

Call to Order – S. Jonathan Hines, FSL, Board Vice-President

- Welcome and Introductions
 - Mission of the Board
 - Emergency Egress Procedures
-

Approval of Minutes (p. 4-15)

- Board Meeting – April 15, 2025
 - Examination Committee Meeting – April 15, 2025
-

Ordering of Agenda

Public Comment

The Board will receive public comment at this time. To allow ample time for the Board to conduct its business, a maximum of 20 minutes will be allocated for public comment. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Board Member Recognition

Agency Report – Arne Owens, Director

Staff Reports

- Executive Director’s Report – **Corie E. Tillman Wolf, Executive Director (p. 17-19)**
 - Discipline Report – **Annette Kelley, Deputy Executive Director**
 - Licensing Report – **Sarah Georgen, Board Administrator**
 - Inspections Report – **Melody Morton, Inspections Manager, Enforcement Division**
-

Board Counsel Report – Sara Blose, Senior Assistant Attorney General

Committee and Board Member Reports

- Examination Committee Report – **R. Thomas Slusser, FSL**
 - Report from Board Member Training - International Conference of Funeral Service Examining Boards – **Amanda Perry, FSL**
-

Legislative and Regulatory Reports (p. 21-24)

- Legislative Report; Review of Potential Agency Legislative Requests - **Erin Barrett, Director of Legislative and Regulatory Affairs**
 - Report on Status of Regulatory Actions - **Matt Novak, Policy and Economic Analyst**
-
-

Board Actions - Corie Tillman Wolf, Erin Barrett

- Review and Approve Guidance Document 65-__, Disposition of Disciplinary Cases for Failure to Designate Manager of Record or to Obtain or Renew Hardship Waiver for Manager of Record (p. 26)
 - Board Guidance on Funeral Interns Observing Provision of Preneed Funeral Services (p.27-28)
 - Review and Approve Guidance Document 65-3, Funeral Interns Observing Provision of Preneed Funeral Services
 - Motion - Clarification of the Board's Regulations Regarding Funeral Interns and Preneed Planning and Sales
-
-

Presentations

- Updates from Office of Vital Records - **Seth Austin, State Registrar, Director, Virginia Department of Health, Office of Vital Records**
 - 2025 Report - Virginia's Funeral Service Provider Workforce - **Yetty Shobo, PhD, Director, and Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center (p. 30-58)**
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Elections

Next Meeting - January 13, 2026

Business Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to the Code of Virginia.

Approval of Minutes

April 15, 2025

The Virginia Board of Funeral Directors and Embalmers convened for a full board meeting on Tuesday, April 15, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Lacyn Barton, FSL, President
K. Scott Hickey, MD, Secretary-Treasurer
Jason Graves, FSL
Blair Nelsen, FSL
John Piotrowski, FSL
R. Thomas Slusser, FSL
Eric Wray, II, FSL

BOARD MEMBERS NOT PRESENT:

Muhammad Hanif, Citizen Member
S. Jonathan Hines, FSL, Vice-President

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Erin Barrett, Director of Legislative and Regulatory Affairs
Sarah Georgen, Licensing and Operations Supervisor
Annette Kelley, MS, CSAC, Deputy Executive Director
Matt Novak, Policy and Economic Analyst
Arne Owens, Agency Director
Brent Saunders, Senior Assistant Attorney General, Board Counsel
Corie E. Tillman Wolf, JD, Executive Director

OTHER GUESTS PRESENT:

Wendy Ashworth, DHP, Enforcement
Krystina Diman, Virginia Funeral Directors Association
Paul Harris, Regulatory Support Services
Melody Morton, DHP, Enforcement
Barry Robinson, Virginia Morticians Association
Ben Traynham, Hancock Daniel

**Participant indicates attendance to count toward continuing education requirements*

CALL TO ORDER

Ms. Barton called the meeting to order at 10:00 a.m. and asked the Board Members and staff to introduce themselves.

With seven Board Members present at the meeting, a quorum was established.

Ms. Barton read the mission of the Board, which is also the mission of the Department of Health Professions (DHP).

Ms. Barton reminded the Board Members and audience about microphones, computer agenda materials, breaks, sign-in sheets, and attendance for continuing education requirements.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINUTES

Ms. Barton opened the floor to any edits or corrections regarding the draft minutes for the Board Meeting on January 14, 2025, the Examination Committee Meeting on January 14, 2025, and the Legislative/Regulatory Committee Meeting on March 28, 2025. Hearing none, the minutes were approved as presented.

ORDERING OF THE AGENDA

Ms. Barton opened the floor to any additional items to add to the agenda.

Upon a *MOTION* by Mr. Slusser, properly seconded by Mr. Graves, the Board voted to accept the agenda as presented. The motion carried unanimously (7-0).

PUBLIC COMMENT

Barry Robinson, Virginia Morticians' Association, provided public comment. He thanked the Board for their participation in the VMA Annual Convention scheduled for June 18-June 21, 2025.

Mr. Robinson commented on the requirements for preparation rooms when embalming is not performed, specifically stating that an electric aspirator or hydroaspirator equipped with a vacuum breaker should remain on the preparation room equipment requirements list (18VAC65-20-580(B)).

AGENCY REPORT

Mr. Owens reported on the conclusion of the 2025 General Assembly. He announced the passing of Senate Bill 1363 (2025) regarding the elimination of the Board of Health Professions.

Mr. Owens provided a brief report related to the preparation of the next biennial budget for the upcoming 2026 General Assembly session. Mr. Owens discussed recent workgroup efforts at the agency to review and to make recommendations for efficiency measures.

With no questions, Mr. Owens concluded his report.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, JD, Executive Director

Board Updates

Ms. Tillman Wolf updated the Board on the scheduled Examination Committee meeting, responding to requests for training by professional associations, the conclusion of the 2025 licensure renewal cycle, the planning and implementation of new legislation effective July 1, 2025, and staffing updates at DHP.

International Conference Updates

Ms. Tillman Wolf provided an update regarding the annual meeting of the International Conference of Funeral Service Examining Boards (The Conference), held on February 26-27, 2025. She reported that Ms. Barton, Mr. Wray, Mr. Nelsen, and Ms. Kelley attended the meeting. Ms. Barton was installed as Vice President of The Conference's Board of Directors.

Ms. Tillman Wolf stated that The Conference had implemented updates to the Model Practice Act and Bylaws.

Recent History – Licensing Fees

Ms. Tillman Wolf provided a summary of the recent history of the Board related to licensing fees, addressing public comment made during the January 14, 2025, meeting. She noted that fee increases occurred in 1998, 2007, and 2015. She stated that due to a projected budget deficit at the time, a fee increase action was initiated in 2010 and became effective on January 1, 2015. She clarified that the fee increase that became effective in 2015 reflects the same as the fees currently in place with the Board. A shortfall fee assessment was in place for renewals in 2015 and 2016 only. She stated that no additional fee increases or assessments have been implemented since 2015.

Expenditure and Revenue Summary as of June 30, 2024

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of June 30, 2024.

Cash Balance as of June 30, 2023	\$ 857,874
FY 2024 Revenue	\$ 750,730
FY 2024 Direct & In-Direct Expenditures	\$ 739,064
Cash Balance as of June 30, 2024	\$ 869,540

Ms. Tillman Wolf stated that the Board's cash balance at the end of a fiscal year is the funding source for Board expenses incurred between renewal periods when the Board receives larger infusions of revenue. She provided a graph of cash balance, revenue, and expense information from 2017-2019 to illustrate the Board's cash balance trends between renewals.

2025 Board Meetings

Ms. Tillman Wolf announced the remaining 2025 Board meeting schedule.

- July 8, 2025
- October 7, 2025

Notes and Reminders

With no questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Annette Kelley, MS, CSAC, Deputy Executive Director

As of February 28, 2025, Ms. Kelley reported the following disciplinary statistics:

- 6 Patient Care Cases
 - 0 at Informal
 - 0 at Formal
 - 2 at Enforcement
 - 4 at Probable Cause
 - 0 at APD
- 84 Non-Patient Care Cases
 - 0 at Informal
 - 0 at Formal
 - 24 at Enforcement
 - 60 at Probable Cause
 - 0 at APD
- 8 at Compliance

Ms. Kelley reported the following Total Cases Received and Closed:

- | | |
|-------------------|-------------------|
| • Q2 2022 – 19/12 | • Q1 2024 – 24/22 |
| • Q3 2022 – 24/22 | • Q2 2024 – 23/32 |
| • Q4 2022 – 28/21 | • Q3 2024 – 19/28 |
| • Q1 2023 – 5/23 | • Q4 2024 – 21/37 |
| • Q2 2023 – 10/21 | • Q1 2025 – 17/17 |
| • Q3 2023 – 11/13 | • Q2 2025 – 22/4 |
| • Q4 2023 – 27/11 | |

With no questions, Ms. Kelley concluded her report.

Licensure Report – Sarah Georgen, Licensing and Operations Supervisor

Licensure Statistics – All Licenses

Ms. Georgen presented licensure statistics and trends in license count.

License	September 30, 2024 (Q1 2025)	December 31, 2024 (Q2 2025)	Difference (+/-)
Funeral Service Licensees	1,586	1,609	+23
Funeral Director	61	64	+3
Embalmer Only	4	4	0
Supervisors	295	304	+9
Funeral Service Interns	184	191	+7
Funeral Directing Interns	40	40	0
Embalmer Interns	4	5	+1
Funeral Establishments	421	425	+4
Branch Establishments	89	91	+2
Crematories	138	139	+1
CE Providers	10	11	+1
Courtesy Card Holders	144	145	+1
Surface Transport & Removal Svc.	53	53	0
Total (*not incl. supervisors)	2,734	2,777	+43

Ms. Georgen reviewed the trends of licensure counts since Q1 – 2021.

2025 Licensure Renewal Notifications

Ms. Georgen provided information regarding the completed 2025 licensure renewal notifications.

Licensure Renewals – All Licenses as of April 14, 2025

Ms. Georgen presented renewal statistics for 2025.

