

GEORGIA STATE BOARD OF FUNERAL SERVICE
237 COLISEUM DRIVE
MACON, GA 31217
478.207.2440
www.sos.ga.gov/plb/funeral

APPLICATION TO REACTIVATE LICENSE

GENERAL INFORMATION

This application is used to reactivate embalmer and funeral director licenses that have been placed on Inactive Status previously. Please review Board Rule 250-6-.04 below to learn details about the requirements for reactivating an inactive license:

250-6-.04 Inactive Status.

A person must have a current Georgia license in order to apply for inactive status.

(a) A funeral director or embalmer who holds a current license and who will not practice funeral directing or embalming in Georgia may apply for inactive status by completing an Application for inactive status and submitting the appropriate fee (see Fee Schedule) to the Board. Once the license is on inactive status, an embalmer or funeral director **shall not** practice embalming or funeral directing in the State of Georgia while that license is on Inactive Status.

(b) In order to place a license on inactive status, the license must be in good standing and the licensee must show that he/she has met continuing education hours which will be required at their next renewal.

(c) **A funeral director or embalmer who wishes to reactivate an inactive license must submit to the Board an Application to Reactivate, appropriate fee, and documentation of continuing education.**

1. If the request to reactivate is received more than two years but less than four years from the date on which inactive status was approved, the licensee must document five (5) continuing education hours.

2. If the request to reactivate is received four or more years after the date on which inactive status was approved, the licensee must document 10 continuing education hours and take and pass the State Laws and Rules Examination, notwithstanding the fact that he/she may have passed the Laws and Rules Examination on a prior date.

APPLICATION PROCEDURE

Submit the Application for Reactivation of License, along with the non-refundable fee, and a copy of your certification(s) of completion of the appropriate number of continuing education hours required for reactivation.

- If your license has been on Inactive Status for more than two years, but less than four years, you are required to submit proof of completion of five (5) hours of continuing education.
- If your license has been on Inactive Status for four years or longer, you are required to submit proof of completion of ten (10) hours of continuing education **and** pass the Georgia Laws and Rules Exam.

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DO NOT WRITE IN THIS SECTION	
RECEIPT # _____	
AMOUNT _____	
APPLICANT # _____	
INITIAL _____	DATE _____

APPLICATION TO REACTIVATE LICENSE

Embalmer License # EMB _____ \$100.00 Non-Refundable

Funeral Director License # FD _____ \$100.00 Non-Refundable

PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR, SR, ETC)
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PHYSICAL ADDRESS

STREET OR PO BOX	CITY	COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER
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MAILING ADDRESS *(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing.):*

STREET (P O BOX NOT ACCEPTABLE)	CITY	COUNTY	STATE	ZIP CODE
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EMAIL ADDRESS _____ **TELEPHONE NUMBER** _____
(FOR CORRESPONDENCE FROM BOARD. NOT RELEASED TO 3RD PARTIES)

CHECK ONE OF THE FOLLOWING STATEMENTS:

My license has been on Inactive Status more than two years, but less than four years.
Five hours of continuing education required

My license has been on Inactive Status four years or longer.
Ten hours of continuing education required, along with successful completion of the GA Laws & Rules Exam

PROFESSIONAL BACKGROUND INFORMATION

The Applicant must answer the following questions. If your answer is "Yes" to any of the following questions, provide explanation, including certified documentation. Such documentation includes, but is not limited to, court dispositions and disciplinary action by a licensing board. Attach additional sheets, if necessary.

() Yes	() No	Have you had revoked, suspended, or otherwise sanctioned any license issued to you by any board, agency, or licensing authority in Georgia or any other state?
() Yes	() No	Were you denied issuance of or, pursuant to any disciplinary proceedings, refused renewal of a license by any board, agency, or licensing authority in Georgia or any other state?
() Yes	() No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
() Yes	() No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
() Yes	() No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
() Yes	() No	Have you been arrested, charged or sentenced for the commission of a felony or any crime involving moral turpitude?
() Yes	() No	Are you unable to practice with reasonable skill and safety due to illness or use of alcohol, drugs, narcotics, chemicals or any other types of material, or as a result of any mental or physical condition? If so, attach notarized physician statement.
() Yes	() No	Have you had any suit filed against you related to the practice of a profession?
() Yes	() No	Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation), entered a plea of guilty or nolo contendere, or entered a plea under first offender provision? If "Yes," attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation. DWI and DUI are not minor traffic violations.

AFFIDAVIT

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (See O.C.G.A. § 43-1-19.)

STATE OF GEORGIA
 COUNTY OF _____

 SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 _____ DAY OF _____, _____

 PRINT NAME

 NOTARY PUBLIC
 MY COMMISSION EXPIRES: _____

 DATE

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Georgia State Board of Funeral Service to conduct a background investigation of me to determine my suitability for a licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board or authorized representatives, whether such records and information are of a public, private, or confidential nature, to include criminal history records.

Full Name Printed

Sex

Race

Social Security Number

Date of Birth

Street Address

Home Phone Number

City, State, Zip Code

Work Phone Number

Signature

Date