



## APPLICATION CHECKLIST AND INSTRUCTIONS FOR **REINSTATEMENT** TO PRACTICE FUNERAL SERVICES

### 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 application fee for reinstatement is \$400.00.
  - The application fee for reinstatement after suspension is \$1,000.00.
  - The application fee for reinstatement after revocation is \$2,000.00.
- CONTINUING EDUCATION – If the Virginia license of a Funeral Service Licensee, Funeral Director, or Embalmer is lapsed three years or less and the applicant is seeking reinstatement, they shall provide evidence of having completed the number of continuing education hours for the period in which the license has been lapsed.
 

A course for which the principal purpose is to promote, sell, or offer goods, products, or services to funeral homes is **not acceptable** for continuing education credit. Evidence of attendance shall include a copy of the original certificate of completion provided by the approved sponsor and shall include the following:  
 (a) date(s) the course was taken; (b) hours of attendance or participation; (c) participant’s name; and (d) signature of an authorized representative of the approved sponsor.
- VERIFICATION OF LICENSURE – If applicable, you must provide written verification directly from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Contact each jurisdiction regarding processing fees.
- STATE EXAMINATION – If your Virginia license has been expired for more than three (3) years, you are required to pass the Virginia State Board Examination on Laws, Rules, and Regulations (LRR). Once your application is complete and has been approved, you will receive information on scheduling the LRR examination through the [International Conference of Funeral Service Examining Boards](#).

### 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 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](mailto:fanbd@dhp.virginia.gov); however, certain information must be submitted from the primary source for items such as verifications of licensure from other jurisdictions, and work experience from employers. 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 reinstatement 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.



Virginia Department of  
**Health Professions**  
Board of Funeral Directors and Embalmers

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233  
[www.dhp.virginia.gov/funeral](http://www.dhp.virginia.gov/funeral)

(804) 367-4479 (Tel)  
(804) 939-5973 (Fax)  
Email:  
[fanbd@dhp.virginia.gov](mailto:fanbd@dhp.virginia.gov)

## APPLICATION FOR **REINSTATEMENT** TO PRACTICE FUNERAL SERVICES

<b>MARK ONLY ONE BOX:</b>	<b>MARK ONLY ONE BOX:</b>
<input type="checkbox"/> Funeral Service License	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Funeral Director only	<input type="checkbox"/> Reinstatement after Suspension
<input type="checkbox"/> Embalmer only	<input type="checkbox"/> Reinstatement after Revocation

**(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	
VIRGINIA LICENSE NO.		

\*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		

HAS YOUR LICENSE BEEN EXPIRED FOR **MORE THAN ONE AND LESS THAN THREE YEARS?**

YES

NO

**VERIFICATION OF LICENSURE:** If applicable, list all jurisdictions in which you have been issued a funeral services license, including active, inactive, or expired licenses. You may use additional paper if needed.

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

**CONTINUING EDUCATION:** List all continuing education credit hours for the period in which your license has been lapsed.

Name of Course	Date(s) of Course	Hours of Participation

**LICENSURE QUESTIONS**

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 denied to sit for a funeral service licensure examination?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>  |                          |                          |
| 2. 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. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).

	YES	NO
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?	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>MILITARY SERVICE</b>	YES	NO
4. Are you active-duty military?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

<b>ADDITIONAL LICENSURE QUESTIONS</b>	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.	<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? Please provide a full explanation on a separate page.	<input type="checkbox"/>	<input type="checkbox"/>
D. 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<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