

APPLICATION CHECKLIST AND INSTRUCTIONS FOR FUNERAL SERVICE ESTABLISHMENT/BRANCH

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 made payable to the “Treasurer of Virginia.”
 - The application fee for a **New Establishment** is \$600.00
 - The application fee for a **New Branch Establishment** is \$600.00
 - The application fee for a **Change of Ownership with Reinspection** is \$500.00
 - The application fee for a **Change of Location with Inspection** is \$400.00
 - The application fee for a **Change of Establishment Name** is \$100.00
- VIRGINIA STATE CORPORATION COMMISSION (SCC) DOCUMENTATION** – All Corporations, Limited Liability Companies, and Limited Partnerships must register with the [Virginia State Corporation Commission \(SCC\)](#), including any trade/fictitious names, prior to applying for licensure with the Virginia Board of Funeral Directors and Embalmers. For additional information, please [contact the SCC](#).

 General Partnerships must attach recording data or a certificate of partnership issued by the [Virginia State Corporation Commission \(SCC\)](#). Business entities that are trading under a fictitious name(s), which are not corporations, must attach a copy of the certificate filed with the clerk of the court in the locality where the business will be conducted.

 Documentation required may vary depending on the type of business listed on the application.
- CERTIFICATE OF FICTITIOUS NAME** – If applicable, you must submit a copy of the certificate of fictitious name authorized by the State Corporation Commission (SCC).
- ARTICLES OF INCORPORATION** – If applicable, you must submit a copy of the articles of incorporation from the [State Corporation Commission \(SCC\)](#). It must indicate if the corporation is for-profit (stock) or non-profit (nonstock).
- CERTIFICATE OF OCCUPANCY** – A copy of the facility’s Certificate of Occupancy issued by the local building official. This document will be required at the time of inspection.
- MEDICAL WASTE DISPOSAL CONTRACT** – A copy of a contract with a medical waste disposal company. This document will be required at the time of inspection.
- INSPECTION** – If applying for an initial establishment or branch license, a license will not be issued until an inspection of the establishment has been completed and approved.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. Applications received without the required processing fee will be returned to the sender.
2. Once all documentation has been received, the initial review process can take up to 7-10 business days. Scheduling and completion of an inspection may take in excess of 30 days. Board staff will contact you at the email address provided on your application with a status update.
3. An inspection of the establishment is required as part of the application process and must be successfully completed before licensure can be granted.
4. 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.
5. For an initial establishment/branch license or a change of location, an inspection of the establishment/branch is required as part of the application process and must be successfully completed before licensure can be granted.

 <p>Virginia Department of Health Professions Board of Funeral Directors and Embalmers</p>	<p>9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 www.dhp.virginia.gov/funeral</p>	<p>(804) 367-4479 (Tel) (804) 939-5973 (Fax) Email: fanbd@dhp.virginia.gov</p>
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FUNERAL SERVICE ESTABLISHMENT/BRANCH APPLICATION

MARK ONLY ONE BOX:

<input type="checkbox"/> New Main Establishment	<input type="checkbox"/> New Branch Establishment
<input type="checkbox"/> Change of Ownership with Reinspection	<input type="checkbox"/> Change of Location with Inspection
<input type="checkbox"/> Change of Establishment Name	

CURRENT ESTABLISHMENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

CURRENT ESTABLISHMENT NUMBER (FOR NEW BRANCH APPLICATIONS OR CHANGES OF OWNERSHIP, NAME, OR LOCATION) 0 5 _____ - _____ - _____			
OWNER'S FULL NAME/BUSINESS NAME			
ESTABLISHMENT/BRANCH NAME			
DOING BUSINESS AS (DBA) NAME:			
ESTABLISHMENT/BRANCH PHYSICAL ADDRESS: STREET	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH LOCATION ADDRESS OF RECORD: STREET	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH TELEPHONE NUMBER	ESTABLISHMENT/BRANCH EMAIL ADDRESS		