License	Renewed	Not Renewed	Renewed %
Funeral Service Licensees	1394	92	94%

Funeral Director	49	7	88%
Embalmer Only	3	1	75%
Funeral Service Internship	108	43	71%
Funeral Director Internship	28	8	78%
Embalmer Internship	3	1	75%
Funeral Establishments	397	7	98%
Branch Establishments	85	2	98%
Crematories	138	1	99%
Courtesy Card Holders	120	17	88%
Surface Transportation and Removal Services	42	10	81%

2025 CE Provider Renewals

Ms. Georgen provided information regarding the upcoming 2025 licensure renewal notifications for CE Providers.

With no questions, Ms. Georgen concluded her report.

BOARD COUNSEL REPORT – M. Brent Saunders, Senior Assistant Attorney General

Mr. Saunders had no matters to report to the Board.

COMMITTEE AND BOARD MEMBER REPORTS

Report from the Annual Meeting of the International Conference of Funeral Service Examining Boards – Lacyn Barton, FSL, Eric Wray, FSL, Blair Nelsen, FSL, Annette Kelley, MS, CSAC, Deputy Executive Director

Ms. Barton, Ms. Kelley, Mr. Nelsen, and Mr. Wray provided a report regarding the Annual Meeting of the International Conference of Funeral Service Examining Boards (The Conference).

With no questions, they concluded their reports.

Legislative/Regulatory Committee Report – Lacyn Barton, FSL

Ms. Barton provided a report on the Legislative/Regulatory Committee meeting held on March 28, 2025.

Examination Committee Report – R. Thomas Slusser, FSL

Mr. Slusser provided a report regarding the Examination Committee meeting held on January 14, 2025, and stated that another meeting was scheduled for April 15, 2025.

LEGISLATIVE AND REGULATORY REPORT

Legislative Report – 2025 General Assembly Session – Erin Barrett, Director of Legislative and Regulatory Affairs

Ms. Barrett provided an overview of legislation passed during and an explanation of the process following the 2025 General Assembly.

Ms. Barrett answered questions from the Board regarding the legislative actions taken by the General Assembly.

Report on Status of Regulatory Actions - Matt Novak, Policy and Economic Analyst

Mr. Novak provided an overview and answered questions from the Board related to pending regulatory actions.

BOARD ACTION

Withdrawal of Guidance Document – Guidance for Embalming and Refrigeration Pending Resolution of Dispute Involving the Identity of the Next of Kin

Mr. Novak provided the Board with information related to the withdrawal of the Guidance Document for Embalming and Refrigeration Pending the Resolution of Dispute Involving the Identity of the Next of Kin. He stated that legislation passed in the 2025 General Assembly Session addresses part of the concerns addressed by the Guidance Document, stating that the Guidance Document will need to be revised following the law changes on July 1, 2025.

Upon a **MOTION** by Mr. Wray, properly seconded by Mr. Piotrowski, the Board voted to withdraw the Guidance Document for Embalming and Refrigeration Pending Resolution of Dispute Involving the Identity of Next of Kin as presented. The motion carried unanimously (7-0).

Initiation of Notice of Intended Regulatory Action (NOIRA) or Fast-Track Action Requirements for Preparation Rooms When Embalming Not Performed - Board Regulations Governing the Practice of Funeral Services (18VAC65-20-10 et seq.)

Mr. Novak provided the Board with information related to the initiation of a Notice of Intended Regulatory Action (NOIRA) or fast-track amendments to the preparation room requirements. Mr. Novak discussed the recommendations of the Legislative/Regulatory Committee.

Upon a **MOTION** by Mr. Wray, properly seconded by Mr. Nelsen, the Board voted to amend the preparation room requirements by fast-track action, as amended. The motion carried unanimously (7-0).

Adoption of Revisions to Board Guidance Document 65-11 – Guidance for Inspectors and Licensees

Mr. Novak and Ms. Tillman Wolf provided the Board with information related to the adoption of revisions to Board Guidance Document 65-11, Guidance for Inspectors and Licensees and the recommendations of the Legislative/Regulatory Committee.

Upon a **MOTION** by Mr. Graves, properly seconded by Mr. Nelsen, the Board voted to approve Guidance Document 65-11 as presented and amended. The motion carried unanimously (7-0).

Guidance to Board Staff on Equipment Required in Preparation Rooms for Licensure of Establishments Where Embalming Not Performed

Ms. Tillman Wolf provided the Board with information related to guidance to Board staff on approval of applications for licensure of establishments where embalming is not performed and the equipment required for such approval.

Upon a **MOTION** by Mr. Wray, properly seconded by Mr. Piotrowski, the Board voted to authorize Board staff to approve applications for licensure for new establishments where embalming is not performed, where the establishment has a preparation room that otherwise meets the Board's requirements but does not contain embalming supplies or equipment as discussed. The motion carried 6-1 (opposed – Graves).

Adoption of Revisions to Policy Documents - Board Bylaws

Ms. Tillman Wolf provided the Board with information related to revisions to the Board's Bylaws policy document, as recommended by the Legislative/Regulatory Committee.

Upon a **MOTION** by Mr. Graves, properly seconded by Mr. Slusser, the Board voted to adopt the proposed revisions to the Bylaws policy document as presented. The motion carried unanimously (7-0).

Adoption of Revisions to Policy Documents - Guidelines for Processing Applications for Licensure

Ms. Tillman Wolf provided the Board with information related to revisions to the Board's Guidelines for Processing Applications for Licensure, as recommended by the Legislative/Regulatory Committee.

Upon a **MOTION** by Mr. Slusser, properly seconded by Mr. Graves, the Board voted to adopt the proposed revisions to the Guidelines for Processing Applications for Licensure policy document as presented. The motion carried unanimously (7-0).

Consider Guidance for Licensees Related to the Use of Online, Self-Guided Funeral or Preneed Planning Tools

Mr. Novak and Ms. Tillman Wolf provided the Board with information regarding a draft of guidance for licensees related to the use of online, self-guided funeral or preneed planning tools, which guidance was discussed and recommended by the Legislative/Regulatory Committee.

Upon a **MOTION** by Mr. Graves, properly seconded by Mr. Slusser, the Board voted to adopt the proposed policy document that provides guidance to licensees related to the use of online, self-guided funeral or preneed planning tools, as amended. The motion carried unanimously (7-0).

Review of Recommendations to Streamline Inspection Process for Establishments and Crematories

Ms. Tillman Wolf provided the Board with information related to recommendations proposed by staff and discussed and recommended by the Legislative/Regulatory Committee to streamline the inspection process for establishments and crematories.

Upon a **MOTION** by Mr. Nelsen, properly seconded by Dr. Hickey, the Board voted to accept the recommendations to streamline the inspection process for establishments and crematories as presented/amended. The motion carried unanimously (7-0).

Advancement of 2026 Legislative Proposal - Funeral Service Interns – Criminal History, Internship Timeline – Virginia Code § 54.1-2817

Mr. Novak provided the Board with information related to the possible advancement of a 2026 legislative proposal as discussed and recommended by the Legislative/Regulatory Committee. Mr. Novak noted that Va. Code § 54.1-2817 currently references the only specific criminal provisions/conviction types that serve as bars to licensure within DHP and those bars apply only to funeral service interns. Ms. Tillman Wolf provided additional background information on the conviction and timeline concerns that prompted similar legislative proposals advanced by the Board in the past.

Upon a **MOTION** by Mr. Graves, properly seconded by Mr. Nelsen, the Board voted to advance the draft legislation for Virginia Code § 54.1-2817 related to the funeral internship program as presented. The motion carried unanimously (7-0).

BOARD MEMBER RECOGNITION

Ms. Barton announced the passing of a former Board Member, Herbert S. Small, FSL, on March 6, 2025. She stated that Mr. Small was appointed to the Board from 1977 to 1984 and served as Board President during that time. She noted the Board's condolences for Mr. Small's family and thanks for his service to the Board and the community.

Ms. Barton recognized current Board member, Muhammad Hanif, for his service and dedication to the Board of Funeral Directors and Embalmers from 2018 to 2025 as a Citizen Board Member. She announced that his second term would expire on June 30, 2025, and provided brief remarks on his incumbency.

NEXT MEETING

The next meeting date is July 8, 2025.

ADJOURNMENT

Ms. Barton called for any objections to adjourn the meeting. Hearing no objections and with all business concluded, the meeting adjourned at 11:48 a.m.

Corie E. Tillman Wolf, JD, Executive Director

Date

The Examination Committee of the Virginia Board of Funeral Directors and Embalmers convened for a meeting on Tuesday, April 15, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

R. Thomas Slusser, FSL, Committee Chair
Lacyn Barton, FSL, Board President
K. Scott Hickey, MD, Board Secretary-Treasurer

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Sarah Georgen, Licensing and Operations Supervisor
Annette Kelley, MS, CSAC, Deputy Executive Director
Corie E. Tillman Wolf, JD, Executive Director

CALL TO ORDER

Mr. Slusser called the meeting to order at 1:03 p.m. and asked the Board Members and staff to introduce themselves.

With three Committee Members present at the meeting, a quorum was established.

Mr. Slusser read the mission of the Board, which is also the mission of the Department of Health Professions (DHP).

Ms. Tillman Wolf then read the emergency egress instructions.

DISCUSSION – OPEN SESSION

Ms. Tillman Wolf provided an overview of the current examination process and the purpose of the Examination Committee's review.

DISCUSSION – CLOSED SESSION

Upon a *MOTION* by Dr. Hickey, properly seconded by Ms. Barton, the Committee voted to convene a closed meeting pursuant to §2.2-3711(A)(12) of the Code of Virginia for the purpose of discussing or considering tests, examinations, or other information used, administered, or prepared by a public body and the subject to the exclusion in subdivision 4 of §2.2-3705.1. Additionally, he moved that Ms. Tillman Wolf, Ms. Kelley, and Ms. Georgen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussion. The motion carried (3-0).

RECONVENE

Upon a **MOTION** by Ms. Barton, properly seconded by Dr. Hickey, the Committee voted to open the meeting. The motion carried (3-0).

