

APPLICATION CHECKLIST AND INSTRUCTIONS FOR FUNERAL ESTABLISHMENT OR BRANCH **CHANGE OF MANAGER**

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

If the Manager of Record (MOR) listed on this application is currently serving as the Manager of Record (MOR) at another licensed establishment, this application cannot be fully processed until a corresponding Change of Manager application has been submitted for that establishment.

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 payable to the “Treasurer of Virginia.”
 - The application fee for **Funeral Establishment or Branch Change of Manager** is \$100.00.

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. Application received without the required processing fee will be returned to the sender.
3. Once all documentation has been received, the review process can take up to 7-10 business days. Board staff will contact you at the email address provided on your application with a status update.
4. Application 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.

FUNERAL ESTABLISHMENT OR BRANCH CHANGE OF MANAGER

ESTABLISHMENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

ESTABLISHMENT LICENSE NUMBER 05 ____ - ____ - _____			
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 ADDRESS OF RECORD: STREET	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH TELEPHONE NUMBER	ESTABLISHMENT/BRANCH EMAIL ADDRESS		

PREVIOUS MANAGER'S INFORMATION

PREVIOUS MANAGER'S FIRST NAME	PREVIOUS MANAGER'S LAST NAME
PREVIOUS MANAGER'S LICENSE NUMBER 05 ____ - ____ - _____	CHANGE EFFECTIVE DATE (MM/DD/YY)
PREVIOUS MANAGER'S EMAIL ADDRESS	
Is this change related to death, illness, resignation, or discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NEW MANAGER'S INFORMATION

NEW MANAGER'S FIRST NAME		NEW MANAGER'S LAST NAME	
NEW MANAGER'S LICENSE NUMBER 05 ____ - ____ - _____		NEW MANAGER'S PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
NEW MANAGER'S EMAIL ADDRESS			

LICENSURE QUESTIONS

(To be answered by the New Manager of Record)

Please refer to the 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.

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 the manager of another funeral home?

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

MILITARY SERVICE

YES NO

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.

2. Are you active-duty military? If yes, please submit a copy of the official military orders to the Board.

ADDITIONAL LICENSURE QUESTIONS

YES NO

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.

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.

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?

If yes, please provide a full explanation.

D. Within the past five years, have you been disciplined by any entity?

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?

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 NEW 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