MORTICIAN INTERN SUPERVISOR

Instructions
This section must be completed and signed by both 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: _____
   First Middle Last
2. 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 ARM 24.147.504.

_____ _____
Legal Signature of Supervisor Date