Having unanimously certified (3-0) that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee reconvened in open session.

Upon a **MOTION** by Ms. Barton, properly seconded by Dr. Hickey, the Committee voted approve the examination questions as discussed. The motion carried (3-0).

ADJOURNMENT

Mr. Slusser called for any objections to adjourn the meeting. Hearing no objections and with all business concluded, the meeting adjourned at 2:01 p.m.

Corie E. Tillman Wolf, JD, Executive Director

Date

Staff Reports

Board of Funeral Directors and Embalmers

Legislative Updates

The following legislation became effective July 1, 2025:

[HB 2246](#) (Chief Patron: Runion) - Disagreements among next of kin

Permits funeral service establishments to proceed with funeral and disposition arrangements upon authorization from any next of kin after 30 days have passed since the funeral service establishment learned of a dispute between next of kin. Such procedure may only occur if the funeral service establishment has not received written notice of agreement among the next of kin or a court order resolving the dispute within the 30-day period.



[HB 1571](#) (Chief Patron: Runion) - Funeral directors; requirement to report certain statistics removed

Removes the requirement that funeral directors report monthly to the State Registrar a list showing all caskets furnished, bodies prepared for disposition and transportation, and funerals performed where no casket was furnished by the funeral director for the preceding month.

[SB 989](#) (Chief Patron: Graves) - Declinable preneed funeral guarantee fee; definition

Amends the definition of "declinable preneed funeral guarantee fee" to specify that a declinable preneed funeral guarantee fee, when offered by a seller, shall not exceed 25 percent of the guaranteed preneed supplies and services included in the funeral contract price. Under current law, a declinable preneed funeral guarantee fee, when offered by a seller, shall not exceed 25 percent of the preneed funeral contract price. The bill also directs the Board of Funeral Directors and Embalmers to amend its regulations to ensure that declinable preneed funeral guarantee fees are used solely to guarantee the cost of preneed supplies and services as described in preneed funeral contracts.

A message from the Department of Health Professions on
[SB 1363](#) (Chief Patron: Pillion) - Elimination of the Board of Health Professions

Commonwealth. It is responsible for licensing qualified health professionals and enforcing the standard of care of these practitioners to help keep Virginians safe.

DHP contains 13 regulatory boards across numerous health professions, and one policy board known as the Board of Health Professions (BHP). With the passage of SB1363 by the Virginia General Assembly and its enactment, the BHP will dissolve, effective July 1, 2025. Formed nearly 50 years ago as part of the new DHP and intended to assist individual boards function under one umbrella agency, the Board's purpose has become obsolete. Many of the duties and responsibilities of this policy Board since its inception are now carried out by the other 13 health regulatory boards.

Some of these functions include:

- Advising the Governor and General Assembly on matters relating to the regulation or deregulation of healthcare professions and occupations
- Providing a means for citizen access to the Department
- Reviewing and commenting on the budget for the Department
- Providing a means of publicizing the policies and programs of the Department to educate the public and elicit public support for Department activities

The BHP has no licensing or disciplinary authority over healthcare professionals in the Commonwealth. Currently, BHP's functions are more effectively performed elsewhere in the Agency by the regulatory boards, the Administrative and Financial Services Division, or the Office of the Director. Citizen representatives currently serve on each board by statute, in addition to individuals licensed by the board. Each board also actively coordinates with the Director of Legislative and Regulatory Affairs and the Director of Communications to adopt policies, regulate healthcare professionals, and educate the public.

We thank members of the Board of Health Professions for their service to the Department over the years. We look forward to the continuance of the BHP's important work through formally transitioning the policy board's responsibilities to DHP's regulatory boards and related Agency staff in the spirit of improved efficiencies and legal authority.

Pending Regulatory Actions



Please [click here](#) to access more information on the current regulatory actions pending before the Board.

License Lookup - Facility Information Updates

The Department of Health Professions (DHP) provides [License Lookup](#), the primary source for verifying the credentials of health care professionals and DHP-regulated facilities, including funeral homes, crematories, veterinary clinics, and pharmacies.

License Lookup now includes information on the Manager of Record (MOR) or Owner of each licensed main or branch funeral establishment and crematory. Every establishment is encouraged to review their information for accuracy.

Please [contact the Board](#) with any concerns or corrections.

Please visit our website for [Frequently Asked Questions](#) about the Manager of Record.

Online Applications Available

Applicants are encouraged to utilize the [online applications](#) on the Board's website for the following license/registration types:

- Funeral Licensees (Funeral Director, Embalmer, or Funeral Service Licensee)
- Funeral Supervisors
- Funeral Internships (Funeral Directing, Embalming, or Funeral Service)
- Courtesy Cards



Scam Alert

Periodically, the Board receives reports from licensees regarding fraudulent communications from individuals claiming to represent DHP or the Board, who attempt to obtain personal information through threatened licensing or criminal actions.

Please [click here](#) for a reminder regarding these scams targeting health care professionals and suggested steps for reporting if you are impacted.

Public Resources

[Laws & Regulations](#)

[License Lookup](#)

[Case Decisions](#)

[File a Complaint](#)

Virginia Dept of Health Professions | 9960 Mayland Dr. Suite 300 | Richmond, VA 23233 US

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

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Legislative and Regulatory Report

Agenda Item: Review of potential legislative requests of the agency regarding fees and finances

Included in your agenda package:

- Draft legislation amending the Callahan Act to allow fee actions to be implemented by exempt regulatory action, to allow the Department to request general funds for discrete costs, and to allow recovery of costs related to investigation and disciplinary proceedings.

Staff notes: This is a draft legislative proposal only. This proposal was developed jointly with the Department of Professional and Occupational Regulation (DPOR), which is also governed by the Callahan Act. The Director of the agency determines which legislative proposals are submitted to the Governor's office. The Governor's office, in turn, determines which legislative proposals the agency may pursue. After approval from the Governor's office, the agency can begin locating patrons for bills.

Action needed:

- None. For review only.

§ 54.1-113. Regulatory boards to adjust fees; certain transfer of moneys collected on behalf of health regulatory boards prohibited.

~~A. Following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation maintained under § 54.1-308 shows that unspent and unencumbered revenue exceeds \$100,000 or 20 percent of the total expenses allocated to the regulatory board for the past biennium, whichever is greater, the regulatory board shall (i) distribute all such excess revenue to current regulants and (ii) reduce the fees levied by it for certification, licensure, registration, or permit and renewal thereof so that the fees are sufficient but not excessive to cover expenses.~~

~~B. Following the close of any biennium~~ Annually, when the account for any regulatory board within the Department of Health Professions maintained under § 54.1-2505 or the Department of Professional and Occupational Regulation maintained under § 54.1-308 shows expenses allocated to it for the past ~~biennium year~~ to be more than ~~10 percent greater or less than~~ moneys collected on behalf of the regulatory board, it ~~shall~~ may revise the fees levied by it for certification, licensure, registration, or permit and renewal thereof so that the fees are sufficient but not excessive to cover expenses. Any regulatory board within the Department of Health Professions maintained under § 54.1-2505 or the Department of Professional and Occupational Regulation maintained under § 54.1-308 shall not issue an exempt regulatory action for a one-time fee decrease unless an annual review of accounts for that regulatory board for two consecutive years demonstrates a cash balance greater than or equal to the board's annual expenditures.

C. Nongeneral funds generated by fees collected on behalf of the health regulatory boards and accounted for and deposited into a special fund by the Director of the Department of Health Professions shall be held exclusively to cover the expenses of the health regulatory boards, the Health Practitioners' Monitoring Program, and the Department and Board of Health Professions and shall not be transferred to any agency other than the Department of Health Professions, except as provided in §§ 54.1-3011.1 and 54.1-3011.2.

D. In order to appropriately maintain operating funds, the regulatory boards of the Department of Health Professions or the Department of Professional and Occupational Regulation may amend regulations to increase or decrease fees as needed and demonstrated by the regulatory board. Such regulations shall be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq.), except to any extent that they may be specifically made subject to §§ 2.2-4030 and 2.2-4031; regulations shall, however, comply with § 2.2-4103 of the Virginia Register Act (§ 2.2-4100 et seq.). Any regulatory board amending fees pursuant to this section shall conduct a public hearing prior to making such amendments. Thirty days prior to conducting such hearing, the regulatory boards shall give written notice by mail or electronic means of the date, time, and place of the hearing to the public and publish notice of its intention to amend fees in the Virginia Register of Regulations. The public notice shall identify the fee increase to be considered by the regulatory board with reasonable specificity and shall include evidence demonstrating the need

for a fee increase. During the public hearing, interested parties shall be given reasonable opportunity to be heard prior to final adoption of any regulatory amendments regarding fees.

E. The Department of Health Professions and the Department of Professional and Occupational Regulation may, at the discretion of the General Assembly, receive monies from the general fund to address defined expenditures of the agency.

§ 54.1-202.1 Recovery of disciplinary and monitoring costs

A regulatory board may recover from any person licensed, registered, or certified or issued a multistate licensure privilege by any regulatory board against whom the regulatory board issued a finding of a violation of law or regulation reasonable administrative costs associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions imposed as set forth in an order which includes the finding of a violation of law or regulation. All administrative costs recovered pursuant to this section shall be paid by the person or entity licensed, registered, or certified or issued a multistate licensure privilege to the regulatory board. Such administrative costs shall be deposited into the account of the regulatory board and shall not constitute a fine or penalty.

§ 54.1-2401.1. Recovery of disciplinary and monitoring costs.

A health regulatory board may recover from any person licensed, registered, permitted, or certified or issued a multistate licensure privilege by any health regulatory board against whom the health regulatory board issued a finding of a violation of law or regulation reasonable administrative costs associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions imposed as set forth in an order which includes the finding of a violation of law or regulation. All administrative costs recovered pursuant to this section shall be paid by the person or entity licensed, registered, permitted, or certified or issued a multistate licensure privilege to the health regulatory board. Such administrative costs shall be deposited into the account of the health regulatory board and shall not constitute a fine or penalty.

