

MORTICIAN INTERN SUPERVISOR

Instructions

This section must be completed and signed by both the mortician intern and the licensed mortician who will be supervising the licensee during the internship. If the mortician intern will have more than one supervisor then this form must be completed for each supervisor.

Section 1 – Intern Information

1. Mortician Intern Full Name: _____
 First Middle Last
2. Mailing Address: _____
3. Email Address: _____
4. Name of Mortuary Where Intern Employed: _____
5. Physical Address of Mortuary Facility: _____
6. Mortuary License Number: _____ Mortician Intern License Number: _____

Section 2 – Supervisor Information

7. Supervisor Full Name: _____
 First Middle Last
8. Supervisor Montana License Number: _____
9. Name of Mortuary Where Supervisor Employed: _____
10. Physical Address of Mortuary Facility: _____
11. Mortuary License Number: _____

Section 3 – Declaration

I, the mortician intern understand the requirements of a mortician internship per board statute and [ARM 24.147.504](#).

Legal Signature of Mortician Intern

Date

I, the mortician intern supervisor understand the requirements of a mortician internship per board statute and [ARM 24.147.504](#).

Legal Signature of Supervisor

Date