



APPLICATION CHECKLIST AND INSTRUCTIONS FOR **FUNERAL SUPERVISOR** REGISTRATION

SUBMIT THE FOLLOWING:

- ☐ APPLICATION – This application will not be considered until all sections have been completed. This application must be completed by the **Supervisor**.
- ☐ FEE – All fees are non-refundable. The application fee for Funeral Supervisor Registration is \$35.00.
- ☐ AFFIDAVIT OF APPLICANT – The Affidavit of Applicant for Funeral Supervisor Registration must be submitted as supporting documentation to the online application for Funeral Supervisor Registration. The affidavit must be signed by the supervisor and the facility Manager of Record (MOR).

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. Documentation may be submitted electronically to fanbd@dhp.virginia.gov; however, certain information must be submitted from the primary source such as signatures related to this application. Documentation related to affirmative answers to the licensure questions must be submitted to the Board in their original format by mail if requested by the Board.
4. Once all documentation has been received, the licensing process 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.
6. A supervisor must apply for registration with the Board for each intern for whom the supervisor is providing supervision. Such registration shall expire 48 months after registration, or at the completion of the intern's 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

AFFIDAVIT OF APPLICANT FOR **FUNERAL SUPERVISOR** REGISTRATION

SUPERVISOR INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME	MIDDLE NAME	LAST NAME
VIRGINIA LICENSE NUMBER		

AFFIDAVIT OF SUPERVISOR (APPLICANT)

I certify that I have carefully read the laws and regulations related to the practice of funeral services and the funeral service internship program, 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 that 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 Supervisor (Applicant)

Date

AFFIDAVIT OF MANAGER OF RECORD

I certify that I have carefully read the laws and regulations related to the practice of funeral services and the funeral service internship program, which are available at <http://www.dhp.virginia.gov/Funeral>.

I certify by my signature below: I am the manager of record of the establishment where internship supervision will occur. Further, I certify that I have reviewed the statements made on the application which are true and complete to the best of my knowledge. 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 Establishment Manager

Date