

WAIVER OF FULL-TIME MANAGER

MARK ONLY ONE BOX:

- Waiver of Full-Time Manager Application - \$150.00 Fee
 Renewal for Waiver of Full-Time Manager - \$100.00 Fee

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

FIRST ESTABLISHMENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

OWNER'S FULL NAME			
ESTABLISHMENT NAME		ESTABLISHMENT LICENSE NUMBER	
TRADE NAME		BRANCH NAME	
MAILING ADDRESS	CITY	STATE	ZIP CODE
LOCATION ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		EMAIL ADDRESS	
DATE OF WAIVER (MM/DD/YY)		NUMBER OF CALLS FOR THE LAST YEAR*	

*FOR INITIAL APPLICATION, MONTHLY COPIES OF THE FUNERAL DIRECTOR'S MONTHLY VITAL STATISTICS REPORT FOR THE LAST THREE (3) YEARS ARE REQUIRED FOR EACH ESTABLISHMENT. FOR WAIVER RENEWAL, MONTHLY COPIES OF THE FUNERAL DIRECTOR'S MONTHLY VITAL STATISTICS REPORT FOR THE LAST YEAR ARE REQUIRED FOR EACH ESTABLISHMENT.

NUMBER OF FUNERALS AT THE FIRST FUNERAL ESTABLISHMENT IN THE PAST THREE (3) YEARS

YEAR	NUMBER OF FUNERALS
20	
20	
20	

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

APPROVED BY _____

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER
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SECOND ESTABLISHMENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

OWNER'S FULL NAME			
ESTABLISHMENT NAME		ESTABLISHMENT LICENSE NUMBER	
TRADE NAME		BRANCH NAME	
MAILING ADDRESS	CITY	STATE	ZIP CODE
LOCATION ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		
DATE OF WAIVER (MM/DD/YY)	NUMBER OF CALLS FOR THE LAST YEAR*		

* FOR INITIAL APPLICATION, MONTHLY COPIES OF THE FUNERAL DIRECTOR'S MONTHLY VITAL STATISTICS REPORT FOR THE LAST THREE (3) YEARS ARE REQUIRED FOR EACH ESTABLISHMENT. FOR WAIVER RENEWAL, MONTHLY COPIES OF THE FUNERAL DIRECTOR'S MONTHLY VITAL STATISTICS REPORT FOR THE LAST YEAR ARE REQUIRED FOR EACH ESTABLISHMENT.

NUMBER OF FUNERALS AT THE SECOND FUNERAL ESTABLISHMENT IN THE PAST THREE (3) YEARS

YEAR	NUMBER OF FUNERALS
20	
20	
20	

HARDSHIP

The Board may grant a hardship waiver from the requirement for a full-time manager licensed for the practice of funeral service, allowing the operation of two funeral establishments having in charge one full-time person licensed for the practice of funeral service who divides his time between the two funeral establishments.

The applicant shall submit evidence of:

1. The two establishments have been in operation for at least three years;
2. The combined average number of funeral calls at the two establishments, as submitted in monthly reports to the Division of Vital Records and Health Statistics of the Virginia Department of Health, over the previous three years is no more than 135 per year; and
3. The distance between the two establishments is **50 miles or less**.

NUMBER OF MILES BETWEEN THE TWO ESTABLISHMENTS
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Manager Information

MANAGER NAME	MANAGER LICENSE NUMBER
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LICENSURE QUESTIONS (To be answered by the Manager of Record)

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. 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?	<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.)		

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 Manger of Record and agree to perform those duties.

Signature of Manager of Record

Date

AFFIDAVIT OF OWNER (Establishment #1)

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 understanding 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 for Establishment #1

Date

AFFIDAVIT OF OWNER (Establishment #2)

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 understanding 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 for Establishment #2

Date