MORTICIAN INTERNSHIP COMPLETION REPORT

Instructions

This form demonstrates completion of a Montana mortician internship by a mortician intern licensee per the requirements of ARM 24.147.504. The form must be signed by both the mortician intern licensee and the Montana mortician licensee who supervised the internship. If the intern licensee had more than one supervisor then this form must be completed for each supervisor.

Section 1 – Mortician Intern Information

1. Intern Licensee Full Name: _____
   First Middle Last
2. Intern Licensee Mailing Address: _____
3. Intern Licensee Email Address: _____
4. Intern License Number: _____
5. Intern License Number Expiration Date: _____

Section 2 – Supervising Mortician Information

6. Supervisor Full Name: _____
   First Middle Last
7. Supervisor Montana License Number: _____
8. Mortuary Name: _____
9. Mortuary License Number: _____

Section 3 – Completion of Internship

10. Beginning Date: _____ 11. Completion Date: _____

12. Supervised Clinical Experience Completed:

   ◯ Yes (per the requirements of ARM 24.147.504)

   ◯ No (detailed explanation)

Section 4 – Declaration

I, the supervising mortician, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.

_____ _____

Legal Signature of Supervising Mortician Date

I, the mortician intern, hereby declare under penalty of perjury the information included in this to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to denial of my license or subsequent revocation of licensure on ethical grounds.

_____ _____

Legal Signature of Mortician Intern Date