

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

APPLICATION FOR WAIVER OF CONTINUING EDUCATION REQUIREMENTS

Compliance period January 1, to December 31,

Embalmer license #	Funeral Director license #
Date of Birth	
Licensee's name	
Address	
Address	
City	
State	
Zip code	
Telephone No (include area code)	
Licensee's signature	
Date signed	

Submit signed and dated original, no facsimiles accepted

If granted a waiver of the continuing education requirements:	Circle one
I understand the waiver is valid for the current two-year compliance period	Yes or No
I will continue to pay renewal fees	Yes or No
I am not permitted to serve as manager of a funeral home	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
This application will be denied if you answer NO to any of the above statements.	
Check appropriate reason and/or condition for request:	Check one
Physical disability (explain below)	
Illness (explain below)	
Undue hardship (explain below)	

Explain reason/condition (use back if necessary):

Physician's statement:

I certify that the above-named person is unable to participate in any continuing education activity
Print Physician's name
Physicians' signature:
Date:
Address:
Address:
Telephone

Bd mtg	Approved	Denied	
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