

INTERN INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX	
ADDRESS OF RECORD**: STREET		CITY	STATE ZIP CODE
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	
E-MAIL ADDRESS	EXPECTED DATE OF EMPLOYMENT	INTERN REGISTRATION NO. (If applicable)	

ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME	ESTABLISHMENT LICENSE NUMBER	ESTABLISHMENT PHONE NUMBER	
ESTABLISHMENT STREET ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT MANAGER'S NAME AND LICENSE NUMBER	MANAGER'S SIGNATURE:		
FUNERAL SERVICE SUPERVISOR'S NAME AND LICENSE NUMBER	FUNERAL SERVICE SUPERVISOR SIGNATURE:		
EMBALMING SUPERVISOR'S NAME AND LICENSE NUMBER	EMBALMING SERVICE SUPERVISOR SIGNATURE:		
ANTICIPATED DATE EMPLOYMENT WILL BEGIN	TOTAL HOURS SCHEDULED TO WORK EACH WEEK		

WORK HISTORY – a resume may not be used as a substitute for any question

FROM (MM/YY)	TO (MM/YY)	EMPLOYER NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE)

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LICENSURE QUESTIONS

Any supporting documentation related to the questions below should be submitted to:
 Virginia Board of Funeral Directors and Embalmers
 Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233

- | | YES | NO |
|--|------------|-----------|
| 1. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. | | |

Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. statement from applicant regarding the offense(s), information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).

<input type="checkbox"/>	<input type="checkbox"/>
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- | | | |
|--|--|--|
| 2. Have you ever had any of the following disciplinary actions taken against a license/registration to practice funeral services or any such actions pending, such as but not limited to: (a) suspension/revocation; (b) probation; (c) reprimand/cease and desist; (d) had your practice monitored; (e) monetary penalty; (f) denied licensure (g) refused renewal; (h) denied examination? | | |
|--|--|--|

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, submit notices, orders, etc., from the regulatory authority where disciplined.

MILITARY SERVICE

- | | YES | NO |
|--|------------|-----------|
| 3. Are you active-duty military? | | |
| 4. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? | | |

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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ADDITIONAL LICENSURE QUESTIONS

- | | YES | NO |
|---|------------|-----------|
| A. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?
Please provide a full explanation on a separate page. | | |

<input type="checkbox"/>	<input type="checkbox"/>
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(A.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?

<input type="checkbox"/>	<input type="checkbox"/>
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- | | | |
|--|--|--|
| B. Within the past five years, have you been disciplined by any entity?
Please provide a full explanation and any associated orders or letters from the entity. | | |
|--|--|--|

<input type="checkbox"/>	<input type="checkbox"/>
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(B.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?

<input type="checkbox"/>	<input type="checkbox"/>
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- | | | |
|--|--|--|
| C. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Intern Supervisor. | | |
|--|--|--|

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this

documentation directly to the Board.)

- D. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Intern Supervisor.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

- E. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Intern Supervisor.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

- F. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?

If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)

AFFIDAVIT OF APPLICANT

I certify that I have carefully read the laws and regulations related to the Virginia Board of Funeral Directors and Embalmers, which are available at <http://www.dhp.virginia.gov/funeral> and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

Signature of Applicant

Date