



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Reactivation of Inactive Licensure Application and Instructions

Eligibility and Information

A licensee whose license has been placed on inactive status and wishes to reactivate such license shall submit this application with all required documents to demonstrate that they are qualified and competent to practice with a \$175 fee.

Required Documents

- Completed Application for Reactivation of Inactive License: Applications are required to be completed in full and must be signed. An incomplete application will not be accepted and may be returned to the applicant. Deliberate omissions or fraudulent answers may be grounds for denial of application.
- Previously Issued License: Applicant must provide a copy of the most recent license.
- Continuing Education: Applicant must provide proof of 12 hours of continuing education within two (2) years prior to reactivation. (Funeral Arrangers are excluded from this requirement.)
- Nevada Business License: Individuals who are self-employed or working as independent contractors are required to comply with Nevada business licensing requirements if applicable. Information is available through the Secretary of State's Office or www.nvsilverflume.gov.
- Criminal History Form and/or Legal Reporting Form: These documents must be completed if applicant has a criminal history to report or legal information to report since expiration of prior license. Form can be found on Board website or mailed upon request.
- Fee: A non-refundable check or money order made payable to the "Nevada Funeral and Cemetery Services Board" or by credit card (see below for details) in the amount of \$175 must be submitted at time of application.

Note: Additional Documents may be required to demonstrate that you are qualified and competent to practice. The Board shall notify you of any additional requirements.

Instructions for Completing the Reactivation of Inactive Licensure Application

- Complete the reactivation of inactive licensure application and submit all required documents including copy of most recent license, and criminal history or legal reporting forms if required.
- Once all required information has been received by the Board, allow **ten (10) days** for processing the application. When the application process is complete, if approved, the applicant will receive an approval letter with license.
- The application may need to be reviewed by the Board at the next Board meeting depending on information submitted or obtained by the Board. If review at a Board meeting is required, applicant will be notified of the date, time and location of the meeting.

Mail, Email or Fax Completed Application with Fees to:

Nevada Funeral and Cemetery Services Board

3740 Lakeside Drive, Suite 201

Reno, NV 89509

(775) 825-5535 – Fax: (775) 507-4102

Email: nvfuneralboard@fb.nv.gov

Reactivation of Inactive License

Applicant Information			
Full Legal Name:			
Home Mailing Address:		City:	State: Zip:
Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell		E-mail Address:	
Social Security Number:		Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Authorized to Work in the US		Place of Birth:	
List all prior names used by applicant:			

Employment Information			
Name of Employer:			
Work Mailing Address:		City:	State: Zip:
Phone Number: <input type="checkbox"/> Work <input type="checkbox"/> Cell		Work E-mail Address:	

Preferred Mailing Address (all Board correspondence will be sent to this address):	<input type="checkbox"/> Home	<input type="checkbox"/> Work
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License Information			
<input type="checkbox"/>	FUNERAL ARRANGER	Inactive NV License No.:	Original Issue Date:
Date Licensee Requested Inactive Status:		Expiration Date:	
<input type="checkbox"/>	FUNERAL DIRECTOR	Inactive NV License No.:	Original Issue Date:
Date Licensee Requested Inactive Status:		Expiration Date:	
<input type="checkbox"/>	EMBALMER	Inactive NV License No.:	Original Issue Date:
Date Licensee Requested Inactive Status:		Expiration Date:	

Address History – Please list places of residence for the last 10 years – attach additional sheets if necessary							
1. Current Physical Address:				City:	State:	Zip:	
<i>Dates of Residence:</i>	From:	To:		<input type="checkbox"/> Own	<input type="checkbox"/> Rent		
2. Prior Physical Address:				City:	State:	Zip:	
<i>Dates of Residence:</i>	From:	To:		<input type="checkbox"/> Own	<input type="checkbox"/> Rent		
3. Prior Physical Address:				City:	State:	Zip:	
<i>Dates of Residence:</i>	From:	To:		<input type="checkbox"/> Own	<input type="checkbox"/> Rent		
4. Prior Physical Address:				City:	State:	Zip:	
<i>Dates of Residence:</i>	From:	To:		<input type="checkbox"/> Own	<input type="checkbox"/> Rent		

Reactivation of Inactive License

Professional Employment History (5 years) – attach additional sheets if necessary

1. Current Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

2. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

3. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

4. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

5. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

Professional Licensing History -- attach additional sheets if necessary

Are you now or have you ever been licensed, certified or registered as an Embalmer or Funeral Director in any other jurisdiction? <i>If yes, please list all licenses below.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been licensed or are you currently licensed in this State or any other state for any profession? <i>If yes, please list all licenses below.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
State/Jurisdiction	License Type	License #	Date of Issue

Reactivation of Inactive License

Continuing Education Courses – attach additional sheets if necessary (Funeral Directors and Embalmers Only)

Have you completed at least 12 hours of approved continuing education pursuant to NRS 642.416 and/or NRS 642.120	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Course Title: _____

Course Sponsor: _____

Dates Attended: _____ Units: _____

Course Title: _____

Course Sponsor: _____

Dates Attended: _____ Units: _____

Course Title: _____

Course Sponsor: _____

Dates Attended: _____ Units: _____

NOTE: NO CONTINUING EDUCATION DOCUMENTATION SHOULD ACCOMPANY THIS FORM. Pursuant to regulation, licensees shall retain a certificate of completion awarded for completing a course of study or training for continuing education for five (5) years after completion of the course of training. A copy of the certificate must be submitted to the Board upon request to verify completion of the course of study or training. Failure to provide the requested certificate(s), if requested, may subject the licensee to disciplinary action. Any false, incorrect or misleading statement(s) on this form may subject the licensee to disciplinary action.

Military History Questions

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from service under conditions other than dishonorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Nevada Business License Information- Please Check ONE appropriate answer.

<input type="checkbox"/>	I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.
<input type="checkbox"/>	I do NOT have a Nevada Business License number and AM required to have one under the provisions of NRS Chapter 76.
<input type="checkbox"/>	I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Child Support Information – Please Check ONE appropriate answer.

<input type="checkbox"/>	I am not subject to a court order for the support of a child.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Reactivation of Inactive License

Legal Information	
Since the date the last license was issued, have you had any legal action taken against any professional license held for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning applicant in process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since the date the last license was issued, have you had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since the date the last license was issued, have you relinquished or surrendered any license, permit or certificate while under investigation, or after initiation of a disciplinary proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)</i>	
Since the date the last license was issued have you been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Excluding minor traffic violations.) If "yes" is checked, a "Criminal History Form" must be completed by each person for whom this answer applies. Form may be found on the Board website or mailed upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification and Signature

The undersigned hereby applies for a license, under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the credentials submitted, and the same were procured in the regular course of instruction and examination, without fraud or misrepresentation; and with full knowledge that all statements made in this application may be subject to investigation, and may include a check for fingerprints, police records, and former employers. Applicant understands that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a license is issued and it is later determined that false or misleading information was provided, the license may be revoked.

Applicant agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understands that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

Signature of Applicant

Date

Print Name

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> License No.:	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Approved	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Denied	
<input type="checkbox"/> Reactivation Date:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Date License Mailed:			

Reactivation of Inactive License

Credit Card Payment Information

Payment Method

Applicant Name: _____



Amount: _____

\$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year _____

Billing Address _____

Billing City, State & Zip _____

Email for Receipt: _____

Authorization

Signature: _____

By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.