



FUNERAL ESTABLISHMENT OR BRANCH CHANGE OF MANAGER APPLICATION

All fees are non-refundable. **The application fee is \$100.00.** Make check or money order payable to the Treasurer of Virginia.

Any change in manager of record for an establishment or branch shall be reported to the Board
within **14 days** of the change.

ESTABLISHMENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

OWNER'S FULL NAME				
ESTABLISHMENT/BRANCH NAME				
ESTABLISHMENT/BRANCH MAILING ADDRESS		CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH ADDRESS	LOCATION	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH NUMBER	TELEPHONE	ESTABLISHMENT/BRANCH EMAIL ADDRESS		

PREVIOUS MANAGER'S INFORMATION

PREVIOUS MANAGER'S FIRST NAME	PREVIOUS MANAGER'S LAST NAME
PREVIOUS MANAGER'S LICENSE NUMBER	CHANGE EFFECTIVE DATE (MM/DD/YY)

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

APPROVED BY _____

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER
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NEW MANAGER'S INFORMATION

NEW MANAGER'S FIRST NAME	NEW MANAGER'S LAST NAME		
NEW MANAGER'S LICENSE NUMBER	NEW MANAGER PHONE NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE
NEW MANAGER'S EMAIL ADDRESS			

LICENSURE QUESTIONS (To be answered by the Manager of Record)

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. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.

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.).

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?

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

3. Are you a manager of another funeral home?

If yes, please provide the name and license number of the funeral home below.

MILITARY SERVICE

YES NO

4. Are you active-duty military?

5. 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, or 2) a veteran who has left active duty service within one year of submission of this application?

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.

(A.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?

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.

(B.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?

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.

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 Funeral Service Licensee.

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 Funeral Service Licensee.

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.)

AGREEMENT OF MANAGER OF RECORD

I agree to serve as the Manager of Record at the establishment named herein and assume the duties and responsibilities incumbent to the role as specified in the Regulations of the Virginia Board of Funeral Directors and Embalmers. By signing my name below, I acknowledge that I have read and understand the responsibilities of the Manager of Record and agree to perform those duties.

Signature of Manager of Record

Date

AFFIDAVIT OF OWNER

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 owner of the establishment herein. I am applying for a change to the Manager of Record 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 Owner

Date