

## **Six & Twelve Month Checklist of Mortuary Science Duties**

Iowa Dept. Public Health/Board of Mortuary Science

Lucas State Office Building

321 E. 12<sup>th</sup> St.

Des Moines, Iowa 50319-0075

Name of Intern:

Registration Number:

Expiration Date of Internship:

Preceptor Name:

License Number:

Funeral Establishment:

Telephone:

**The following is a list of documents to be reviewed and discussed with your preceptor:**

<b>6 month</b>	<b>12 month</b>	<b>Federal Trade Commission/OSHA</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. General Price List
<input type="checkbox"/>	<input type="checkbox"/>	2. Casket Price List
<input type="checkbox"/>	<input type="checkbox"/>	3. Outer Burial Container Price List
<input type="checkbox"/>	<input type="checkbox"/>	4. Statement of Funeral Goods and Services Selected
<input type="checkbox"/>	<input type="checkbox"/>	5. Telephone price disclosure
<input type="checkbox"/>	<input type="checkbox"/>	6. Prohibited practices

		<b>OSHA/IOSH</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Hazardous Communication Training <a href="http://www.osha.gov">www.osha.gov</a> standard 1910.1200
<input type="checkbox"/>	<input type="checkbox"/>	2. Annual Formaldehyde Training <a href="http://www.osha.gov">www.osha.gov</a> standard 1910.1048
<input type="checkbox"/>	<input type="checkbox"/>	3. Annual Bloodborne Pathogen Training <a href="http://www.osha.gov">www.osha.gov</a> standard 1910.1030
<input type="checkbox"/>	<input type="checkbox"/>	4. Iowa Occupational Safety and Health – <a href="http://www.iowaworkforce.org/labor">www.iowaworkforce.org/labor</a>

		<b>Federal laws/rules governing funeral practice</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Americans with Disabilities Act <a href="http://www.usdoj.gov/crt/ada">www.usdoj.gov/crt/ada</a>
<input type="checkbox"/>	<input type="checkbox"/>	2. Social Security Administration forms <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>
<input type="checkbox"/>	<input type="checkbox"/>	3. SSI exclusion (clergy and Amish may be excluded)
<input type="checkbox"/>	<input type="checkbox"/>	4. Veterans Administration/Veterans Affairs forms <a href="http://www.cem.va.gov">www.cem.va.gov</a>

		<b>State laws/rules governing funeral practice</b> <b>Iowa Department of Public Health, [641]</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Vital Statistics, Chapter 144
<input type="checkbox"/>	<input type="checkbox"/>	2. Vital Records, IAC 641-101
<input type="checkbox"/>	<input type="checkbox"/>	3. Uniform Anatomical Gifts, Chapter 142C
<input type="checkbox"/>	<input type="checkbox"/>	4. Scientific purposes, Chapter 142
<input type="checkbox"/>	<input type="checkbox"/>	5. Environmental Health, IAC 641-86
<input type="checkbox"/>	<input type="checkbox"/>	6. Medical Examiner, Chapter 691, IAC 641-127

		<b>State laws</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. County home rule, Chapter 331.608 and 331.804
<input type="checkbox"/>	<input type="checkbox"/>	2. Crime victim compensation, Chapter 915.86
<input type="checkbox"/>	<input type="checkbox"/>	3. Door-to-door sales, Chapter 555A
<input type="checkbox"/>	<input type="checkbox"/>	4. Funeral procession law, Chapter 321.324A
<input type="checkbox"/>	<input type="checkbox"/>	5. Final Disposition Act Chapter 144C

<b>6 month</b>	<b>12 month</b>	<b>Iowa Securities</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Pre-Need Sales, Chapter 523C
<input type="checkbox"/>	<input type="checkbox"/>	2. Cemetery regulations, Chapter 523I

