checkbox"/>	<input type="checkbox"/>	1. General Price List
<input type="checkbox"/>	<input type="checkbox"/>	2. Casket Price List
<input type="checkbox"/>	<input type="checkbox"/>	3. Outer Burial Container Price List
<input type="checkbox"/>	<input type="checkbox"/>	4. Statement of Funeral Goods and Services Selected
<input type="checkbox"/>	<input type="checkbox"/>	5. Telephone price disclosure
<input type="checkbox"/>	<input type="checkbox"/>	6. Prohibited practices

6 month	12 month	OSHA/IOSH
<input type="checkbox"/>	<input type="checkbox"/>	1. Hazardous Communication Training www.osha.gov standard 1910.1200
<input type="checkbox"/>	<input type="checkbox"/>	2. Annual Formaldehyde Training www.osha.gov standard 1910.1048
<input type="checkbox"/>	<input type="checkbox"/>	3. Annual Bloodborne Pathogen Training www.osha.gov standard 1910.1030
<input type="checkbox"/>	<input type="checkbox"/>	4. Iowa Occupational Safety and Health – www.iowaworkforce.org/labor

6 month	12 month	Federal laws/rules governing funeral practice
<input type="checkbox"/>	<input type="checkbox"/>	1. Americans with Disabilities Act www.usdoj.gov/crt/ada
<input type="checkbox"/>	<input type="checkbox"/>	2. Social Security Administration forms www.socialsecurity.gov
<input type="checkbox"/>	<input type="checkbox"/>	3. SSI exclusion (clergy and Amish may be excluded)
<input type="checkbox"/>	<input type="checkbox"/>	4. Veterans Administration/Veterans Affairs forms www.cem.va.gov

6 month	12 month	State laws/rules governing funeral practice Iowa Department of Public Health, [641]
<input type="checkbox"/>	<input type="checkbox"/>	1. Vital Statistics, Chapter 144
<input type="checkbox"/>	<input type="checkbox"/>	2. Vital Records, IAC 641-101
<input type="checkbox"/>	<input type="checkbox"/>	3. Uniform Anatomical Gifts, Chapter 142C
<input type="checkbox"/>	<input type="checkbox"/>	4. Scientific purposes, Chapter 142
<input type="checkbox"/>	<input type="checkbox"/>	5. Environmental Health, IAC 641-86
<input type="checkbox"/>	<input type="checkbox"/>	6. Medical Examiner, Chapter 691, IAC 641-127

6 month	12 month	State laws
<input type="checkbox"/>	<input type="checkbox"/>	1. County home rule, Chapter 331.608 and 331.804
<input type="checkbox"/>	<input type="checkbox"/>	2. Crime victim compensation, Chapter 915.86
<input type="checkbox"/>	<input type="checkbox"/>	3. Door-to-door sales, Chapter 555A
<input type="checkbox"/>	<input type="checkbox"/>	4. Funeral procession law, Chapter 321.324A

<input type="checkbox"/>	<input type="checkbox"/>	5. Final Disposition Act Chapter 144C
--------------------------	--------------------------	---------------------------------------

6 month	12 month	Iowa Securities
<input type="checkbox"/>	<input type="checkbox"/>	1. Pre-Need Sales, Chapter 523C
<input type="checkbox"/>	<input type="checkbox"/>	2. Cemetery regulations, Chapter 523I

		Board of Mortuary Science, Code
<input type="checkbox"/>	<input type="checkbox"/>	1. General Provisions regulating practice professions, Chapter 147
<input type="checkbox"/>	<input type="checkbox"/>	2. Funeral Directing, Mortuary Science, and Cremation, Chapter 156
<input type="checkbox"/>	<input type="checkbox"/>	3. Continuing Education and Regulation, Chapter 272C

		Board of Mortuary Science, administrative rules
<input type="checkbox"/>	<input type="checkbox"/>	1. Practice of Funeral Directing, Chapter IAC 645 – 100
<input type="checkbox"/>	<input type="checkbox"/>	2. Mortuary Science Licensure, Chapter IAC 645 – 101
<input type="checkbox"/>	<input type="checkbox"/>	3. Continuing Education for Mortuary Science, Chapter IAC 645 – 102
<input type="checkbox"/>	<input type="checkbox"/>	4. Discipline for Funeral Directors, Chapter IAC 645 – 103
<input type="checkbox"/>	<input type="checkbox"/>	5. Enforcement for Unlicensed Practice, Chapter IAC 645 – 104
<input type="checkbox"/>	<input type="checkbox"/>	6. Mortuary Science Fees, Chapter IAC 645 – 105

The following is a list of tasks or services to be discussed, observed, and/or completed:

		Funeral Services
<input type="checkbox"/>	<input type="checkbox"/>	1. Merchandise offered by the funeral home
<input type="checkbox"/>	<input type="checkbox"/>	2. Service options available to client families
<input type="checkbox"/>	<input type="checkbox"/>	3. Credit policies of the funeral home
<input type="checkbox"/>	<input type="checkbox"/>	4. Make funeral Arrangements
<input type="checkbox"/>	<input type="checkbox"/>	5. Complete funeral arrangement forms
<input type="checkbox"/>	<input type="checkbox"/>	6. Contact ministers
<input type="checkbox"/>	<input type="checkbox"/>	7. Contact cemeteries/crematories
<input type="checkbox"/>	<input type="checkbox"/>	8. Contact outer burial container provider
<input type="checkbox"/>	<input type="checkbox"/>	9. Contact florist
<input type="checkbox"/>	<input type="checkbox"/>	10. Contact musicians and vocalists
<input type="checkbox"/>	<input type="checkbox"/>	11. Complete death certificate
<input type="checkbox"/>	<input type="checkbox"/>	12. Complete and submit obituaries to website and newspapers
<input type="checkbox"/>	<input type="checkbox"/>	13. Conduct funeral ceremonies
<input type="checkbox"/>	<input type="checkbox"/>	14. Set up floral arrangements
<input type="checkbox"/>	<input type="checkbox"/>	15. Register book and memorial folders
<input type="checkbox"/>	<input type="checkbox"/>	16. Greet funeral attendees
<input type="checkbox"/>	<input type="checkbox"/>	17. Instruct and assist casket bearers
<input type="checkbox"/>	<input type="checkbox"/>	18. Prepare for funeral procession
<input type="checkbox"/>	<input type="checkbox"/>	19. Drive a vehicle in procession
<input type="checkbox"/>	<input type="checkbox"/>	20. Assist at graveside committal services
<input type="checkbox"/>	<input type="checkbox"/>	21. Care for funeral attendees as they leave cemetery

