



**BOARD OF FUNERAL DIRECTORS AND EMBALMERS
 CHECKLIST AND AFFIDAVIT FOR ACTIVE DUTY
 SERVICEMEMBER/SPOUSE LICENSE PORTABILITY APPLICATION**

This checklist is for applications from active-duty servicemembers and spouses applying under the Servicemembers Civil Relief Act (SCRA) (50 U.S.C. §4025(a)). A license issued pursuant to this section is effective until the next biennial renewal of the license.

SUBMIT THE FOLLOWING:

- APPLICATION AND FEE – Please complete the online application for licensure by endorsement and pay the designated fee. The application fee for Funeral Service, Funeral Director or an Embalmer is \$325.00.
- OFFICIAL TRANSCRIPT – You must submit an official transcript showing completion of an [ABFSE-accredited](#) mortuary science or funeral service program, or Board-approved funeral directing education program (Funeral Director applicants only). The transcript must include the school seal and conferral date. Funeral Director-only applicants are required to provide proof of completion of coursework in pathology.
- VERIFICATION OF LICENSURE – Provide verification of one primary source [state license verification](#) that is in good standing. All verifications must include the following information: licensee name, license number, issue date, expiration date, and any applicable disciplinary action documentation.
 - If the licensing jurisdiction provides online license verifications, you can provide documentation printed directly from the jurisdiction’s website.
 - If the licensing jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain a license verification.
- NATIONAL EXAMINATION SCORES – Please contact the [International Conference of Funeral Service Examining Boards \(ICFSEB\)](#) to transfer your examination scores to the Virginia Board.
- STATE EXAMINATION – All applicants for licensure shall pass the Virginia State Board Examination (Laws, Rules, and Regulations Examination). Once the application is complete and has been approved the applicant will receive information and reference materials regarding the state examination.
- ACTIVE MILITARY ORDERS – You must submit a copy of the active military orders which station the applicant or spouse in Virginia.
- MARRIAGE CERTIFICATE (SPOUSE ONLY) – A copy of the marriage certificate must be provided if the applicant is a spouse of a servicemember.
- NOTARIZED AFFIDAVIT – The attached affidavit must be signed before a notary and submitted to the Board.

GENERAL INFORMATION

- It is unlawful to practice funeral services in Virginia until you have been issued a Virginia license.
- Documentation may be submitted electronically to fanbd@dhp.virginia.gov.



**BOARD OF FUNERAL DIRECTORS AND EMBALMERS
AFFIDAVIT FOR ACTIVE DUTY SERVICEMEMBER/SPOUSE LICENSE
PORTABILITY APPLICATION**

MARK ONLY ONE BOX	MARK ONLY ONE BOX
<input type="checkbox"/> Initial Application by Examination	<input type="checkbox"/> Funeral Service License (combination license)
<input type="checkbox"/> By Endorsement (currently actively licensed, certified, or registered by another jurisdiction)	<input type="checkbox"/> Funeral Director only
	<input type="checkbox"/> Embalmer only

(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER OR VIRGINIA DMV CONTROL NUMBER*		
DATE OF BIRTH (mm/dd/yyyy)	MAIDEN/OTHER NAME(S), IF APPLICABLE	

*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. 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.

AFFIDAVIT OF APPLICANT - I affirm by my notarized signature below:

- I am the applicant and meet the eligibility requirements of the Servicemembers Civil Relief Act (50 U.S.C. §4025(a)).
- I affirm 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 affirm that the information provided on this application has been personally provided and reviewed by me and that statements made on the application are true, correct, 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 or disciplinary action upon this license/certification/registration.
- I understand that I must meet and comply with the licensure requirements and scope of practice for physical therapy in Virginia.
- I affirm that my licenses are in good standing in all states in which I am licensed, whether current, inactive, or expired.
- I affirm that no license, whether current, inactive, or expired, has been revoked or disciplined, and no license is currently under investigation for unprofessional conduct in any state. I further affirm that no license has ever been voluntarily surrendered while under investigation for unprofessional conduct in any state.

Signature of Applicant

Date

State/ County of _____
The foregoing instrument was acknowledged before me
this _____ day of _____
by _____

NOTARY
SEAL