



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Mortuary Science of New Jersey

124 Halsey Street, 6th Floor, P.O. Box 45009

Newark, New Jersey 07101

(973) 504-6425

Notice of Internship Termination or Completion

This form must be completed by the preceptor and submitted to the Board within five days of the end of the internship.

I, _____, certify that the internship of
Name of preceptor

_____, a registered intern under my supervision who
Name of intern

has been training at _____, ended on _____.
Name of training mortuary Date

The internship ended for the following reason (check only one):

The intern successfully completed the internship as required by N.J.A.C. 13:36-2.9

The internship was terminated because (explain below):

I hereby certify that the foregoing statements made by me are truthful and complete. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature of Preceptor

License Number