

The Nova Scotia Board of Registration of Embalmers and Funeral Directors

84 Chain Lake Drive, Suite 200, Halifax, NS B3S 1A2

Telephone: (902) 407-6001

www.nsbrefd.com

2022-2023 Application form for licensees for the Province of Nova Scotia General Instructions and Important Notice to Applicants

Completion of this application form is necessary for licensure consideration as a Funeral Director, 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 subsequently, may result in denial of this application.

All candidates for initial licensure and renewal of licensure 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. Any application that is not received by the Board Office by June 30 or is considered incomplete on June 30 of any given year is subject to the \$100.00 late fee per license.
5. Any application that is not received or is incomplete after August 1 of any given year, will be cancelled and is subject to an additional \$100.00 administrative fee per license.
6. All applications incomplete after 90 days from receipt will be null and void and the applicant will have to submit a new application, as a result.
7. All licensees who allow their license to lapse, will not be permitted to act in the capacity of, or carry on any of duties as, a funeral director and/or embalmer after July 1 of any given year.

Supporting Documentation and Fees:

Documentation:

1. You are requested to supply proof of required continuing education credits at the end of an applicants five-year continuing education credit block. Licensees who are at the end of their five year block at the time the application is received, but are unable to provide proof, or have not completed their required credits will not be renewed and any applicable late fees and/or administrative fees will apply.
2. Fully completed application form signed by applicant and witnesses by another party.

Fees:

Embalmer / Funeral Director License - \$200.00 per license, due June 30 of any given year.

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. Incomplete applications will not be processed.

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PART I. APPLICANT INFORMATION:

First Name Middle Name Last Name Suffix

Date of Birth ____/____/____ (MM/DD/YY)

Home address of applicant, including 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: _____

Has your contact information changed in the last 12 months? ____ Yes ____ No

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/crematorium/facility:

Full address of funeral home/crematorium/facility (including postal code):

Phone number: _____

Part time ____ Full time ____

Has your employer/employment situation changed in the last 12 months? ____ Yes ____ No

Embalmer License		Renewal Fee: \$200.00
Funeral Director License		Renewal Fee: \$200.00
Total Fees Submitted		\$
Payment method:	____ Cheque ____ Email money transfer ____ Money Order	

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PART II. EDUCATION:

Have you previously participated in an apprenticeship prior to being licensed as a funeral director and/or embalmer? ___ YES ___ NO

Have you previously completed the NSCC Kingstec Funeral and Allied Health Services or Funeral Directing and Arranging Program prior to being licensed as a funeral director and/or embalmer? ___ YES Graduation year: _____ ___ NO

PART III. WORK HISTORY (OPTIONAL):

List all employment chronologically within the last three years to the present. 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 IV. PREVIOUSLY LICENSED IN OTHER JURISDICTIONS:

If you have ever been licensed, certified or registered to practice in the profession for which you are now making an application, or held any other professional license, certification or registration, complete the information requested below. **Under status: Please note if license is active, inactive, or lapsed. (Failure to completely disclose above information, could result in automatic denial.)*

Type of license(s) held:

Province(s):

Date licensed:

Currently licensed: YES ___ NO ___ If no, specify the year last licensed: _____

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

Have you ever had a license revoked, suspended, fined, placed on probation, reprimanded, or otherwise disciplined, including a warning or disciplinary letter, by any regulatory authority in this province or any other province, territory, or jurisdiction? YES ____ NO ____

Do you have any actions pending or have you been notified of a pending complaint?

YES ____ NO ____

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 funeral services 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?

YES ____ NO ____

If yes, please specify the conviction received and date of the conviction:

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 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 to confirm you are aware of the Acts, Regulations, and policies which govern the funeral profession):

____ *Embalmers and Funeral Directors Act* for Nova Scotia

____ *Embalmers and Funeral Directors Regulations* for Nova Scotia

____ *Cemetery and Funeral Services Act* for Nova Scotia

____ *Cemetery and Funeral Services Regulations* for Nova Scotia

____ *Anatomy Act*

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- _____ Operators of Crematoria Regulations
- _____ *Fatality Investigations Act*
- _____ *Health Protection Act*
- _____ Transportation of the Dead Regulations
- _____ *Vital Statistics Act*
- _____ Vital Statistics Regulations

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
- _____ Code of Professional Conduct

Additionally, I understand and agree that any false information, misrepresentations, or omissions in this application and during the application process is cause for denial of this application or reversal of approval decision. I understand approval is not guaranteed.

Signature of Applicant (Do not print)

Printed Name of Applicant

Date

Signed at:

Witness (Do not print)

Printed Name of Witness

Date