



CHECKLIST AND INSTRUCTIONS FOR REGISTRATION FOR FUNERAL SERVICE INTERNSHIP PROGRAM

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. **The fee for Funeral Service Intern is \$150.00.** Make check or money order payable to the Treasurer of Virginia.
- OFFICIAL TRANSCRIPT – You must submit an official transcript reflecting your highest level of education, at a minimum, your High School or General Equivalency Diploma (GED). If you have completed an [ABFSE-accredited](#) mortuary science or funeral service education program, or a Board-approved funeral directing education program, you may provide that official transcript. Any transcript provided must include the school seal and conferral date.
- REGISTRATION OF SUPERVISOR – Ensure that your supervisor is [registered](#) with the Board as a supervisor. Supervisors are required to submit the [Funeral Supervisor Registration Application](#) prior to the Registration for Funeral Service Internship Program application.

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. Faxed or emailed documents will not be accepted; only original documents will be accepted unless otherwise noted.
4. Once all documentation has been received, processing can take up to 30 days. 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.

Supervisor Qualifications Required: The Board will approve only current/active Funeral Service Licensees, Funeral Directors, or Embalmers with full and unrestricted licenses with **at least two consecutive years in practice** and who are employed full time in or under contract with the establishment where training occurs to provide training. A supervisor licensed as an Embalmer or a Funeral Director shall provide supervision only in the areas of funeral practice for which they are licensed. Funeral Service Licensees may provide supervision of both embalming and funeral directing if it is in their area of funeral practice. Credit shall only be allowed for training under direct supervision.

Training Site Qualifications Required: The establishment shall have a full, unrestricted Virginia license and have complied in all respects with the Regulations of the Board of Funeral Directors and Embalmers, and have 50 or more funerals and 50 or more bodies for embalming over a 12-month period for each person to be trained. This total must be maintained throughout the period of training.



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

REGISTRATION FOR FUNERAL SERVICE INTERNSHIP PROGRAM APPLICATION

INTERN 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	
PRIVATE E-MAIL ADDRESS			PUBLIC E-MAIL ADDRESS		
GRADUATION DATE ____/____/____ MM DD YY	DEGREE		High School/College/University Name, City, and State		

*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 _____

REGISTRATION NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER
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TRAINING SITE INFORMATION

ESTABLISHMENT NAME		ESTABLISHMENT LICENSE NUMBER
ESTABLISHMENT ADDRESS		
NUMBER OF FUNERAL SERVICES CONDUCTED WITHIN THE PAST YEAR	NUMBER OF EMBALMING PROCEDURES PERFORMED AT THE LISTED ESTABLISHMENT IN THE PAST YEAR	
ESTABLISHMENT MANAGER'S NAME AND LICENSE NUMBER	TELEPHONE NUMBER	MANAGER'S SIGNATURE

SUPERVISOR INFORMATION

FUNERAL SERVICE SUPERVISOR'S NAME AND LICENSE NUMBER	TELEPHONE NUMBER	FUNERAL SERVICE SUPERVISOR SIGNATURE
FUNERAL DIRECTING SUPERVISOR'S NAME AND LICENSE NUMBER	TELEPHONE NUMBER	FUNERAL DIRECTING SUPERVISOR SIGNATURE
EMBALMING SUPERVISOR'S NAME AND LICENSE NUMBER	TELEPHONE NUMBER	EMBALMING SERVICE SUPERVISOR SIGNATURE
SUPERVISOR'S EMAIL ADDRESS		
ANTICIPATED DATE OF EMPLOYMENT	TOTAL HOURS SCHEDULED TO WORK EACH WEEK	

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"/> |
| <p>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. a statement from the applicant regarding the offense(s), information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).</p> | | |

	YES	NO
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.

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, or 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"/>
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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.)	<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