

The Nova Scotia Board of Registration of Embalmers and Funeral Directors

168 Hobsons Lake Drive, Suite 301, Halifax, NS B3S 0G4

Telephone: (902) 407-6001 www.nsbrefd.com kortneyadams@nsbrefd.com

**2025-2026 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 or embalmer in Nova Scotia. Failure to disclose all requested information may result in this form not being processed and, subsequently, in the 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 and supporting documentation.**
- 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 (only required for 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 the Nova Scotia Board of Registration of Embalmers and Funeral Directors receives all supporting documents and fees. Only complete applications will be processed. The Board may require additional information and documentation and will notify you if this is required.

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PART I. APPLICANT INFORMATION:

First Name Middle Name Last Name Preferred pronoun

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

Home address of the applicant, including City, Province, and Postal Code:

Street Address: City: Province: Postal Code:

Mailing Address (if different from above):

Street Address: City: Province: Postal Code:

Home 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 employed at a funeral home, crematorium, or related facility?

If yes: Part time ____ Full time ____ Casual/on-call ____

If no: Unemployed ____ Retired ____ Working outside of the funeral profession ____

If yes, the Name of the funeral home/crematorium/facility:

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

Phone number: _____

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

Please (✓) application fee type below		
New Application Embalmer License		Fee: \$200.00
New Application Funeral Director Licensee		Fee: \$200.00
Renewal Application Embalmer License		Fee: \$200.00
Renewal Application Funeral Director Licensee		Fee: \$200.00
Total Fees Submitted		\$
Payment method (Please check):	____ Cheque ____ Email money transfer ____ Money Order	

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PART II. EDUCATION:

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

Have you previously completed the NSCC E-Campus Funeral and Allied Health Services or Funeral Directing and Arranging Program before being licensed as a funeral director and/or embalmer? ☐ YES ☐ NO If yes, Graduation year: _____

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 applying or held any other professional license, certification or registration, complete the information requested below. **Under status: Please note if a license is active, inactive, or lapsed. (Failure to disclose the above information entirely 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: _____

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

Have you ever had any 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 pending actions under any license in any province, territory, or jurisdiction, within or outside the funeral profession?

YES ☐ NO ☐

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)?

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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 for any license you hold?

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

____ Applicant Policy

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_____ 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

_____ Accommodations Policy

I understand that any fees paid are non-refundable, including those paid by a person or entity. Payments will not be credited toward any subsequent fee(s) payable by the person or entity.

I understand that failure to submit a completed application for licensure before the expiration date specified on a given license, including an application to renew a license, will result in late and/or administrative fees. Further information can be found within the Apprentice Applicant Policy and Guidelines and the Applicant Policy. I also understand that if a license application or renewal is not completed and renewed, and the license is not publicly displayed ahead of the expiration date, I cannot carry on the duties or act in the capacity of a licensee.

I understand and agree that any false or misleading information, misrepresentations, or omissions in this application, supporting documentation, reporting, apprenticing, mentoring, and during the application process are cause for denial of this application. I understand that any non-compliance with the above legislation or policies may result in disciplinary action. I understand and confirm that my information related to my activities as a licensee may be shared with Service Nova Scotia and Vital Statistics when necessary and required. This includes providing information to Vital Statistics to confirm eligibility as a Division Registrar in Nova Scotia.

Signature of Applicant (Do not print)

Printed Name of Applicant

Date

Signed at:

Signature of Witness

Printed Name of Witness

Date

OFFICE USE ONLY	
Application Approved/Denied	
Date Renewal Issued	
Total Fees Submitted	\$
Payment method:	____ Cheque ____ Email money transfer Cheque number: _____