



CHECKLIST AND INSTRUCTIONS FOR A WAIVER OF FULL-TIME MANAGER APPLICATION

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 or funeral directing who divides his time between the two funeral establishments.

The applicant shall submit evidence that:

1. The two establishments have been in operation for **at least three (3) years**.
2. The combined average number of funeral calls at the two establishments 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**.

SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed.
- FEE – All fees are non-refundable. Make check or money order payable to the “Treasurer of Virginia.”
 - The application fee for an **Initial** Waiver of Full-Time Manager Application is \$150.00
 - The application fee for a **Renewal** of Current Approved Waiver is \$100.00
- INITIAL APPLICATIONS ONLY: Provide copies of the Electronic Death Registration System (EDRS) vital statistics report or monthly funeral director reports for the last three (3) years for both establishments.
- RENEWAL APPLICATIONS ONLY: Provide copies of the Electronic Death Registration System (EDRS) vital statistics report or monthly funeral director reports for the last one (1) year for both establishments.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. Applications received without the required processing fee will be returned to the sender.
2. Once all documentation has been received, the review process can take 7-10 business days. Board staff will contact you at the email address provided on your application with a status update.
3. Applications will remain on file with the Board for one year from the date of receipt. If, at the end of one (1) year, approval is not issued, the applicant shall reapply in accordance with the requirements of the Regulations.

WAIVER OF FULL-TIME MANAGER APPLICATION

MARK ONLY ONE BOX:

Initial Waiver

Renewal of Current Approved Waiver

#1 ESTABLISHMENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

ESTABLISHMENT LICENSE NUMBER

05 _____ - _____ - _____

OWNER'S FULL NAME/ BUSINESS NAME

ESTABLISHMENT BRANCH NAME

TRADE NAME

ADDRESS OF RECORD: STREET

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS: STREET

CITY

STATE

ZIP CODE

ESTABLISHMENT/BRANCH TELEPHONE NUMBER

ESTABLISHMENT/BRANCH EMAIL ADDRESS

#1 ESTABLISHMENT – Provide the number of funerals at the first funeral establishment in the past three (3) years

YEAR	NUMBER OF FUNERAL CALLS
20 _____	
20 _____	
20 _____	

#2 ESTABLISHMENT INFORMATION

ESTABLISHMENT LICENSE NUMBER 0 5 _____ - _____ - _____			
OWNER'S FULL NAME/ BUSINESS NAME			
ESTABLISHMENT BRANCH NAME			
TRADE NAME			
ADDRESS OF RECORD: STREET	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS: STREET	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH TELEPHONE NUMBER	ESTABLISHMENT/BRANCH EMAIL ADDRESS		
NUMBER OF MILES BETWEEN THE TWO ESTABLISHMENTS			

#2 ESTABLISHMENT – Provide the number of funerals at the second funeral establishment in the past three (3) years

YEAR	NUMBER OF FUNERAL CALLS
20 _____	
20 _____	
20 _____	

MANAGER OF RECORD INFORMATION

MANAGER OF RECORD NAME	MANAGER OF RECORD LICENSE NUMBER 0 5 _____ - _____ - _____
MANAGER OF RECORD EMAIL ADDRESS	

LICENSURE QUESTIONS (To be answered by the Manager of Record)

Please refer to Board's [Policy Documents](#) 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
<p>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.</p> <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. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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?</p> <p>If yes, submit notices, orders, etc., from the regulatory authority where disciplined.</p>	<input type="checkbox"/>	<input type="checkbox"/>
MILITARY SERVICE	YES	NO
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Are you active-duty military? If yes, please submit a copy of the official military orders to the Board.</p>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL LICENSURE QUESTIONS	YES	NO
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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?</p> <p>If yes, please provide a full explanation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>D. Within the past five years, have you been disciplined by any entity?</p> <p>If yes, please provide a full explanation and any associated orders or letters from the entity.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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?</p> <p>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.)</p>	<input type="checkbox"/>	<input type="checkbox"/>

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 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 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 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 OWNER FOR ESTABLISHMENT #2

DATE