2. That § 54.1-2708.2 of the Code of Virginia is repealed.

Board of Funeral Directors and Embalmers
Current Regulatory Actions
As of September 11, 2025

In the Governor’s Office

None.

In the Secretary’s Office

None.

At DPB/OAG

VAC	Stage	Subject Matter	Date submitted for Exec. Branch Review	Office; time in office	Notes
18VAC65-30	Emergency /NOIRA	Declinable preneed funeral guarantee fee amendments	7/22/2024	OAG; 416 days	Allows the addition of a declinable preneed funeral guarantee fee to a preneed agreement as created by Ch. 247 of the 2024 Acts of Assembly (SB521)
18VAC65-20 18VAC65-30 18VAC65-40	Proposed	2023 Regulatory Reduction	2/3/2025	OAG; 220 days	Encompasses the Board’s most significant reduction efforts that were started in 2023
18VAC65-20	Fast-Track	Requirements for preparation rooms for establishments that do not embalm	5/2/2025	OAG; 132 days	Exempts certain funeral establishments that do not embalm from maintaining embalming equipment

Recently effective or awaiting publication

None.

Board Actions

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Disposition of Disciplinary Cases for Failure to Designate Manager of Record or to Obtain or Renew Hardship Waiver for Manager of Record

The Board of Funeral Directors and Embalmers (“Board”) delegates the authority to the Executive Director of the Board to offer a prehearing consent order (“PHCO”) or a confidential consent agreement (“CCA”), or to issue an Advisory Letter to resolve disciplinary cases in which an operating funeral establishment has been found to have failed to comply with requirements regarding the designation of a Manager of Record or the approval or renewal of a hardship waiver in accordance with the provisions of Virginia Code § 54.1-2810.

- I. Possible disciplinary action for failure to notify Board of Temporary Manager of Record within 14 days or submit application and fee for designation of new Manager of Record or obtain hardship waiver approval within 90 days (Va. Code § 54.1-2810)

Cause	Possible Action
First offense; 30 days or less	Advisory Letter
First offense; 31 days to 60 days	Confidential Consent Agreement
First offense; 61 days to 90 days	PHCO; monetary penalty of \$500
First offense; 91 days to 180 days	PHCO; monetary penalty of \$1,000
First offense; 181 days or more	Informal Conference
Second offense	Informal Conference

- II. Possible disciplinary action for failure to renew a previously granted hardship waiver, to include failure to provide hardship waiver renewal information to the Board by the deadline for renewal of the establishment license(s)

Cause	Possible Action
First offense; 30 days or less	Advisory Letter
First offense; 31 to 60 days	Confidential Consent Agreement
First offense; 61 to 90 days	PHCO; monetary penalty of \$500
First offense; 91 to 180 days	PHCO; monetary penalty of \$1,000
First offense; 181 days or more	Informal Conference
Second offense	Informal Conference

Agenda Item: Board Guidance on Funeral Interns Observing Provision of Preneed Funeral Services

Background:

Board staff recently became aware of confusion among practitioners regarding the ability of funeral interns to observe preneed arrangements and sales. The confusion concerns whether observation of the provision of preneed funeral services by funeral interns would violate the Board's regulation that prohibits funeral interns from "engag[ing] in preneed planning or sales," as set forth in 18VAC65-30-50(B).

Action Under Consideration:

Clarification of the Board's regulations regarding funeral interns and preneed planning and sales.

Actions Needed:

1. **MOTION** to adopt Guidance Document 65-3 (draft in packet)
2. **MOTION** to interpret the Board's existing regulations to permit funeral interns to *observe* preneed funeral planning and sales

Virginia Board of Funeral Directors and Embalmers

Funeral Interns Observing Provision of Preneed Funeral Services

The Board interprets existing regulations to permit funeral interns to observe preneed funeral planning and sales. Although 18VAC65-30-50(B) states that “[f]uneral interns shall not *engage* in preneed planning or sales” (emphasis added), the Board does not interpret that language to exclude funeral interns from observing preneed funeral practices during the course of an internship. Additionally, 18VAC65-40-340(E) requires supervisors to provide interns “with instruction in making preneed funeral arrangements and instruction on the laws and regulations pertaining to preneed funeral contracts and disclosures.”

References

[18VAC65-30-50](#)

[18VAC65-40-340](#)

Presentation

DRAFT

Virginia's Funeral Service Provider Workforce: 2025

Healthcare Workforce Data Center

April 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

In total, 1,314 Funeral Service Providers voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Funeral Directors and Embalmers express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

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Contents

Results in Brief.....	2
Summary of Trends	2
Survey Response Rates.....	3
The Workforce.....	4
Demographics.....	5
Background	6
Education	8
Current Employment Situation	9
Employment Quality.....	10
2025 Labor Market	11
Work Site Distribution	12
Establishment Type	13
Languages.....	15
Time Allocation	16
Retirement & Future Plans	17
Full-Time Equivalency Units.....	19
Maps	20
Virginia Performs Regions	20
Area Health Education Center Regions	21
Workforce Investment Areas	22
Health Services Areas	23
Planning Districts.....	24
Appendices.....	25
Appendix A: Weights	25

The Funeral Service Provider Workforce At a Glance:

The Workforce

Licensees:	1,633
Virginia's Workforce:	1,353
FTEs:	1,305

Background

Rural Childhood:	48%
HS Diploma in VA:	70%
Prof. Degree in VA:	53%

Current Employment

Employed in Prof.:	88%
Hold 1 Full-Time Job:	71%
Satisfied?:	96%

Survey Response Rate

All Licensees:	80%
Renewing Practitioners:	87%

Education

Associate:	78%
Baccalaureate:	15%

Job Turnover

Switched Jobs:	3%
Employed Over 2 Yrs.:	78%

Demographics

Female:	39%
Diversity Index:	41%
Median Age:	54

Finances

Median Income: \$60k-\$70k	
Retirement Benefits:	44%
Under 40 w/ Ed. Debt:	42%

Time Allocation

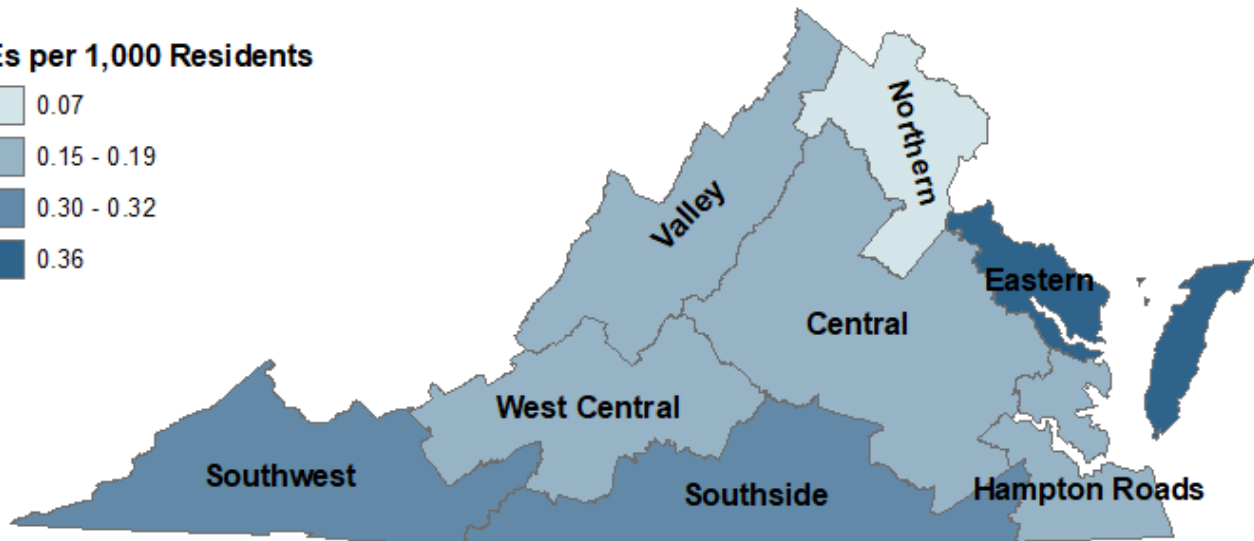
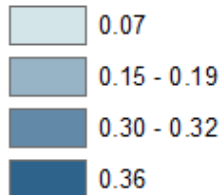
Client Care:	40%-49%
Administration:	40%-49%
Client Care Role:	27%

Source: Va. Healthcare Workforce Data Center

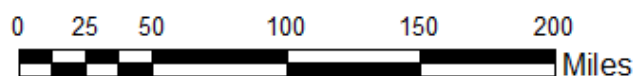
Full-Time Equivalency Units Provided by Funeral Service Providers per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2025 Funeral Service Provider (FSP) Workforce Survey. In total, 1,314 FSPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for FSPs. These survey respondents represent 80% of the 1,633 FSPs who are licensed in the state and 87% of renewing practitioners.

The HWDC estimates that 1,353 FSPs participated in Virginia's workforce during the survey period, which is defined as those FSPs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an FSP at some point in the future. Over the past year, Virginia's FSP workforce provided 1,305 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly two out of every five FSPs are female, including 63% of FSPs who are under the age of 40. In a random encounter between two FSPs, there is a 41% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index falls to 39% for those FSPs who are under the age of 40. For the state's overall population, the comparable diversity index is 60%. Nearly half of all FSPs grew up in a rural area, and 34% of FSPs who grew up in a rural area currently work in a non-metro area of Virginia. In total, one out of every five FSPs currently work in a non-metro area of the state.

Among all FSPs, 88% are currently employed in the profession, 71% hold one full-time job, and 54% work between 40 and 49 hours per week. In addition, 51% are employed at a funeral-only establishment, while another 40% work at a funeral establishment that also provides crematory services. The median annual income for FSPs is between \$60,000 and \$70,000, and 58% receive this income as a salary or on commission. In addition, 75% of wage or salaried FSPs receive at least one employer-sponsored benefit, including 59% with access to health insurance. In total, 96% of FSPs are satisfied with their current employment situation, including 74% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2020 FSP workforce. The number of licensed FSPs in Virginia has increased by 4% (1,633 vs. 1,570). The size of Virginia's FSP workforce has also increased by 4% (1,353 vs. 1,299), but the number of FTEs provided by this workforce has fallen by 3% (1,305 vs. 1,341). Virginia's renewing FSPs are more likely to respond to this survey (87% vs. 80%).

