



Virginia Department of
Health Professions
Board of Funeral Directors and Embalmers

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

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

FUNERAL CHANGE OF SUPERVISOR APPLICATION

Change of Supervisor form requires a \$35.00 fee

(Please note: Must be approved by the Board prior to continuing supervision)

All fees must be paid by check or money order made payable to the Treasurer of Virginia. All fees are non-refundable.

The Board will not approve registration of a supervisor who has been subject to Board disciplinary action within the most recent two years.

SUPERVISOR INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

| | | | |
|--|--|-----------------------|----------|
| FIRST NAME | MIDDLE NAME | LAST NAME AND SUFFIX | |
| DATE OF BIRTH MM DD YY | SOCIAL SECURITY NO. OR VA CONTROL NO.* | | |
| ADDRESS OF RECORD**: STREET | CITY | STATE | ZIP CODE |
| ALTERNATE PUBLIC ADDRESS***: STREET | CITY | STATE | ZIP CODE |
| BUSINESS NAME & ADDRESS: STREET | CITY | STATE | ZIP CODE |
| HOME PHONE: | WORK PHONE: | MOBILE PHONE: | |
| VIRGINIA LICENSE NUMBER | | | |
| PRIVATE E-MAIL ADDRESS | | PUBLIC E-MAIL ADDRESS | |
| AREA OF FUNERAL PRACTICE TO PROVIDE SUPERVISION: Supervisor must be licensed in one area of practice. If licensed in both areas, check both options. <input type="checkbox"/> Embalming <input type="checkbox"/> Directing | | | |

*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. **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. ***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.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY _____

| | | | |
|----------------|----------------|------------|----------------|
| LICENSE NUMBER | PENDING NUMBER | BASE STATE | RECEIPT NUMBER |
|----------------|----------------|------------|----------------|

INTERN INFORMATION

| | | | |
|-----------------------------|-----------------------------|--|---------------------|
| FIRST NAME | MIDDLE NAME | LAST NAME AND SUFFIX | |
| ADDRESS OF RECORD**: STREET | | CITY | STATE ZIP CODE |
| HOME PHONE: | WORK PHONE: | MOBILE PHONE: | |
| E-MAIL ADDRESS | EXPECTED DATE OF EMPLOYMENT | INTERN REGISTRATION NO. (If applicable) | |

ESTABLISHMENT INFORMATION

| | | | |
|--|---------------------------------|--|----------|
| ESTABLISHMENT NAME | ESTABLISHMENT LICENSE NUMBER | ESTABLISHMENT PHONE NUMBER | |
| ESTABLISHMENT STREET ADDRESS | CITY | STATE | ZIP CODE |
| ESTABLISHMENT MANAGER'S NAME AND LICENSE NUMBER | | MANAGER'S SIGNATURE: | |
| FUNERAL SERVICE SUPERVISOR'S NAME AND LICENSE NUMBER | | FUNERAL SERVICE SUPERVISOR SIGNATURE: | |
| EMBALMING SUPERVISOR'S NAME AND LICENSE NUMBER | | EMBALMING SERVICE SUPERVISOR SIGNATURE: | |
| ANTICIPATED DATE EMPLOYMENT WILL BEGIN | | TOTAL HOURS SCHEDULED TO WORK EACH WEEK | |

WORK HISTORY – a resume may not be used as a substitute for any question

| FROM (MM/YY) | TO (MM/YY) | EMPLOYER NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE) |
|--------------|------------|--|
| | | |
| | | |
| | | |
| | | |

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 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 applicant regarding the offense(s), 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, such as but not limited to: (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. | | |
| MILITARY SERVICE | YES | NO |
| 3. Are you active-duty military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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, <u>or</u> 2) a veteran who has left active duty service within one year of submission of this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <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"/> |
| Please provide a full explanation on a separate page. | | |
| D. Within the past five years, have you been disciplined by any entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | | |

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