TYPE OF BUSINESS (Select only one)

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP*	<input type="checkbox"/> GENERAL PARTNERSHIP**
<input type="checkbox"/> CORPORATION*	<input type="checkbox"/> LIMITED LIABILITY COMPANY*	<input type="checkbox"/> OTHER _____
Federal Employee Identification Number (FEIN) _____ - _____		

CHECK ALL THAT APPLY

<input type="checkbox"/> CREMATORY ON SITE	<input type="checkbox"/> EMBALMING ON SITE
<input type="checkbox"/> REFRIGERATION ON SITE	<input type="checkbox"/> PREP ROOM ON SITE
<input type="checkbox"/> PRENEED CONTRACTS ON SITE	If "Preneed Contracts On Site" is checked, please list the insurance/annuity companies or places of trust: _____

MANAGER OF RECORD INFORMATION

MANAGER'S FIRST NAME	MANAGER'S LAST NAME
MANAGER'S LICENSE NUMBER 0 5 ____ - ____ - _____	MANAGER'S PHONE NUMBER
STREET ADDRESS	CITY, STATE AND ZIP CODE
MANAGER'S EMAIL ADDRESS	

CHANGE OF ESTABLISHMENT NAME AND/OR LOCATION ONLY

PREVIOUS ESTABLISHMENT/BRANCH NAME	PREVIOUS ESTABLISHMENT/CHANGE LICENSE NUMBER 0 5 ____ - ____ - _____		
NEW ESTABLISHMENT/BRANCH NAME			
ESTABLISHMENT/BRANCH PHYSICAL ADDRESS: STREET	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH LOCATION ADDRESS OF RECORD: STREET	CITY	STATE	ZIP CODE
CHANGE EFFECTIVE DATE (MM/DD/YYYY)	ESTABLISHMENT/BRANCH TELEPHONE NUMBER		
ESTABLISHMENT/BRANCH EMAIL ADDRESS			

LIST ALL PRINCIPALS (OWNERS/OFFICERS/DIRECTORS, ETC.) (Use additional paper, if needed)

NAME #1	SELECT ONE <input type="checkbox"/> Current Owner <input type="checkbox"/> New Owner		
EMAIL ADDRESS	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME #2	SELECT ONE <input type="checkbox"/> Current Owner <input type="checkbox"/> New Owner		
EMAIL ADDRESS	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME #3	SELECT ONE <input type="checkbox"/> Current Owner <input type="checkbox"/> New Owner		
EMAIL ADDRESS	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME #4	SELECT ONE <input type="checkbox"/> Current Owner <input type="checkbox"/> New Owner		
EMAIL ADDRESS	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE

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

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

	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 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. 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?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____		
License Number: 0 5 ____ - ____ - _____		
ADDITIONAL LICENSURE QUESTIONS		
A. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If yes, please provide a full explanation. Note: The Board may ask for additional documentation.	<input type="checkbox"/>	<input type="checkbox"/>
B. 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"/>
C. 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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide a full explanation.		
D. Within the past five years, have you been disciplined 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.		
E. 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.)		

LICENSURE QUESTIONS (To be answered by the Owner(s))

Please refer to Board’s [Policy Documents](#) 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

YES NO

1. Does this establishment replace a facility presently licensed by the Board of Funeral Directors and Embalmers?

If yes, please list the name and the license number of the facility and date it will be officially closed:

Name: _____

License Number: 05 ____ - ____ - _____

Closure Date (MM/DD/YYYY): _____

2. Have you ever been denied a funeral service establishment license?

If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions.

3. 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.

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 #1

DATE

PRINTED NAME OF OWNER #1

SIGNATURE OF OWNER #2

DATE

PRINTED NAME OF OWNER #2

SIGNATURE OF OWNER #3

DATE

PRINTED NAME OF OWNER #3

SIGNATURE OF OWNER #4

DATE

PRINTED NAME OF OWNER #4
