



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) 527-4413 (Fax)
Email:
fanbd@dhp.virginia.gov

COURTESY CARD **REINSTATEMENT** APPLICATION

MARK ONLY ONE BOX:

- Reinstatement - \$425.00 Fee
- Reinstatement after Suspension - \$1,000.00 Fee
- Reinstatement after Revocation - \$2,000.00 Fee

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

APPLICANT 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
FACILITY NAME AND ADDRESS: STREET	CITY	STATE	ZIP CODE
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	
E-MAIL ADDRESS			

*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
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OUT OF STATE LICENSURE: If applicable, list all jurisdictions in which you have been issued a license to practice as a funeral service licensee: *active, inactive, or expired*. Indicate license number and date issued.

STATE/JURISDICTION	LICENSE NUMBER	ISSUE DATE / STATUS	TYPE OF LICENSURE
			<input type="checkbox"/> FUNERAL DIRECTOR <input type="checkbox"/> EMBALMER <input type="checkbox"/> BOTH
			<input type="checkbox"/> FUNERAL DIRECTOR <input type="checkbox"/> EMBALMER <input type="checkbox"/> BOTH
			<input type="checkbox"/> FUNERAL DIRECTOR <input type="checkbox"/> EMBALMER <input type="checkbox"/> BOTH

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. | | |
| 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 the applicant regarding the offense(s), information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.). | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 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.

ADDITIONAL LICENSURE QUESTIONS

- | | YES | NO |
|---|--------------------------|--------------------------|
| A. 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?
Please provide a full explanation on a separate page. | <input type="checkbox"/> | <input type="checkbox"/> |
| (A.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Within the past five years, have you been disciplined by any entity?
Please provide a full explanation and any associated orders or letters from the entity. | <input type="checkbox"/> | <input type="checkbox"/> |
| (B.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? | <input type="checkbox"/> | <input type="checkbox"/> |

C. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Courtesy Card Holder.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

D. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Courtesy Card Holder.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

E. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Courtesy Card Holder.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

F. 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