



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

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	
City	
State	
Zip code	
Telephone No (include area code)	
Signature	
Date signed	

**Submit signed and dated original, no facsimiles accepted**

If granted a <b>waiver</b> of the continuing education requirements:	Check one
I understand the waiver is valid for the current two-year compliance period	<input type="checkbox"/> Yes or <input type="checkbox"/> No
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

**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 (attach page if needed):

**Physician's statement: (required for disability or illness)**

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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