

**Application form for apprentices in the Province of Nova Scotia**  
**General Instructions and Important Notice to Apprentice Applicants**

Completion of this application form is necessary for consideration for licensure as an Apprentice Funeral Director or Embalmer in Nova Scotia, according to Embalmers and Funeral Directors Act and Regulations. Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for initial licensure, renewal, and/or examination have a continuing obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate.

Carefully follow the directions on this application form. In addition, note the following:

1. Type or print legibly with black or blue ink only.
2. The licensure and application fees are NOT refundable.
3. All required supporting documentation must be submitted with the application or it will not be processed until the completed application and supporting documentation has been received.
4. All supporting documents must be submitted with the application or within 30 days thereof.
5. If a fully completed application has not been received by the Board Office by the expiration date specified on the current license or is considered incomplete, it is subject to the \$100.00 late fee per license.
6. Any application for renewal that is not received or is incomplete 30 days or more after the expiration date is subject to an additional \$100.00 administrative fee per license.
7. All applications incomplete after 90 days from receipt will be null and void and the applicant will have to submit a new application and supporting documentation.
8. All licensees who allow their license to expire will not be permitted to act in the capacity of, or carry on any of duties as, an apprentice funeral director and/or embalmer from the date of expiration forward.

**Supporting Documentation and Fees:**

If you are applying for licensure as an apprentice funeral director or embalmer, you must submit the following documents and fees:

1. Applicable Fee
2. Completed licensing application form
3. Proof high school diploma or equivalent, as per the Embalmer and Funeral Director Regulations, if applying as a new applicant for any type of license
4. Criminal Background Check completed within the last 90 days, as required for new applicants and both new and renewing apprentices
5. Signed Mentor Agreement, if applying for a new apprentice license or renewal
6. Verification of Licensure from all jurisdictions previously licensed in, if applicable
7. Copy of valid driver's license

Fees are as follows:

Apprentice Embalmer / Funeral Director License - \$100.00 each, per year, on renewal date

*Your application is NOT considered complete until all supporting documents and fees have been received by the Nova Scotia Board of Registration of Embalmers and Funeral Directors*

**The Nova Scotia Board of Registration of Embalmers and Funeral Directors**  
 203-620 Nine Mile Drive, Bedford, Nova Scotia B4A 0H4  
 Telephone: (902) 407-6001 Fax: (902)407-6002  
 www.nsbrefd.com

**PART I. APPLICANT IDENTIFYING INFORMATION:**

\_\_\_\_\_  
 First Name                      Middle Name                      Last Name                      Suffix

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

Address of applicant, including postal code, City, Province, Postal Code:

Street Address:                      City:                      Province:                      Postal Code

Mailing Address (if different from above):

Street Address:                      City:                      Province:                      Postal Code:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify as: \_\_\_\_\_

Are you currently employed at a funeral home, crematorium, or related facility?

Name of funeral home/facility:

Address:

Phone number: \_\_\_\_\_

Part time \_\_\_\_\_ Full time \_\_\_\_\_ Name of Mentor: \_\_\_\_\_

Has your employer/employment situation changed in the last 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please indicate your previous employer: \_\_\_\_\_

Apprentice Funeral Director		Renewal Fee: \$100.00
Apprentice Embalmer		Renewal Fee: \$100.00
Total Fees Submitted		

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**PART II. EDUCATION:**

List educational institution attended that satisfies educational requirements for licensure.

Funeral Service School currently enrolled at: \_\_\_\_\_

Program attending: \_\_\_\_\_

Anticipated graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

High School/GED institution attended: \_\_\_\_\_

Any previous apprenticeship participation in another province \_\_\_ YES \_\_\_ NO

If yes, which province? \_\_\_\_\_

Funeral home name: \_\_\_\_\_

Mentor name: \_\_\_\_\_

Types of apprentice license held: \_\_\_\_\_

Dates of apprenticeship: \_\_\_\_\_

**PART III. WORK HISTORY (OPTIONAL):**

List all your most recent employer. If you have never been employed, insert "N/A" for Not Applicable.

Employer:	Job Title:	Address:	Dates of Employment:
_____	_____	_____	_____
_____	_____	City: _____	To _____
		Province: _____	
		Postal Code: _____	

**PART V. PAST DISCIPLINARY ACTION:** (Please initial next to Yes or No for each)

Have you ever had a license revoked or suspended, been fined, placed on probation, reprimanded, or otherwise disciplined by any regulatory authority in this province or any other province, territory or jurisdiction? YES \_\_\_ NO \_\_\_

Do you have any actions pending? YES \_\_\_ NO \_\_\_

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Have you ever voluntarily relinquished or surrendered a professional license while under investigation, or during a disciplinary proceeding against you or the license?

YES \_\_\_\_ NO \_\_\_\_

Have you ever had any licensing application to practice in the funeral profession denied?

YES \_\_\_\_ NO \_\_\_\_

**PART VI. CRIMINAL HISTORY Please initial next to Yes or No for each.**

Have you ever been convicted of a crime in the Province of Nova Scotia or any other province or country, or are criminal charges currently pending against you? **(A criminal record must be submitted with this application)**

YES \_\_\_\_ NO \_\_\_\_

**PART VII. CERTIFYING STATEMENT**

I hereby certify that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I will at all times comply with all applicable provincial laws, Acts and Regulations, as well as all professional policies and guidelines governing the license I am seeking to obtain. I have reviewed the following policies and legislation (please **initial** each item below to confirm you are aware of the Acts, Regulations, and policies which govern the funeral profession in Nova Scotia):

\_\_\_\_ *Embalmers and Funeral Directors Act for Nova Scotia*

\_\_\_\_ *Embalmers and Funeral Directors Regulations for Nova Scotia*

\_\_\_\_ *Cemetery and Funeral Services Act for Nova Scotia*

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\_\_\_\_ *Anatomy Act*

\_\_\_\_ *Operators of Crematoria Regulations*

\_\_\_\_ *Fatality Investigations Act*

\_\_\_\_ *Health Protection Act*

\_\_\_\_ *Transportation of the Dead Regulations*

\_\_\_\_ *Vital Statistics Act*

\_\_\_\_ *Vital Statistics Regulations*

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Nova Scotia Board of Registration of Embalmers and Funeral Directors Policies:

- \_\_\_\_\_ Continuing Education Policy
- \_\_\_\_\_ Exam Policy
- \_\_\_\_\_ Applicant Policy
- \_\_\_\_\_ Statute of Limitations Policy
- \_\_\_\_\_ Apprentice Application Policy and Guidelines
- \_\_\_\_\_ Mentor Agreement
- \_\_\_\_\_ Social Media Policy and Guidelines
- \_\_\_\_\_ Safe Disclosure Policy and Procedures
- \_\_\_\_\_ Code of Professional Conduct
- \_\_\_\_\_ Policy for Accommodations of Applicants
- \_\_\_\_\_ Appeal Procedures

Additionally, I understand and agree that any false information, misrepresentations, or omissions in this application and during the application process are cause for denial of this application.

\_\_\_\_\_  
**Signature of Applicant (Do not print)**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signed at:**

OFFICE USE ONLY	
Date Application Received	
Date Renewal Issued	
Total Fees Submitted	\$
Payment method:	_____ Cheque _____ Email money transfer _____ Money Order