



CHECKLIST AND INSTRUCTIONS FOR FUNERAL SERVICE LICENSEE

SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed; must be 18 years of age to apply. You may need to submit supporting documentation regarding your responses to the licensure questions. Please refer to the application for more information.
- FEE – All fees are non-refundable. **The fee for application by examination or endorsement is \$325.00.** Make check or money order payable to the Treasurer of Virginia.
- SCHOOL TRANSCRIPTS – Submit OFFICIAL transcript from your High School or General Equivalency Diploma (GED), and Mortuary School to include school seal and date of graduation.
- VERIFICATION OF STATE LICENSURE – If applicable, you will need to provide written verification from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees.
- NATIONAL EXAMINATION SCORES – Please contact the ICFSEB to transfer your examination scores to the Virginia board.

International Conference of Funeral Service Examining Boards (ICFSEB)
1885 Shelby Lane
Fayetteville, Arkansas 72704
(479) 442-7076 (Tel)
info@theconferenceonline.org (email)

- STATE EXAMINATION – All applicants for licensure shall pass the Virginia State Board Examination. Once the application is complete and has been approved the applicant will receive information and reference materials regarding the state examination.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. It is unlawful to practice funeral services in Virginia until you have been issued a Virginia license or until you have been issued written authorization from the Board office to serve in an internship program under the direct supervision of a licensed Funeral Service Licensee, Funeral Director, or Embalmer in Virginia.
2. Applications received without the required processing fee will be returned to the sender.
3. Faxed documents will not be accepted; only original documents will be accepted.
4. Once all documentation has been received, the licensing process takes approximately 5-7 **business** days. Board staff will contact you at the email address provided on your application with a status update.
5. Applications will remain on file with the board for one year from the date of receipt. If, at the end of one (1) year, licensure/certification/registration is not issued, the applicant shall reapply in accordance with the requirements of the Regulations.
6. The Board will notify the candidates in writing within 5 to 7 **business** days after the Board has received the examination results.



FUNERAL SERVICE LICENSEE APPLICATION

MARK ONLY ONE BOX:

- Initial Application by Examination
 By Endorsement (currently actively licensed, certified, or registered by another jurisdiction)

(PLEASE PRINT IN BLUE OR BLACK INK)

| | | | | | |
|-------------------------------------|--------|--|---------------------------------------|----------------------|----------|
| FIRST NAME | | MIDDLE NAME | | LAST NAME AND SUFFIX | |
| DATE OF BIRTH MM DD YY | | SOCIAL SECURITY NO. OR VA CONTROL NO.* | | | |
| ADDRESS OF RECORD**: STREET | | | CITY | STATE | ZIP CODE |
| ALTERNATE PUBLIC ADDRESS***: STREET | | | CITY | STATE | ZIP CODE |
| BUSINESS NAME & ADDRESS: STREET | | | CITY | STATE | ZIP CODE |
| HOME PHONE: | | WORK PHONE: | | MOBILE PHONE: | |
| PRIVATE E-MAIL ADDRESS | | | PUBLIC E-MAIL ADDRESS | | |
| GRADUATION DATE MM DD YY | DEGREE | | NAME OF MORTUARY SCHOOL (CITY, STATE) | | |

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the process of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.

**The address information you provide is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

***This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY _____

| | | | |
|----------------|----------------|------------|----------------|
| LICENSE NUMBER | PENDING NUMBER | BASE STATE | RECEIPT NUMBER |
|----------------|----------------|------------|----------------|

OUT OF STATE LICENSURE: If applicable, list all jurisdictions in which you have been issued a license to practice as a funeral service licensee: *active, inactive, or expired*. Indicate license number and date issued.

| STATE/JURISDICTION | LICENSE NUMBER | ISSUE DATE / STATUS | TYPE OF LICENSURE |
|--------------------|----------------|---------------------|---|
| | | | <input type="checkbox"/> FUNERAL DIRECTOR <input type="checkbox"/> EMBALMER <input type="checkbox"/> BOTH |
| | | | <input type="checkbox"/> FUNERAL DIRECTOR <input type="checkbox"/> EMBALMER <input type="checkbox"/> BOTH |
| | | | <input type="checkbox"/> FUNERAL DIRECTOR <input type="checkbox"/> EMBALMER <input type="checkbox"/> BOTH |

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. | <input type="checkbox"/> | <input type="checkbox"/> |

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. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 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: (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"/> |
|--|--------------------------|--------------------------|

If yes, submit notices, orders, etc., from the regulatory authority where disciplined.

MILITARY SERVICE

YES NO

- | | | |
|----------------------------------|--------------------------|--------------------------|
| 3. Are you active-duty military? | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 4. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active duty orders, <u>or</u> 2) a veteran who has left active duty service within one year of submission of this application? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

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"/> |
|---|--------------------------|--------------------------|

| | YES | NO |
|--|--------------------------|--------------------------|
| (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"/> |
| <hr/> | | |
| 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"/> |
| (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"/> |
| <hr/> | | |
| 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 Funeral Service Licensee. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 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 Funeral Service Licensee. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 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 Funeral Service Licensee. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> |

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