



ADVERSE LICENSING ACTION HISTORY FORM

This form is used in conjunction with various other main license application forms to provide details concerning adverse license history. PRINT CLEARLY.

| Section 1. PERSONAL INFORMATION | | | | |
|---|-----------------------|-------------------|----------------|---|
| First name | Middle Initial | Last Name | | |
| Birth Date (mm/dd/yyyy) | | | | |
| <i>General Instructions:</i> "Type of License" – example, "funeral director." Dates -- if you do not know the exact date, enter month and year. "State where issued" – if issued in a foreign country, enter name of country. "Name of licensing authority" – example, "Utah Embalmer's Board." Address of licensing authority – provide current full mailing address with zip code. | | | | |
| Section 1. DISCIPLINARY ACTION | | | | |
| <i>If you have ever had any license to practice funeral directing, embalming, direct disposing, or any other regulated profession revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction, enter the details in this Section. If you have more than one disciplinary action to report, obtain additional copies of this form and put each disciplinary action on a separate copy of this form, and attach all to your main application, when submitting same.</i> | | | | |
| a. Type of License | b. State where issued | c. License number | d. Date issued | e. Currently in force? YES NO f. If NO, date terminated: ____/____/____ |
| g. Name of licensing authority: _____ | | | | |
| h. Address of licensing authority: _____ | | | | |
| i. Date of adverse action: ____/____/____ | | | | |
| j. Type of adverse action (check as many as are applicable): <input type="checkbox"/> Revocation <input type="checkbox"/> Suspension (length: _____) <input type="checkbox"/> Fine (\$ _____) <input type="checkbox"/> Reprimand <input type="checkbox"/> Restitution (\$ _____) <input type="checkbox"/> Additional training required <input type="checkbox"/> Other (explain below) | | | | |
| k. If "Other" is circled above, explain here: | | | | |
| l. Have all sanctions been satisfied? YES NO (if NO, explain why in this block) | | | | |
| m. Explain what violation or misconduct the licensing authority asserted you had committed or were responsible for that resulted in this adverse action: | | | | |
| n. Enter here any explanation or information which you desire the Board to consider regarding the disciplinary action disclosed above: | | | | |

o. Do you have other disciplinary licensing actions to report? **YES NO**

If yes, enter them on another copy of this form and attach all completed copies of this form to your application when submitting same.

Section 2. Pending Investigations

If you are currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction in regard to alleged misconduct or incompetency in the performance of work as a funeral director, embalmer, or direct disposer, complete this Section to the best of your knowledge and belief. If you do not have all requested information, provide as much as you know.

a. Subject matter of pending investigation, to the extent you know:

b. Name of board, department, agency or office that is conducting the investigation:

c. What city and state is that agency or office located in?

d. Do you have other pending investigations to report? **YES NO**

If yes, enter them on another copy of this form and attach all completed copies of this form to your application when submitting same.

Section 3. Denial of License Application

If you have ever had any application for license as a funeral director, embalmer, direct disposer, or other type of license in the death care industry, denied for any reason by any regulatory authority in Florida or any other state or jurisdiction, complete this Section.

a. Type of license applied for:

b. Name of Board or other agency which denied the application:

c. Address of the board or agency that denied the application (street, city, state, zip):

d. Month & year of denial of application:

e. Reason for denial:

d. Do you have other license denials to report? **YES NO**

If yes, enter them on another copy of this form and attach all completed copies of this form to your application when submitting same.

Applicant's signature

Date

Social Security No. _____