<b>Board of Mortuary Science, Code</b>		
<input type="checkbox"/>	<input type="checkbox"/>	1. General Provisions regulating practice professions, Chapter 147
<input type="checkbox"/>	<input type="checkbox"/>	2. Funeral Directing, Mortuary Science, and Cremation, Chapter 156
<input type="checkbox"/>	<input type="checkbox"/>	3. Continuing Education and Regulation, Chapter 272C

<b>Board of Mortuary Science, administrative rules</b>		
<input type="checkbox"/>	<input type="checkbox"/>	1. Practice of Funeral Directing, Chapter IAC 645 – 100
<input type="checkbox"/>	<input type="checkbox"/>	2. Mortuary Science Licensure, Chapter IAC 645 – 101
<input type="checkbox"/>	<input type="checkbox"/>	3. Continuing Education for Mortuary Science, Chapter IAC 645 – 102
<input type="checkbox"/>	<input type="checkbox"/>	4. Discipline for Funeral Directors, Chapter IAC 645 – 103
<input type="checkbox"/>	<input type="checkbox"/>	5. Enforcement for Unlicensed Practice, Chapter IAC 645 – 104
<input type="checkbox"/>	<input type="checkbox"/>	6. Mortuary Science Fees, Chapter IAC 645 – 105

**The following is a list of tasks or services to be discussed, observed, and/or completed:**

<b>Funeral Services</b>		
<input type="checkbox"/>	<input type="checkbox"/>	1. Merchandise offered by the funeral home
<input type="checkbox"/>	<input type="checkbox"/>	2. Service options available to client families
<input type="checkbox"/>	<input type="checkbox"/>	3. Credit policies of the funeral home
<input type="checkbox"/>	<input type="checkbox"/>	4. Make funeral Arrangements
<input type="checkbox"/>	<input type="checkbox"/>	5. Complete funeral arrangement forms
<input type="checkbox"/>	<input type="checkbox"/>	6. Contact ministers
<input type="checkbox"/>	<input type="checkbox"/>	7. Contact cemeteries/crematories
<input type="checkbox"/>	<input type="checkbox"/>	8. Contact outer burial container provider
<input type="checkbox"/>	<input type="checkbox"/>	9. Contact florist
<input type="checkbox"/>	<input type="checkbox"/>	10. Contact musicians and vocalists
<input type="checkbox"/>	<input type="checkbox"/>	11. Complete death certificate
<input type="checkbox"/>	<input type="checkbox"/>	12. Complete and submit obituaries to website and newspapers
<input type="checkbox"/>	<input type="checkbox"/>	13. Conduct funeral ceremonies
<input type="checkbox"/>	<input type="checkbox"/>	14. Set up floral arrangements
<input type="checkbox"/>	<input type="checkbox"/>	15. Register book and memorial folders
<input type="checkbox"/>	<input type="checkbox"/>	16. Greet funeral attendees
<input type="checkbox"/>	<input type="checkbox"/>	17. Instruct and assist casket bearers
<input type="checkbox"/>	<input type="checkbox"/>	18. Prepare for funeral procession
<input type="checkbox"/>	<input type="checkbox"/>	19. Drive a vehicle in procession
<input type="checkbox"/>	<input type="checkbox"/>	20. Assist at graveside committal services
<input type="checkbox"/>	<input type="checkbox"/>	21. Care for funeral attendees as they leave cemetery

<b>6 month</b>	<b>12 month</b>	<b>Removal</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Procedures for removals/residence, institution or accident site
<input type="checkbox"/>	<input type="checkbox"/>	2. Equipment necessary for transportation of deceased human remains
<input type="checkbox"/>	<input type="checkbox"/>	3. Documentation for removal from the place of death
<input type="checkbox"/>	<input type="checkbox"/>	4. Universal precautions related to removals from place of death
<input type="checkbox"/>	<input type="checkbox"/>	5. Required and accepted procedures in assisting family members present