6 month	12 month	Removal
<input type="checkbox"/>	<input type="checkbox"/>	1. Procedures for removals/residence, institution or accident site
<input type="checkbox"/>	<input type="checkbox"/>	2. Equipment necessary for transportation of deceased human remains
<input type="checkbox"/>	<input type="checkbox"/>	3. Documentation for removal from the place of death
<input type="checkbox"/>	<input type="checkbox"/>	4. Universal precautions related to removals from place of death

<input type="checkbox"/>	<input type="checkbox"/>	5. Required and accepted procedures in assisting family members present
--------------------------	--------------------------	---

Embalming		
<input type="checkbox"/>	<input type="checkbox"/>	1. Verify permission to embalm
<input type="checkbox"/>	<input type="checkbox"/>	2. Removal from stretcher or cot
<input type="checkbox"/>	<input type="checkbox"/>	3. Positioning on preparation table
<input type="checkbox"/>	<input type="checkbox"/>	4. Pre-embalming analysis
<input type="checkbox"/>	<input type="checkbox"/>	5. Bathing, shampooing, disinfecting
<input type="checkbox"/>	<input type="checkbox"/>	6. Setting features
<input type="checkbox"/>	<input type="checkbox"/>	7. Selection of injection and drainage sites
<input type="checkbox"/>	<input type="checkbox"/>	8. Techniques for raising vessels
<input type="checkbox"/>	<input type="checkbox"/>	9. Chemical selection and mixing
<input type="checkbox"/>	<input type="checkbox"/>	10. Injection and drainage methods
<input type="checkbox"/>	<input type="checkbox"/>	11. Embalming machine operation and maintenance
<input type="checkbox"/>	<input type="checkbox"/>	12. Aspiration techniques
<input type="checkbox"/>	<input type="checkbox"/>	13. Cavity treatment
<input type="checkbox"/>	<input type="checkbox"/>	14. Methods of closing incisions
<input type="checkbox"/>	<input type="checkbox"/>	15. Suturing techniques
<input type="checkbox"/>	<input type="checkbox"/>	16. Restorative techniques

Preparing the body		
<input type="checkbox"/>	<input type="checkbox"/>	1. Preparing remains for viewing
<input type="checkbox"/>	<input type="checkbox"/>	2. Dressing
<input type="checkbox"/>	<input type="checkbox"/>	3. Cosmetizing
<input type="checkbox"/>	<input type="checkbox"/>	4. Casketing

Cremation		
<input type="checkbox"/>	<input type="checkbox"/>	1. Preparing remains for cremation (including removal of medical devices)
<input type="checkbox"/>	<input type="checkbox"/>	2. Be familiar with required cremation forms
<input type="checkbox"/>	<input type="checkbox"/>	3. Contact Medical Examiner and obtain <i>Cremation Permit by Medical Examiner</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. Be familiar with requirements for the crematory
<input type="checkbox"/>	<input type="checkbox"/>	5. Procedures for handling cremated remains

Six Month Checklist of Mortuary Science Duties:

Signature of Intern: _____ Date: _____

Signature of Preceptor: _____ Date: _____

Copy this form and mail to:
 Iowa Board of Mortuary Science
 Lucas State Office Building
 321 E. 12th St.
 Des Moines, Iowa 50319-0075

Questions to be completed by Preceptor as part of Twelve Month Checklist.*

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the intern assisted with or performed a minimum of 10 transfers of human remains?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has the intern performed 25 embalmings of human remains?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has the intern prepared a minimum of 10 human remains for viewing?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has the intern assisted with cremation procedures?
<input type="checkbox"/>	<input type="checkbox"/>	5. Has the intern made a complete funeral arrangement with a minimum of 10 families?
<input type="checkbox"/>	<input type="checkbox"/>	6. Has the intern coordinated, at a minimum, 10 visitations?
<input type="checkbox"/>	<input type="checkbox"/>	7. Has the intern directed a minimum of 25 funerals or memorial services?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did the intern work on the first 5 embalming cases, first 5 funeral arrangements, and first 5 funeral or memorial services in your physical presence?
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you recommend to the Board of Mortuary Science that this applicant/intern be licensed by the Board in the State of Iowa?

*If the answer to any question 1-9 above is no, please give details on a separate sheet. Additionally, please note that if the Board of Mortuary Science decides to deny licensure to an applicant/intern based upon your answers, you may be called to testify at a licensure denial hearing.

Twelve Month Checklist of Mortuary Science Duties:

Signature of Intern: _____ Date: _____

Signature of Preceptor: _____ Date: _____

Mail original to the board office no sooner than 30 days prior to the completion of your internship.

Iowa Board of Mortuary Science
 Lucas State Office Building
 321 E. 12th St.
 Des Moines, Iowa 50319-0075