



State of Ohio
Board of Embalmers and Funeral Directors

77 South High Street, 16th Floor, Columbus, OH 43215-6108 • Phone (614) 466-4252 • Fax (614) 728-6825
 E-Mail: oh.emb.bd@funeral.ohio.gov • Website: www.funeral.ohio.gov

Continuing Education Exemption Form: 50 Years of Licensure Exemption

Submit signed and dated original, no facsimiles accepted

Embalmer license #	Funeral Director license #
Date of Birth	
Licensee's name	
Address	
Address	
City	
State	
Zip code	
Telephone # (include area code)	
Email address	
Date license/s first issued (must be 50 or more years to qualify)	

If granted an exemption of the continuing education requirements:	Check one
I understand the exemption is valid for an indefinite period	<input type="checkbox"/> Yes or <input type="checkbox"/> No
I understand I will continue to pay renewal fees	<input type="checkbox"/> Yes or <input type="checkbox"/> No
I understand if I fail to pay renewal fees, my license/s will be lapsed and to be reinstated, I will pay renewal fees and \$50 per month penalty fees	<input type="checkbox"/> Yes or <input type="checkbox"/> No
I understand that I am not permitted to serve as a funeral director actually in charge of and ultimately responsible for a funeral home	<input type="checkbox"/> Yes or <input type="checkbox"/> No
I understand that I am not permitted to serve as a person actually in charge of an embalming facility	<input type="checkbox"/> Yes or <input type="checkbox"/> No

This application will be denied if you answer NO to any of the above statements

I understand the exemption will be automatically voided if I am designated as a person actually in charge of an embalming facility or funeral home. Additionally, I understand it is my responsibility to notify the Board office and request an amendment to the funeral home license in the event I become designated as a person actually in charge of an embalming facility or funeral home. Upon the Board's acceptance of a completed amendment, I will be responsible for completing the total number of hours accredited continuing education for the compliance period in which the exemption for fifty years of licensure is voided before I would be permitted to renew my license(s).

Licensee's signature

Date signed:

Bd mtg	Approved	Denied	Exemption started compliance period
--------	----------	--------	-------------------------------------