The percentage of Virginia's FSPs who are female has increased (39% vs. 27%), a trend that has also occurred among those FSPs who are under the age of 40 (63% vs. 54%). The diversity index of the overall FSP workforce has also increased (41% vs. 36%), and this is also the case among those FSPs who are under the age of 40 (39% vs. 31%). FSPs are less likely to have grown up in a rural area (48% vs. 51%), and FSPs who grew up in a rural area are also less likely to work in a non-metro area of Virginia (34% vs. 37%). In total, the percentage of all FSPs who work in a non-metro area of the state has fallen (20% vs. 22%).

FSPs are more likely to hold an associate degree (78% vs. 75%) than a high school diploma or GED (5% vs. 7%) as their highest professional degree. FSPs are relatively more likely to hold two or more positions simultaneously (13% vs. 9%) than one full-time job (71% vs. 76%). In addition, FSPs are also relatively more likely to work at a funeral establishment that also provides crematory services (40% vs. 34%) than at a funeral-only establishment (51% vs. 56%).

FSPs are more likely to carry education debt (25% vs. 19%), although the median outstanding balance among those FSPs with education debt has not changed (\$20k-\$30k). Likewise, the median annual income of FSPs has remained constant (\$60k-\$70k), although FSPs are relatively more likely to receive this income as an hourly wage (29% vs. 22%) than as a salary (58% vs. 65%). Meanwhile, wage and salaried FSPs are slightly less likely to receive at least one employer-sponsored benefit (75% vs. 76%). There has been no change in the percentage of FSPs who indicated that they are satisfied with their current work situation (96%), although there has been a decline in the percentage of FSPs who indicated that they are "very satisfied" (74% vs. 78%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	1,477	90%
New Licensees	65	4%
Non-Renewals	91	6%
All Licensees	1,633	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing FSPs, 87% submitted a survey. These represent 80% of the 1,633 FSPs who held a license at some point in the past year.

Definitions

- 1. The Survey Period:** The survey was conducted in March 2025.
- 2. Target Population:** All FSPs who held a Virginia license at some point between April 2024 and March 2025.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some FSPs newly licensed in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	55	144	72%
35 to 39	31	96	76%
40 to 44	39	132	77%
45 to 49	21	131	86%
50 to 54	19	151	89%
55 to 59	27	159	86%
60 to 64	30	150	83%
65 and Over	97	351	78%
Total	319	1,314	81%
New Licenses			
Issued in Past Year	44	21	32%
Metro Status			
Non-Metro	78	262	77%
Metro	190	809	81%
Not in Virginia	51	243	83%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	1,314
Response Rate, All Licensees	80%
Response Rate, Renewals	87%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed FSPs

Number:	1,633
New	4%
Not Renewed:	6%

Response Rates

All Licensees:	80%
Renewing Practitioners:	87%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

FSP Workforce: 1,353
 FTEs: 1,305

Utilization Ratios

Licenses in VA Workforce: 83%
 Licenses per FTE: 1.25
 Workers per FTE: 1.04

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

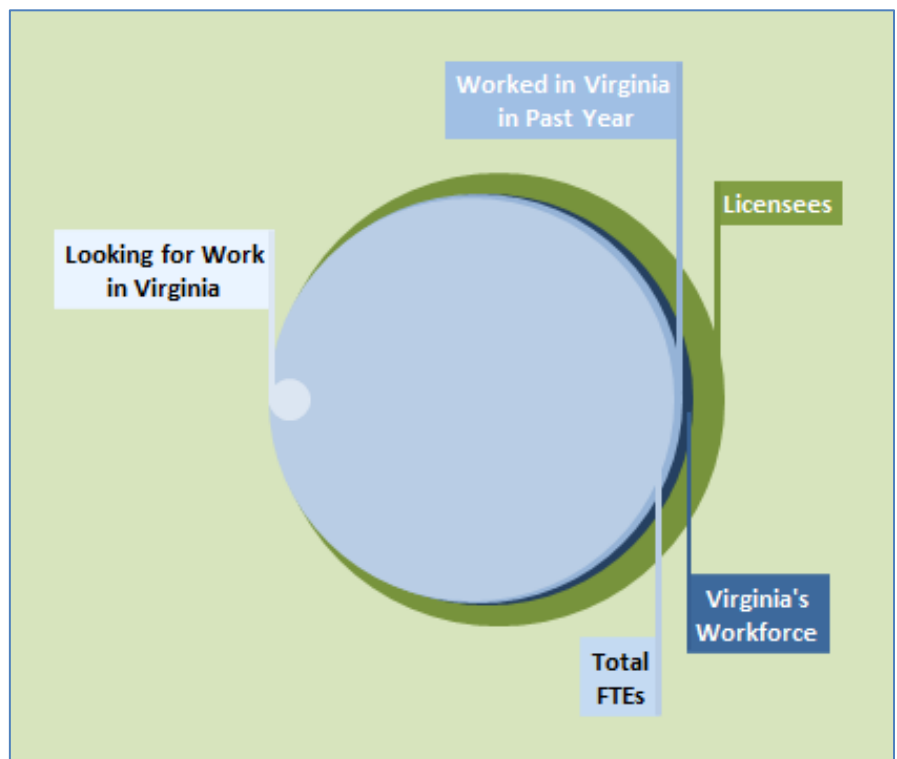
Virginia's FSP Workforce

Status	#	%
Worked in Virginia in Past Year	1,339	99%
Looking for Work in Virginia	14	1%
Virginia's Workforce	1,353	100%
Total FTEs	1,305	
Licenses	1,633	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only.

For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	44	32%	93	68%	138	16%
35 to 39	34	46%	40	54%	74	9%
40 to 44	39	47%	45	54%	83	10%
45 to 49	43	51%	42	49%	86	10%
50 to 54	51	66%	26	34%	77	9%
55 to 59	61	71%	24	29%	85	10%
60 to 64	70	80%	17	20%	88	10%
65 and Over	173	82%	39	18%	212	25%
Total	516	61%	326	39%	843	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	Funeral Service Providers		FSPs Under 40	
	%	#	%	#	%
White	59%	641	74%	166	77%
Black	19%	181	21%	22	10%
Asian	7%	4	0%	1	0%
Other Race	0%	1	0%	1	0%
Two or More Races	3%	11	1%	5	2%
Hispanic	11%	29	3%	21	10%
Total	100%	867	100%	216	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
 % Female: 39%
 % Under 40 Female: 63%

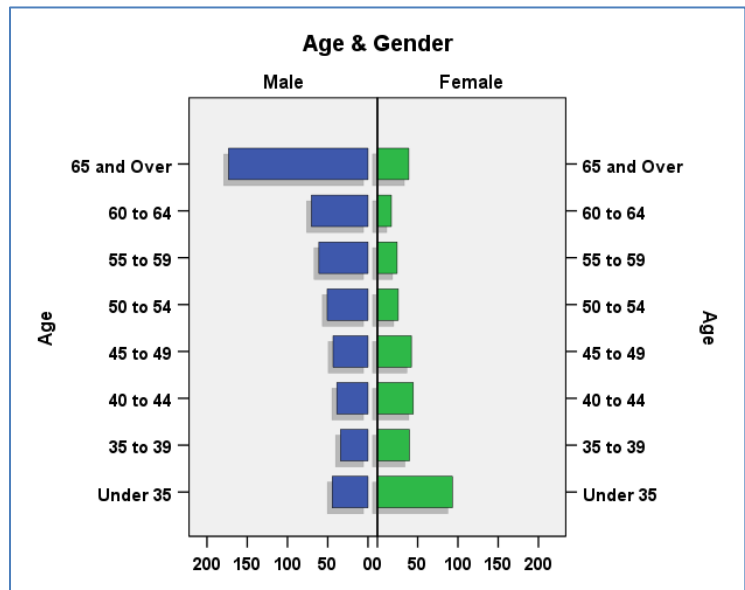
Age
 Median Age: 54
 % Under 40: 25%
 % 55 and Over: 46%

Diversity
 Diversity Index: 41%
 Under 40 Div. Index: 39%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two FSPs, there is a 41% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 60%.

One out of every four FSPs are under the age of 40, and 63% of FSPs who are under the age of 40 are female. In addition, the diversity index among FSPs who are under the age of 40 is 39%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
 Rural Childhood: 48%

Virginia Background

HS in Virginia: 70%
 Prof. Edu. in VA: 53%
 HS or Prof. Edu. in VA: 79%

Location Choice

% Rural to Non-Metro: 34%
 % Urban/Suburban to Non-Metro: 7%

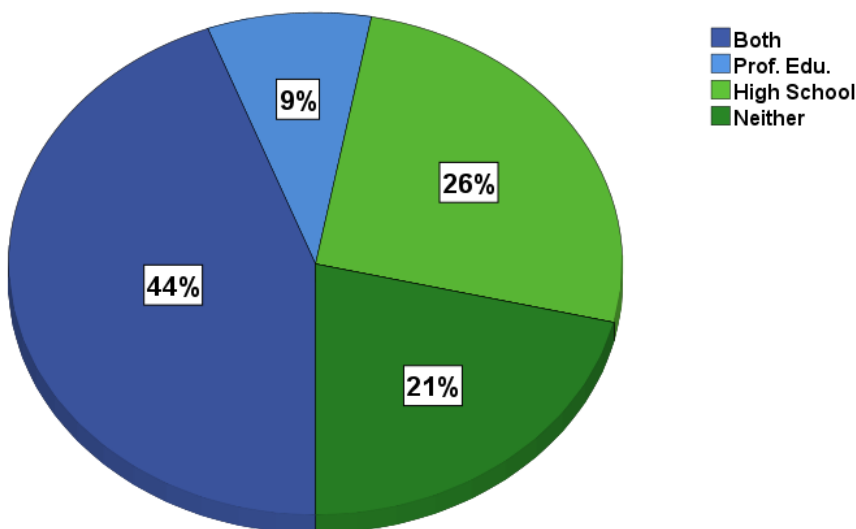
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	30%	52%	18%
2	Metro, 250,000 to 1 Million	63%	26%	11%
3	Metro, 250,000 or Less	65%	25%	11%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	64%	28%	8%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	79%	9%	12%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	93%	7%	0%
8	Rural, Metro Adjacent	91%	0%	10%
9	Rural, Non-Adjacent	90%	5%	5%
Overall		48%	38%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all FSPs grew up in a rural area, and 34% of FSPs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 20% of all FSPs currently work in a non-metro area of the state.

