

Supervision of Intern Mortician Registration

Supervising morticians are required to complete this form. Applications for internship registration without supervision information will not be processed.

I, _____ (Mortician Name and MN License Number) will be the only registered licensee to direct and supervise _____ (Name of Intern), for the duration of their internship at _____ (Establishment Name & License Number), _____ (Establishment Address, City, State, ZIP).

Acknowledgement

- I acknowledge that the intern under my supervision is required to participate in a minimum of 25 each: embalming's, arrangements, and funeral/memorial services (for total of 75).
- Interns are responsible for completing and submitting case reports prior to the completion of an internship.
- As a supervising mortician, I am responsible for reviewing, approving, and signing all internship case reports prior to submission.
- It is my responsibility to review Internship Time Sheet for accuracy and to validate that each of the internship requirements are fulfilled.
- I understand and accept the internship requirements as set forth in [Minnesota Statutes, section 149A.20, subdivision 6\(2\)\(b\) \(https://www.revisor.mn.gov/statutes/cite/149A.20\)](https://www.revisor.mn.gov/statutes/cite/149A.20).
- I support the submission of this application to practice mortuary science subject to the provisions of [Minnesota Statutes, section 149A \(https://www.revisor.mn.gov/statutes/cite/149A\)](https://www.revisor.mn.gov/statutes/cite/149A).

Signature of Supervising Mortician: _____

Date: _____

Minnesota Department of Health
Health Regulation Division
Mortuary Science Section
PO Box 64882
St. Paul, MN 55164-0882
651-201-4200
health.mortsci@state.mn.us
www.health.state.mn.us

04/18/2024

To obtain this information in a different format, call: 651-201-4200.