168 Hobsons Lake Drive, Suite 301, Halifax, NS B3S 0G4
Telephone: (902) 407-6001
www.nsbrefd.com kortneyadams@nsbrefd.com

2023-2024 Application form for licensees for the Province of Nova Scotia General Instructions and Important Notice to Applicants

According to the Embalmers and Funeral Directors Act and Regulations, completing this application form is necessary for licensure consideration as a Funeral Director, Embalmer in Nova Scotia. Failure to disclose all requested information may result in this form not being processed and, subsequently, 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. Applicants must submit all required supporting documentation along with the completed application, or it will not be processed until the completed application and supporting documentation are received.
- 4. Applications not received by June 30 or incomplete applications on June 30 of any given year are subject to the \$100.00 late fee per license.
- 5. An application not received or which is incomplete after August 1 will be cancelled and is subject to an additional \$100.00 administrative fee per license.
- 6. After 90 days from receipt, all incomplete applications will be null and void, and the applicant must submit a new application.
- 7. All licensees who allow their license to lapse will not be permitted to act in the capacity of or carry on any duties as a funeral director and/or embalmer after July 1 of any given year.

Supporting Documentation and Fees:

Documentation:

- 1. You must supply proof of completed continuing education credits at the end of the five-year credit block. Licensees at the end of their five-year block who cannot provide proof or have yet to complete their required credits will not have their licenses renewed, and any applicable late fees and/or administrative fees will apply.
- 2. Fully completed application form signed by the applicant and witnesses by another party.
- 3. Provide a valid driver's licence, front and back (first-time applicants, lapsed applicants, or applicants from another province)

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 are received by the Nova Scotia Board of Registration of Embalmers and Funeral Directors. Only complete applications will be processed.

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PART I. APPLICANT INFORMATION:

First Name	Middle News	Last Name					
First Name	Middle Name	Last Name	Pronoun				
Date of Birth/_	/ (MM/DD/YY)						
Home address of the ap	plicant, including City,	, Province, and Po	ostal Code:				
Street Address:	City:	Province:	Postal Code:				
Mailing Address (if differ Street Address:	ent from above): City:	Province:	Postal Code:				
Home Phone:	Cell Phone: _		Email:				
Has your contact inform	ation changed in the la	ast 12 months? _	Yes No				
Identify any maiden nan	•	ther names or alia	ases you have been known by c	or used and			
Are you employed at a funeral home, crematorium, or related facility?							
If yes: Part time Full time Casual/on-call							
If no: Unemployed	If no: Unemployed Retired Working outside of the funeral profession						
If yes, the Name of the f	uneral home/cremator	rium/facility:					
Full address of funeral h	ome/crematorium/fac	ility (including pos	etal code):				
Phone number:							
Has your employer/emp	loyment situation char	nged in the last 12	2 months? Yes N	No			
	Please (√) a	application fee ty	pe below				
lew Application Embalmer	License		Fee: \$200.00				
ew Application Funeral Director Licensee			Fee: \$200.00				
enewal Application Embalmer License			Fee: \$200.00				
enewal Application Funeral Director Licensee			Fee: \$200.00				
otal Fees Submitted			\$				
ayment method (Please c	heck):	Cheque	_ Email money transfer M	loney Order			

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PART II. EDUCA	TION:		
Have you previou embalmer? Y		oprenticeship before being licen	nsed as a funeral director and/or
Directing and Arra		-	d Health Services or Funeral ector and/or embalmer? YES
PART III. WORK	HISTORY (OPTIONAL	.) :	
	nt chronologically within 'N/A" for Not Applicable	n the last three years to the present.	sent. If you have never been
Employer:	Job Title:	Address:	Dates of Employment
		City:	То
		Province:	
		Postal Code:	
requested below.	*Under status: Please ation entirely could resu		on, complete the information ive, or lapsed. (Failure to disclose
Province(s):	, noid.		
Date licensed:			
Currently licensed	d: YES NO I	f no, specify the year last licens	sed:
PART V. PAST D	ISCIPLINARY ACTION	N: (Please <u>initial</u> next to Yes or	No for each)
		or suspended, been fined, place uthority in this province or any	ed on probation, reprimanded, or other province, territory, or
YES NO			
Do you have any outside the funera		any license in any province, ter	ritory, or jurisdiction, within or
YES NO			

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Have you, at any time, voluntarily relinquished or surrendered any professional license while under investigation or during a disciplinary proceeding against you or your license(s)? YES NO Have you ever had any licensing application to practice in the funeral or any other profession denied? YES ____ NO ____ PART VI. CRIMINAL AND LEGAL HISTORY 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 all first-time applications) YES ____ NO ____ Have you ever received a regulatory conviction or been charged with a regulatory offence in the Province of Nova Scotia or any other province or country, or are there any pending actions against you? YES ____ NO ____ Do you have any pending actions, or have you been notified of a pending complaint? 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 comply with all applicable provincial laws, Acts and Regulations, and professional policies and guidelines governing the license I seek 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 _____ 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

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Applicant Policy					
Statute of Limitations Poli	СУ				
Apprentice Application Po	licy and Guid	lelines			
Mentor Agreement					
Social Media Policy and G	Guidelines				
Safe Disclosure Policy an	d Procedures	3			
Code of Professional Con					
Accommodations Policy	adot				
•					
I understand that any fees paid a will not be credited toward any su					ity. Payments
Further information can be four Policy. I also understand that if license is not publicly displayed capacity of a licensee. Additionally, I understand and a omissions in this application, sup application process are cause for	a license app ahead of the agree that ar porting docur	olication of expiration of expiration of the exp	r renewal is not completed in date, I cannot carry for misleading information, reporting, apprenticing	eted and rene on the duties on, misrepres	ewed, and the sor act in the sentations, or
Signature of Applicant (Do not print)		Printe	d Name of Applicant		_
Date		Signed at:			-
Witness (Do not print)		Printed Name of Witness			
Date		_			
OFFICE USE ONLY					
Date Application Received					
Application Approved					
Date Renewal Issued					
Total Fees Submitted	\$				
Payment method:	Che	que	Email money transfer	Money	Order