

State of Ohio
 Board of Embalmers and Funeral Directors
 77 South High Street, 16th Floor
 Columbus Ohio 43215-6108

**APPLICATION FOR EXEMPTION OF CONTINUING EDUCATION REQUIREMENTS
 FOR 50 YEARS OF LICENSURE**

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:	Circle one
I understand the exemption is valid for an indefinite period	Yes or No
I understand I will continue to pay renewal fees	Yes or 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	Yes or No
I understand that I am not permitted to serve as a manager of a funeral home	Yes or 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	Yes or No
I understand that I am not permitted to serve as a person actually in charge of an embalming facility	Yes or 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, a manager or a funeral director actually in charge of and ultimately responsible for a 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, a manager or a funeral director actually in charge of and ultimately responsible for a funeral home. Upon the Board's acceptance of a completed amendment, I am permitted to serve as a person actually in charge of an embalming facility, a manager or a funeral director actually in charge of and ultimately responsible for a funeral home. 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
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