<b>Embalming</b>		
<input type="checkbox"/>	<input type="checkbox"/>	1. Verify permission to embalm
<input type="checkbox"/>	<input type="checkbox"/>	2. Removal from stretcher or cot
<input type="checkbox"/>	<input type="checkbox"/>	3. Positioning on preparation table
<input type="checkbox"/>	<input type="checkbox"/>	4. Pre-embalming analysis
<input type="checkbox"/>	<input type="checkbox"/>	5. Bathing, shampooing, disinfecting
<input type="checkbox"/>	<input type="checkbox"/>	6. Setting features
<input type="checkbox"/>	<input type="checkbox"/>	7. Selection of injection and drainage sites
<input type="checkbox"/>	<input type="checkbox"/>	8. Techniques for raising vessels
<input type="checkbox"/>	<input type="checkbox"/>	9. Chemical selection and mixing
<input type="checkbox"/>	<input type="checkbox"/>	10. Injection and drainage methods
<input type="checkbox"/>	<input type="checkbox"/>	11. Embalming machine operation and maintenance
<input type="checkbox"/>	<input type="checkbox"/>	12. Aspiration techniques
<input type="checkbox"/>	<input type="checkbox"/>	13. Cavity treatment
<input type="checkbox"/>	<input type="checkbox"/>	14. Methods of closing incisions
<input type="checkbox"/>	<input type="checkbox"/>	15. Suturing techniques
<input type="checkbox"/>	<input type="checkbox"/>	16. Restorative techniques

<b>Preparing the body</b>		
<input type="checkbox"/>	<input type="checkbox"/>	1. Preparing remains for viewing
<input type="checkbox"/>	<input type="checkbox"/>	2. Dressing
<input type="checkbox"/>	<input type="checkbox"/>	3. Cosmetizing
<input type="checkbox"/>	<input type="checkbox"/>	4. Casketing

<b>Cremation</b>		
<input type="checkbox"/>	<input type="checkbox"/>	1. Preparing remains for cremation (including removal of medical devices)
<input type="checkbox"/>	<input type="checkbox"/>	2. Be familiar with required cremation forms
<input type="checkbox"/>	<input type="checkbox"/>	3. Contact Medical Examiner and obtain <i>Cremation Permit by Medical Examiner</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. Be familiar with requirements for the crematory
<input type="checkbox"/>	<input type="checkbox"/>	5. Procedures for handling cremated remains

**Six Month Checklist of Mortuary Science Duties:**

Signature of Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

*Copy this form and mail to:*

Iowa Board of Mortuary Science  
Lucas State Office Building  
321 E. 12<sup>th</sup> St.  
Des Moines, Iowa 50319-0075

**Questions to be completed by Preceptor as part of Twelve Month Checklist.\***

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the intern assisted with or performed a minimum of 10 transfers of human remains?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has the intern performed 25 embalmings of human remains?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has the intern prepared a minimum of 10 human remains for viewing?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has the intern assisted with cremation procedures?
<input type="checkbox"/>	<input type="checkbox"/>	5. Has the intern made a complete funeral arrangement with a minimum of 10 families?
<input type="checkbox"/>	<input type="checkbox"/>	6. Has the intern coordinated, at a minimum, 10 visitations?
<input type="checkbox"/>	<input type="checkbox"/>	7. Has the intern directed a minimum of 25 funerals or memorial services?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did the intern work on the first 5 embalming cases, first 5 funeral arrangements, and first 5 funeral or memorial services in your physical presence?
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you recommend to the Board of Mortuary Science that this applicant/intern be licensed by the Board in the State of Iowa?

\*If the answer to any question 1-9 above is no, please give details on a separate sheet. Additionally, please note that if the Board of Mortuary Science decides to deny licensure to an applicant/intern based upon your answers, you may be called to testify at a licensure denial hearing.

**Twelve Month Checklist of Mortuary Science Duties:**

Signature of Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail original to the board office no sooner than 30 days prior to the completion of your internship.*

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