

# Mortuary Science Internship Supervisor Form

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  
[health.mortsci@state.mn.us](mailto:health.mortsci@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

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