



## APPLICATION CHECKLIST AND INSTRUCTIONS FOR FUNERAL INTERN **REINSTATEMENT**

### 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 **Reinstatement** is \$195.00
  - The application fee for **Reinstatement after Suspension** is \$1,000.00
  - The application fee for **Reinstatement after Revocation** is \$2,000.00

### 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. Applications 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 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.
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.

## APPLICATION FOR FUNERAL INTERN **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 INTERN REGISTRATION 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		

**TRAINING SITE INFORMATION**

MANAGER OF RECORD'S NAME	MANAGER OF RECORD'S LICENSE NUMBER 0 5 ____ - ____ - _____		
ESTABLISHMENT NAME	ESTABLISHMENT LICENSE NUMBER 0 5 ____ - ____ - _____		
ESTABLISHMENT ADDRESS: STREET	CITY	STATE	ZIP CODE
FUNERAL SUPERVISOR NAME	FUNERAL SUPERVISOR LICENSE NUMBER		
DATE EMPLOYMENT BEGAN (MM/DD/YYYY)	TOTAL HOURS SCHEDULED TO WORK EACH WEEK		

**LICENSURE QUESTIONS**

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 denied to sit for a funeral licensure examination?<br><br>If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 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.<br><br>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.). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had any of the following disciplinary actions taken against a license/registration to practice funeral services, funeral directing, or funeral embalming 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?<br><br>If yes, submit notices, orders, etc., from the regulatory authority where disciplined.  | <input type="checkbox"/> | <input type="checkbox"/> |

**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 order 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.)

**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