



APPLICATION CHECKLIST AND INSTRUCTIONS FOR REACTIVATION **(INACTIVE TO ACTIVE)** OF A FUNERAL SERVICE, FUNERAL DIRECTOR, OR EMBALMER LICENSE

SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed.
- FEE – All fees are non-refundable and must be paid by check or money order made payable to the “Treasurer of Virginia.”
 - The reactivation application fee is \$110.00.
- CONTINUING EDUCATION – You must submit copies of certificates for the completion of 5 hours of continuing education for each year in which the license has been inactive, not to exceed three years. Please refer to [18VAC65-20-151](#) for the continued competency requirements for renewal of an active license.

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. Documentation may be submitted electronically to fanbd@dhp.virginia.gov. Documentation related to affirmative answers to the licensure questions must be submitted to the Board in their original format by mail if requested by the Board.
4. Once all documentation has been received, the licensing process can take up to 30 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.



Virginia Department of
Health Professions
Board of Physical Therapy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/PhysicalTherapy

(804) 367-4674 (Tel)
(804) 939-5973 (Fax)
Email:
ptboard@dhp.virginia.gov

**APPLICATION FOR REACTIVATION (INACTIVE TO ACTIVE)
OF A FUNERAL SERVICE, FUNERAL DIRECTOR,
OR EMBALMER LICENSE**

MARK ONLY ONE BOX:

- Funeral Service Licensee License Number: 0 5 0 2 - _____
- Funeral Director License Number: 0 5 0 3 - _____
- Embalmer License Number: 0 5 0 4 - _____

(PLEASE PRINT IN BLUE OR BLACK INK)

| | | |
|--|-------------------------------------|-----------|
| FIRST NAME | MIDDLE NAME | LAST NAME |
| SOCIAL SECURITY NUMBER OR VIRGINIA DMV CONTROL NUMBER* | | |
| DATE OF BIRTH (mm/dd/yyyy) | MAIDEN/OTHER NAME(S), IF APPLICABLE | |

*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.

ADDRESS OF RECORD INFORMATION

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.

| | | | |
|----------------|--------------------|-------|----------|
| ADDRESS STREET | CITY | STATE | ZIP CODE |
| PHONE NUMBER | OTHER PHONE NUMBER | | |
| E-MAIL ADDRESS | | | |

PUBLISHED INFORMATION

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.

| | | | |
|----------------|----------------|-------|----------|
| ADDRESS STREET | CITY | STATE | ZIP CODE |
| PHONE NUMBER | E-MAIL ADDRESS | | |

AFFIDAVIT OF LICENSEE

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 LICENSEE

DATE