MORTICIAN INTERN SUPERVISOR

Instructions

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

Section 1 – Applicant Information			
1.	Applicant Full Name:	Middle	Last
	Applicant Mailing Address:		
3.	Applicant Email Address:		
4.	Name of Mortuary Where Applicant Employed:		
5.	Physical Address of Mortuary Facility:		
6.	Mortuary 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 applicant understand the requirements of a mortician internship per board statute and ARM 24.147.504.			
Legal Signature of Applicant			Date
I, the mortician intern supervisor understand the requirements of a mortician internship per board statute and <u>ARM 24.147.504</u> .			
Le	gal Signature of Supervisor		 Date