

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr.
Macon, GA 31217
478.207.2440
www.sos.ga.gov/plb/funeral

APPLICATION TO REACTIVATE LICENSE

(reactivate from Inactive Status)

GENERAL INFORMATION

Information about applying to reactivate your 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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Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

**APPLICATION TO REACTIVATE LICENSE
FROM INACTIVE STATUS**

Embalmer License # EMB _____ - \$100.00 fee*
*(non-refundable)

Funeral Director License # FD _____ - \$100.00 fee*
*(non-refundable)

Applicant Name: _____

Social Security # ¹:

_____|_____|_____|_____|_____|_____| - ____|____|____|____|____|____| - ____|____|____|____|____|____|

Date of Birth:

____|____|____|____| - ____|____|____|____| - ____|____|____|____|

This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

Residential Address: _____

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

____|____|____|____|____|____|
STATE

____|____|____|____|____|____| - ____|____|____|____|____|____|
ZIP

____|____|____|____|____|____|
APT #

Mailing ²

Address: _____

(P.O. BOX ACCEPTABLE)

² O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

CITY

____|____|____|____|____|____|
STATE

____|____|____|____|____|____| - ____|____|____|____|____|____|
ZIP

____|____|____|____|____|____|
APT #

Daytime Phone #

____|____|____|____|____|____| - ____|____|____|____|____|____| - ____|____|____|____|____|____|

Evening Phone #

____|____|____|____|____|____| - ____|____|____|____|____|____| - ____|____|____|____|____|____|

E-mail Address ³: _____

³Required for communication with Board staff. Your email will not be shared with third parties.

Select one of the following statements:

My license has been on Inactive Status more than two (2) years, but less than four (4) years. I am submitting proof of continuing education for the past five (5) years.

My license has been on Inactive Status for longer than four (4) years. I am submitting proof of continuing education for the past ten (10) years along with proof of successful completion of the Georgia Laws and Rules Exam.

Signature of Applicant

_____/_____/_____
Date

Subscribed and sworn to before me
this _____ day of _____, _____

Notary Public
My Commission Expires _____

NOTARY SEAL

GEORGIA STATE BOARD OF FUNERAL SERVICE

APPLICATION TO REACTIVATE LICENSE

Background Questionnaire

The following questions must be answered by the applicant. If "yes" is answered to any question, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc.

Yes	No	Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, or otherwise sanctioned?
Yes	No	Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?
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 ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? 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.
Yes	No	Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? 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.
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to use of alcohol, drugs, narcotics, chemicals or any other types of material?
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to illness, or as a result of any mental or physical condition? If yes, attach a notarized physician's statement.
Yes	No	Have you had any suit filed against you related to the practice of a profession?

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 may result in my being denied a license from the Georgia State Board of Funeral Service. (See O.C.G.A. § 43-1-19, O.C.G.A. §16-10-71.)

Sworn to and subscribed before me this

_____ day of _____, _____.

Applicant Signature

Applicant Name (printed)

Notary Public

Date

My Commission Expires: _____

Notary Seal

Georgia Bureau of Investigation
Georgia Crime Information Center

CONSENT FORM

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address, City, State, County, Zip

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

Signature

Date

.....

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")

One of the following must be checked:

This authorization is valid for 90 / 180 / ____ (circle one) days from date of signature.

I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.