Top Ten States for Funeral Service Provider Recruitment

Rank	All Funeral Service Providers			
	High School	#	Professional School	#
1	Virginia	590	Virginia	439
2	Pennsylvania	27	Georgia	108
3	Maryland	26	Pennsylvania	59
4	New York	24	Ohio	41
5	North Carolina	21	Texas	27
6	West Virginia	17	New York	26
7	Florida	13	Washington, D.C.	23
8	California	12	Maryland	22
9	Washington, D.C.	11	Indiana	11
10	Texas	9	Tennessee	10

Source: Va. Healthcare Workforce Data Center

Among all FSPs, 70% received their high school degree in Virginia, and 53% also received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	123	Virginia	116
2	Maryland	11	Texas	16
3	Texas	5	Pennsylvania	12
4	California	4	Maryland	6
5	New York	4	Georgia	5
6	Florida	4	Washington, D.C.	5
7	Pennsylvania	4	Illinois	4
8	North Carolina	3	California	3
9	West Virginia	3	Florida	3
10	New Jersey	3	New York	3

Source: Va. Healthcare Workforce Data Center

Among FSPs who obtained their initial license in the past five years, 68% received their high school degree in Virginia, and 64% received their initial professional degree in the state.

In total, 17% of Virginia's licensees were not a part of the state's FSP workforce. Among these licensees, 85% worked at some point in the past year, including 73% who currently work as an FSP.

At a Glance:

Not in VA Workforce

Total:	280
% of Licensees:	17%
Federal/Military:	5%
VA Border State/DC:	30%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
High School/GED	40	5%
Associate Degree	638	78%
Baccalaureate Degree	124	15%
Master's Degree	17	2%
Doctorate	2	0%
Total	821	100%

Source: Va. Healthcare Workforce Data Center

One out of every four FSPs carry education debt, including 42% of those FSPs who are under the age of 40. For those FSPs with education debt, the median outstanding balance is between \$20,000 and \$30,000.

At a Glance:

Education

Associate: 78%

Baccalaureate: 15%

High School/GED: 5%

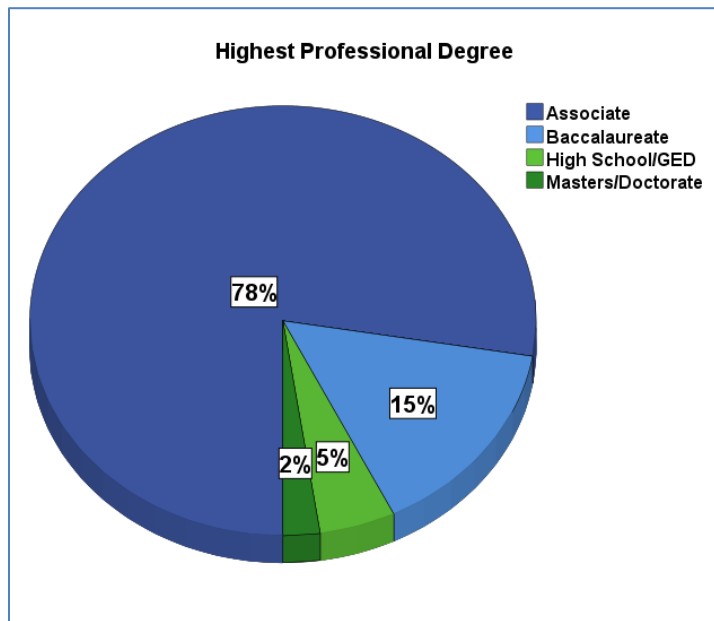
Education Debt

Carry Debt: 25%

Under Age 40 w/ Debt: 42%

Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All FSPs		FSPs Under 40	
	#	%	#	%
None	496	75%	100	58%
Less than \$10,000	35	5%	14	8%
\$10,000-\$19,999	34	5%	18	10%
\$20,000-\$29,999	24	4%	14	8%
\$30,000-\$39,999	10	2%	4	2%
\$40,000-\$49,999	6	1%	3	2%
\$50,000-\$59,999	16	2%	8	5%
\$60,000-\$69,999	10	2%	4	2%
\$70,000-\$79,999	6	1%	3	2%
\$80,000-\$89,999	4	1%	3	2%
\$90,000-\$99,999	1	0%	1	1%
\$100,000 or More	16	2%	1	1%
Total	658	100%	173	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 88%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 71%
 2 or More Positions: 13%

Weekly Hours:

40 to 49: 54%
 60 or More: 11%
 Less than 30: 9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in an FSP-Related Capacity	733	88%
Employed, NOT in an FSP-Related Capacity	59	7%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1	< 1%
Voluntarily Unemployed	14	2%
Retired	26	3%
Total	834	100%

Source: Va. Healthcare Workforce Data Center

Among all FSPs, 88% are currently employed in the profession, 71% hold one full-time job, and 54% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	41	5%
One Part-Time Position	95	12%
Two Part-Time Positions	15	2%
One Full-Time Position	574	71%
One Full-Time Position & One Part-Time Position	46	6%
Two Full-Time Positions	27	3%
More than Two Positions	16	2%
Total	814	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	41	5%
1 to 9 Hours	27	3%
10 to 19 Hours	27	3%
20 to 29 Hours	19	2%
30 to 39 Hours	39	5%
40 to 49 Hours	428	54%
50 to 59 Hours	123	16%
60 to 69 Hours	58	7%
70 to 79 Hours	15	2%
80 or More Hours	14	2%
Total	791	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	11	2%
Less than \$30,000	70	12%
\$30,000-\$39,999	22	4%
\$40,000-\$49,999	35	6%
\$50,000-\$59,999	89	16%
\$60,000-\$69,999	71	13%
\$70,000-\$79,999	67	12%
\$80,000-\$89,999	53	9%
\$90,000-\$99,999	44	8%
\$100,000-\$109,999	31	6%
\$110,000-\$119,999	15	3%
\$120,000 or More	62	11%
Total	570	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$60k-\$70k

Benefits (Wage/Salary Employees)
Health Insurance: 59%
Retirement: 49%

Satisfaction
Satisfied: 96%
Very Satisfied: 74%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	597	74%
Somewhat Satisfied	178	22%
Somewhat Dissatisfied	23	3%
Very Dissatisfied	9	1%
Total	807	100%

Source: Va. Healthcare Workforce Data Center

The typical FSP earns between \$60,000 and \$70,000 per year. In addition, 75% of all wage and salaried FSPs receive at least one employer-sponsored benefit, including 59% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	486	66%	71%
Paid Sick Leave	399	54%	59%
Health Insurance	391	53%	59%
Retirement	319	44%	49%
Dental Insurance	313	43%	46%
Group Life Insurance	231	32%	36%
Signing/Retention Bonus	35	5%	6%
At Least One Benefit	526	72%	75%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	4	< 1%
Experience Voluntary Unemployment?	41	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	11	1%
Work Two or More Positions at the Same Time?	143	11%
Switch Employers or Practices?	42	3%
Experience at Least One?	220	16%

Source: Va. Healthcare Workforce Data Center

Less than 1% of Virginia’s FSPs experienced involuntary unemployment at some point in the past year. By comparison, Virginia’s average monthly unemployment rate was 3.0% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	31	4%	22	13%
Less than 6 Months	34	4%	9	5%
6 Months to 1 Year	38	5%	13	8%
1 to 2 Years	64	8%	18	11%
3 to 5 Years	153	19%	34	20%
6 to 10 Years	135	17%	18	11%
More than 10 Years	329	42%	56	33%
Subtotal	786	100%	169	100%
Did Not Have Location	28		1,166	
Item Missing	539		18	
Total	1,353		1,353	

Source: Va. Healthcare Workforce Data Center

Among all FSPs, 58% are salaried employees at their primary work location, while 29% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: < 1%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 3%
New Location: 12%
Over 2 Years: 78%
Over 2 Yrs., 2nd Location: 64%

Employment Type

Salary/Commission: 58%
Hourly Wage: 29%

Source: Va. Healthcare Workforce Data Center

Nearly four out of every five FSPs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	270	58%
Hourly Wage	135	29%
By Contract	24	5%
Business/Practice Income	35	7%
Unpaid	2	0%
Subtotal	467	100%
Did Not Have Location	28	
Item Missing	858	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.4%. At the time of publication, the unemployment rate from March 2025 was still preliminary.

