

## APPLICATION CHECKLIST AND INSTRUCTIONS FOR COURTESY CARD **REINSTATEMENT**

### SUBMIT THE FOLLOWING:

- APPLICATION** - This application will not be considered until all sections have been completed. 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 and must be paid by check or money order payable to the “Treasurer of Virginia.”
  - The application fee for **Reinstatement** is \$425.00
  - The application fee for **Reinstatement after Suspension** is \$1,000.00
  - The application fee for **Reinstatement after Revocation** is \$2,000.00
- 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.

### GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. The holder of a Virginia courtesy card shall only engage in the practice for which he is currently licensed in another jurisdiction. Any person holding a license as a funeral director or embalmer or an equivalent in another state, having substantially similar requirements as the Board, may apply to the Board for courtesy card privileges to remove bodies from and to arrange funerals or embalm bodies in this Commonwealth. However, these privileges shall not include the right to establish or engage generally in the business of funeral directing and embalming 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 review process can take up to 30 days, except in cases involving reinstatement after suspension or revocation, which take longer to process. 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.

## APPLICATION FOR COURTESY CARD **REINSTATEMENT**

**MARK ONLY ONE BOX:**

|                                                         |                                                         |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Reinstatement after Suspension |
| <input type="checkbox"/> Reinstatement after Revocation |                                                         |

**(PLEASE PRINT IN BLUE OR BLACK INK)**

|                                                        |                                     |           |
|--------------------------------------------------------|-------------------------------------|-----------|
| VIRGINIA LICENSE NO. 05 _____ - _____ - _____          |                                     |           |
| 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 |       |          |
| EMAIL 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   | EMAIL ADDRESS |       |          |

**ESTABLISHMENT INFORMATION**

|                              |                              |       |                            |
|------------------------------|------------------------------|-------|----------------------------|
| ESTABLISHMENT NAME           | ESTABLISHMENT LICENSE NUMBER |       | ESTABLISHMENT PHONE NUMBER |
| ESTABLISHMENT STREET ADDRESS | CITY                         | STATE | ZIP CODE                   |

**OUT OF STATE LICENSURE:** List all jurisdictions in which you have been issued a license to practice as a funeral service licensee: active, inactive, or expired.

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

**LICENSURE QUESTIONS**

Please refer to Board’s [Policy Document](#) on Guidelines for processing applications. 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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>YES</b>               | <b>NO</b>                |
| 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. | <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. statement from the applicant regarding the offense(s), information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).

**MILITARY SERVICE**

- |                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                           | <b>YES</b>               | <b>NO</b>                |
| 1. Are you a spouse of someone who is on federal active-duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia? If yes, please submit a copy of the official military order to the Board. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you active-duty military? If yes, please submit a copy of the official military orders to the Board.                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>ADDITIONAL LICENSURE QUESTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>YES</b>               | <b>NO</b>                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If no, please provide a full explanation. Note: The Board may ask for additional documentation.                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| B. 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?<br><br>If yes, please provide a full explanation.                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Within the past five years, have you been disciplined by any entity?<br><br>If yes, please provide a full explanation and any associated orders or letters from the entity.                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?<br><br>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