

Mortuary Science Internship Registration Application

Instructions

See application instructions at [Mortuary Science Internship Information](http://www.health.state.mn.us/facilities/providers/mortsci/internship.html)
(www.health.state.mn.us/facilities/providers/mortsci/internship.html).

Review your rights under the Minnesota Data Practices Act: [Minnesota Statutes 13.04 RIGHTS OF SUBJECTS OF DATA](https://www.revisor.mn.gov/statutes/cite/13.04) (<https://www.revisor.mn.gov/statutes/cite/13.04>).

Applicant Information

Last Name		First Name	Middle Initial
Home Address		City	State Zip
Phone Number		Cell Phone	
Email Address		Fax Number	

Date of Birth

Have you ever used another name under which records may be filed concerning your application, including your education, training or experience? Yes No

If yes, list names used: _____

Education

Name of School	Dates Attended
Date of Graduation	Degree Earned
Name of School	Dates Attended
Name of School	Dates Attended
Name of School	Dates Attended
Name of School	Dates Attended

Internship Information

Name of Establishment _____ Establishment License Number _____

Name of Mortician Supervising Applicant's Internship _____ Supervisors MN License Number _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____ Phone Number _____ Fax Number _____

Designated address, which you will receive correspondence from the department regarding your registration and which will be public information: (Choose one) Home Employer

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that providing false information may result in denial of this application.

Signature of Applicant _____

Supervision of Intern Mortician Registration

Supervising morticians are required to complete this form. The intern will submit this form to our office with the internship application prior to the start date of an internship. Interns are not permitted to practice under supervision until this document is submitted and filed.

I, _____ will be the only registered licensee to direct and supervise
Supervising Mortician's Name

_____, for the duration of their internship.

Name of Intern _____

Name of Funeral Establishment _____ Establishment License Number _____

Establishment Mailing Address _____

City _____ State _____ ZIP _____

I acknowledge that the intern under my supervision is required to participate in a minimum of 25 each: embalmings, arrangements, and funeral/memorial services (for a 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. In addition, it is my responsibility to review Internship Time Sheets for accuracy and to validate that each of the internship requirements are fulfilled.

I, _____, M- _____
Minnesota Supervising Mortician's Name MN License Number

understand and accept the internship requirements set forth in Minnesota Statutes, section 149A.20, subdivision 6(2)(b) (<https://www.revisor.mn.gov/statutes/cite/149A.20>).

Supervisor Affirmation

I have read the above requirements and agree to supervise in accordance with the provisions of Minnesota Statute, 149A.20, subdivision 6(b).

Signature of Minnesota Supervising Mortician _____ Date _____

Printed Name _____

STATE OF MINNESOTA

COUNTY OF _____

This instrument was acknowledged before me on _____ (date) by _____ (notary public).

Notary Printed Name: _____

My Commission Expires: _____

Minnesota Department of Health
Mortuary Science
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651-201-3829
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6/3/20

To obtain this information in a different format, call: 651-201-3829.