At a Glance:

Concentration

Top Region:	22%
Top 3 Regions:	60%
Lowest Region:	3%

Locations

2 or More (Past Year):	24%
2 or More (Now*):	19%

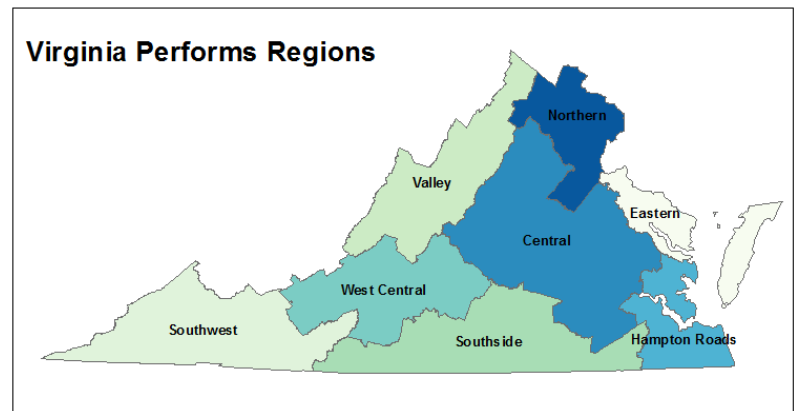
Source: Va. Healthcare Workforce Data Center

Three out of every five FSPs work in Central Virginia, Hampton Roads, or Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	176	22%	53	29%
Eastern	23	3%	14	8%
Hampton Roads	159	20%	36	20%
Northern	137	17%	15	8%
Southside	81	10%	12	7%
Southwest	50	6%	11	6%
Valley	50	6%	5	3%
West Central	94	12%	27	15%
Virginia Border State/D.C.	2	0%	5	3%
Other U.S. State	11	1%	4	2%
Outside of the U.S.	0	0%	0	0%
Total	783	100%	182	100%
Item Missing	542		7	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all FSPs, 19% currently have multiple work locations, while 24% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	14	2%	39	5%
1	595	75%	606	76%
2	118	15%	97	12%
3	50	6%	38	5%
4	6	1%	5	1%
5	4	0%	4	0%
6 or More	10	1%	7	1%
Total	796	100%	796	100%

*At the time of survey completion, March 2025.
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	694	95%	147	98%
Non-Profit	13	2%	2	1%
State/Local Government	16	2%	1	1%
Veterans Administration	0	0%	0	0%
U.S. Military	2	0%	0	0%
Other Federal Government	3	0%	0	0%
Total	728	100%	150	100%
Did Not Have Location	28		1,166	
Item Missing	596		37	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

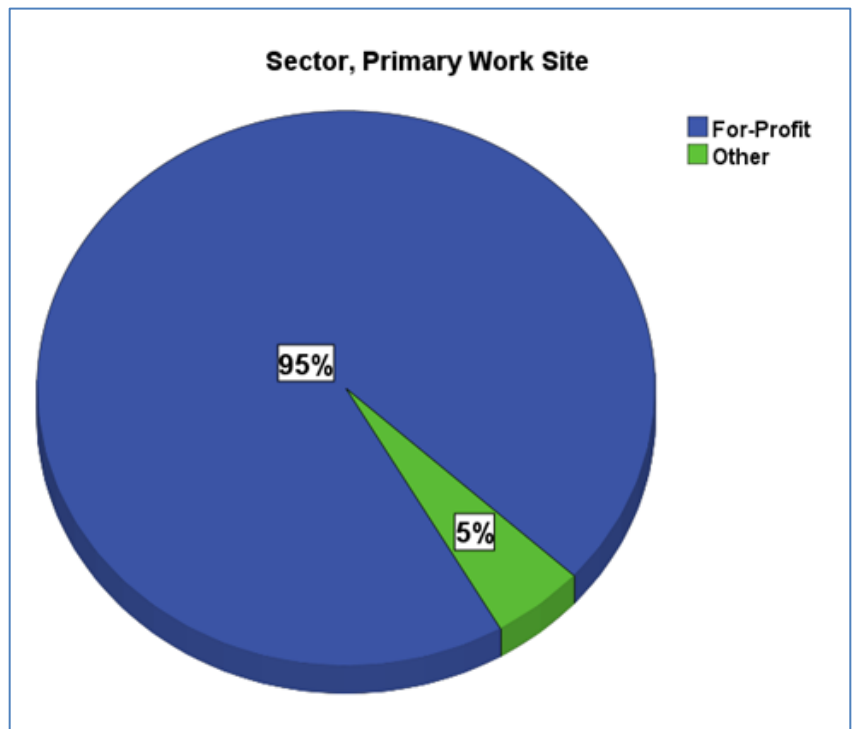
For-Profit:	95%
Federal:	1%

Top Establishments

Funeral-Only Establishment:	51%
Funeral Establishment w/ Crematory:	40%

Source: Va. Healthcare Workforce Data Center

In total, 97% of FSPs work in the private sector, including 95% who work in the for-profit sector.



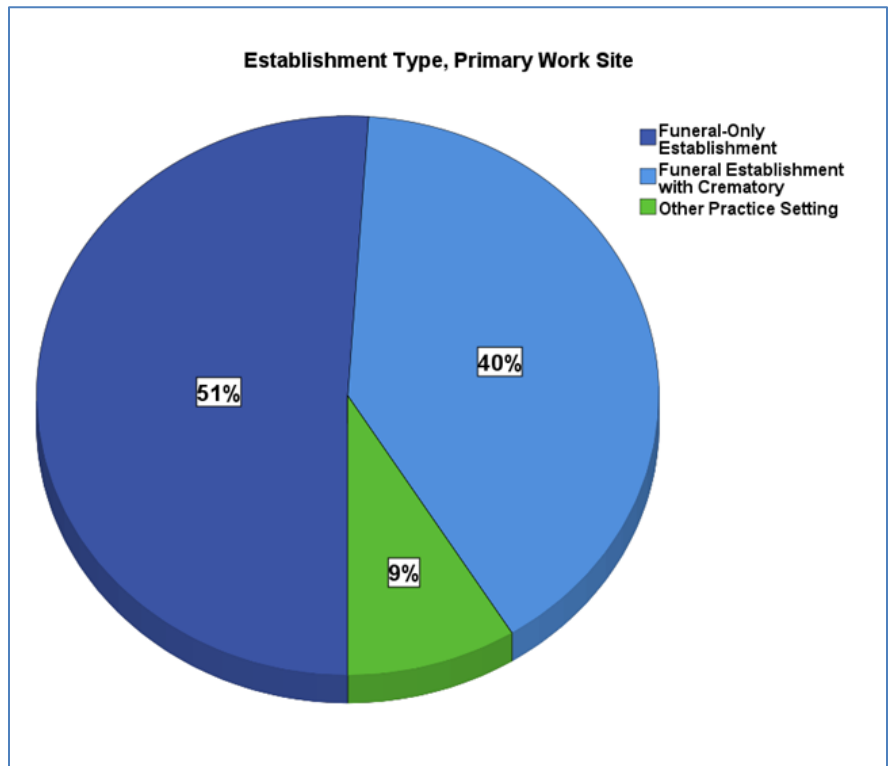
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Funeral Establishment	361	51%	91	63%
Funeral Establishment Combined with Crematory	284	40%	38	26%
Funeral Establishment Combined with Surface Transport and Removal	10	1%	1	1%
Academic Institution	7	1%	1	1%
Crematory (Only)	7	1%	1	1%
Surface Transport and Removal (Only)	1	0%	1	1%
Other Practice Setting	38	5%	12	8%
Total	708	100%	145	100%
Did Not Have a Location	28		1,166	

More than half of all FSPs work at a funeral-only establishment as their primary work location. Another 40% work at an establishment that combines funeral and crematory services.

Source: Va. Healthcare Workforce Data Center

Among those FSPs who also have a secondary work location, 63% work at a funeral-only establishment, while another 26% work at an establishment that combines funeral and crematory services.



Source: Va. Healthcare Workforce Data Center

A Closer Look:

**At a Glance:
(Primary Locations)**

Languages Offered

Spanish:	10%
Arabic:	1%
French:	1%

Means of Communication

Other Staff Members:	61%
Virtual Translation:	19%
Respondent:	18%

One out of every ten FSPs are employed at a primary work location that offers Spanish language services for clients.

Languages Offered		
Language	#	% of Workforce
Spanish	137	10%
Arabic	12	1%
French	12	1%
Chinese	10	1%
Tagalog/Filipino	9	1%
Hindi	8	1%
Vietnamese	8	1%
Korean	7	1%
Persian	7	1%
Pashto	4	0%
Urdu	4	0%
Amharic, Somali, or Other Afro-Asiatic Languages	3	0%
Others	5	0%
At Least One Language	147	11%

Source: Va. Healthcare Workforce Data Center

Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	89	61%
Virtual Translation Services	28	19%
Respondent is Proficient	26	18%
Onsite Translation Services	14	10%
Other	9	6%

Source: Va. Healthcare Workforce Data Center

More than three out of every five FSPs who are employed at a primary work location that offers language services for clients provide it by means of a staff member who is proficient.

At a Glance: (Primary Locations)

Typical Time Allocation

Administration: 40%-49%
Client Care: 40%-49%

Roles

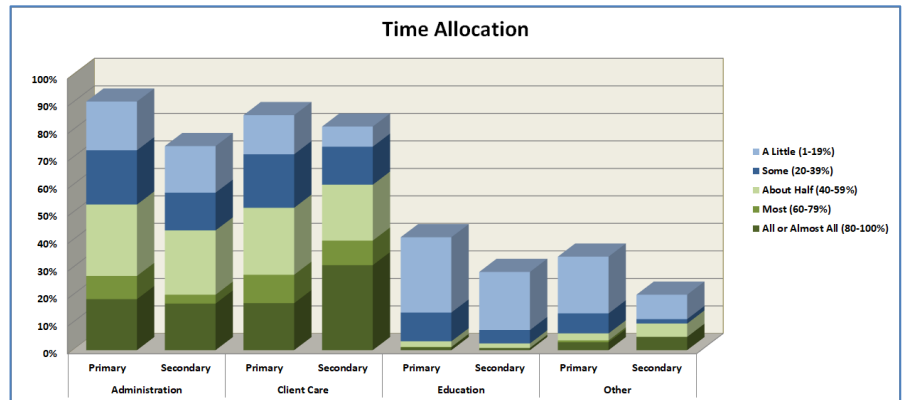
Administration: 27%
Client Care: 27%
Other: 4%

Client Care FSPs

Median Admin. Time: 10%-19%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

FSPs spend most of their time performing administrative tasks and attending to clients. In fact, 54% of FSPs fill either an administrative role or a client care role, defined as spending 60% or more of their time in one of those activities.

Time Allocation								
Time Spent	Admin.		Client Care		Education		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	19%	17%	17%	31%	1%	1%	3%	5%
Most (60-79%)	8%	3%	10%	9%	0%	0%	1%	0%
About Half (40-59%)	26%	23%	24%	20%	2%	2%	3%	5%
Some (20-39%)	20%	14%	19%	14%	10%	5%	7%	2%
A Little (1-19%)	18%	17%	14%	7%	27%	21%	21%	9%
None (0%)	10%	26%	15%	19%	59%	71%	66%	80%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All FSPs		FSPs 50 and Over	
	#	%	#	%
Under Age 50	19	3%	-	-
50 to 54	14	2%	1	0%
55 to 59	23	4%	9	3%
60 to 64	87	14%	37	12%
65 to 69	163	27%	81	25%
70 to 74	97	16%	72	23%
75 to 79	35	6%	24	8%
80 or Over	31	5%	24	8%
I Do Not Intend to Retire	144	23%	72	23%
Total	613	100%	320	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All FSPs

Under 65: 23%

Under 60: 9%

FSPs 50 and Over

Under 65: 15%

Under 60: 3%

Time Until Retirement

Within 2 Years: 13%

Within 10 Years: 30%

Half the Workforce: By 2050

Source: Va. Healthcare Workforce Data Center

Nearly one out of every four FSPs expect to retire before the age of 65. Among FSPs who are age 50 and over, 15% expect to retire by the age of 65.

Within the next two years, 5% of FSPs expect to increase practice hours, and 4% expect to pursue additional educational opportunities.

Future Plans

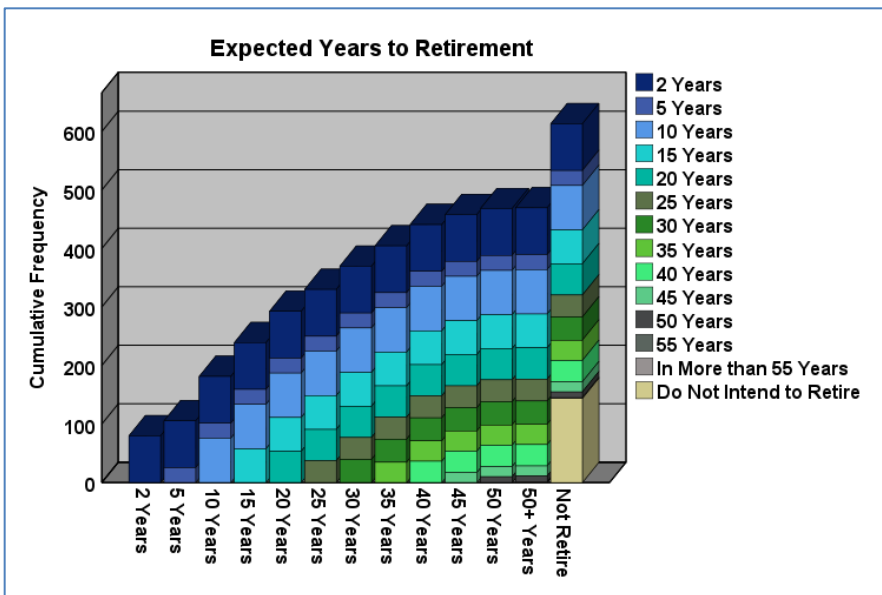
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	21	2%
Leave Virginia	19	1%
Decrease Practice Hours	93	7%
Decrease Teaching Hours	2	0%
Increase Participation		
Increase Practice Hours	72	5%
Increase Teaching Hours	27	2%
Pursue Additional Education	54	4%
Return to the Workforce	2	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for FSPs. While 13% of FSPs expect to retire in the next two years, 30% expect to retire within the next decade. More than half of the current FSP workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	80	13%	13%
5 Years	26	4%	17%
10 Years	76	12%	30%
15 Years	58	9%	39%
20 Years	53	9%	48%
25 Years	37	6%	54%
30 Years	40	7%	60%
35 Years	35	6%	66%
40 Years	36	6%	72%
45 Years	17	3%	75%
50 Years	10	2%	76%
55 Years	0	0%	76%
In More than 55 Years	1	0%	77%
Do Not Intend to Retire	144	23%	100%
Total	613	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years within the next two years. Retirement will peak at 13% of the current workforce at around the same time before declining to under 10% again around 2040.

At a Glance:

FTEs

Total: 1,305
 FTEs/1,000 Residents²: 0.150
 Average: 0.98

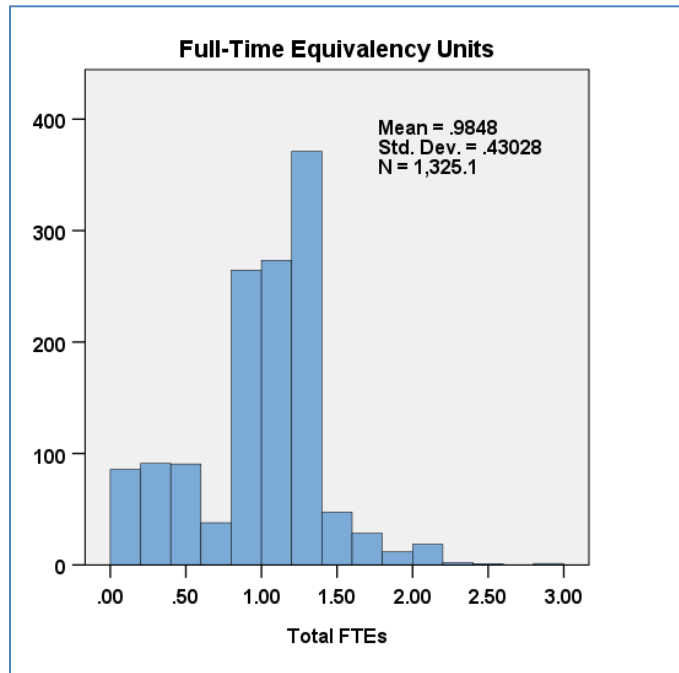
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

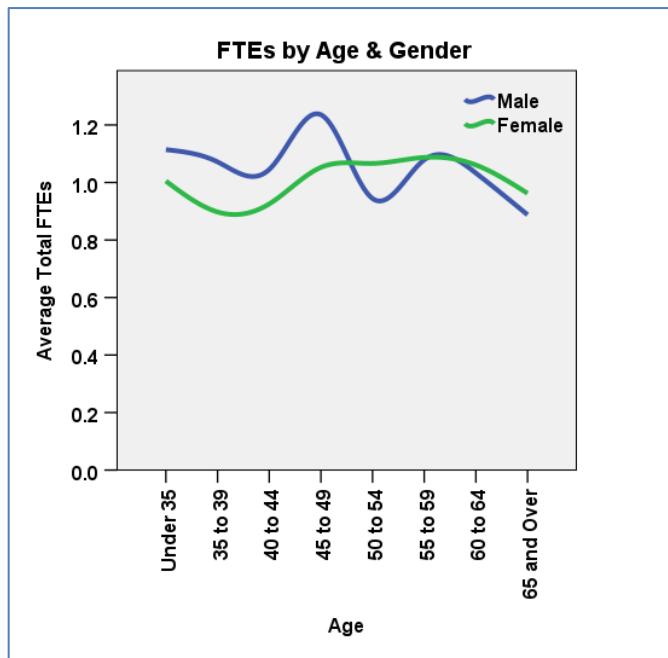


Source: Va. Healthcare Workforce Data Center

The typical FSP provided 1.05 FTEs during the past year, or approximately 42 hours per week for 50 weeks. Statistical tests did not verify that FTEs vary by either age or gender.

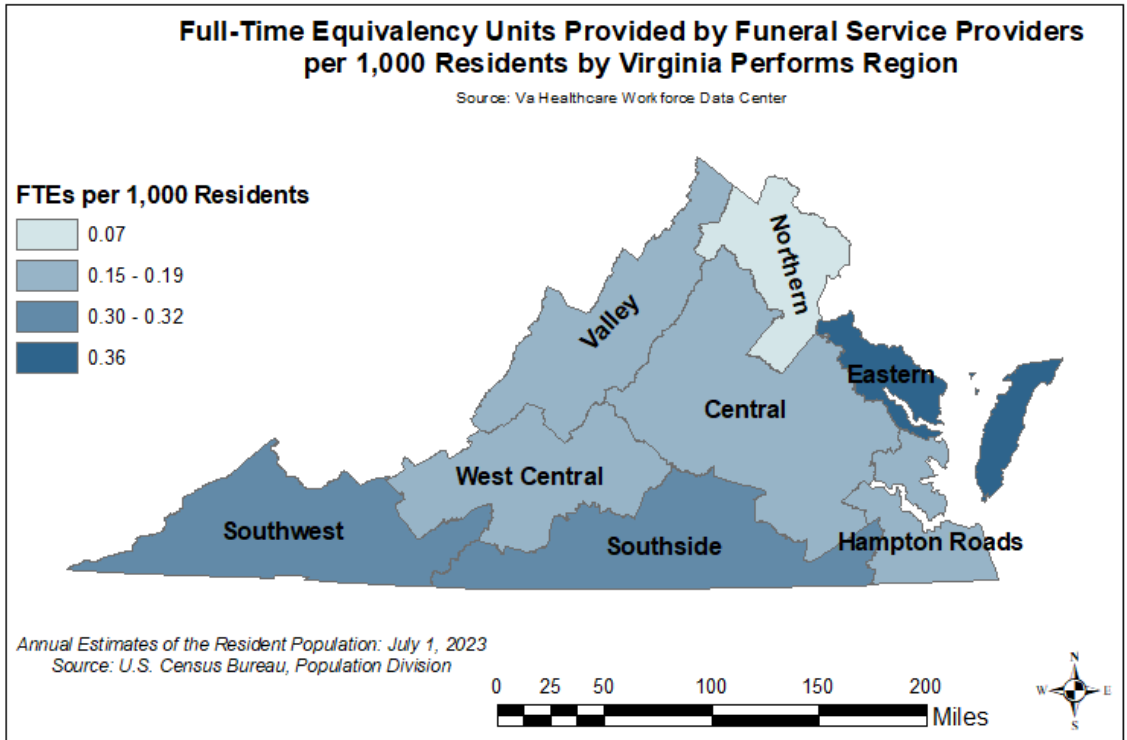
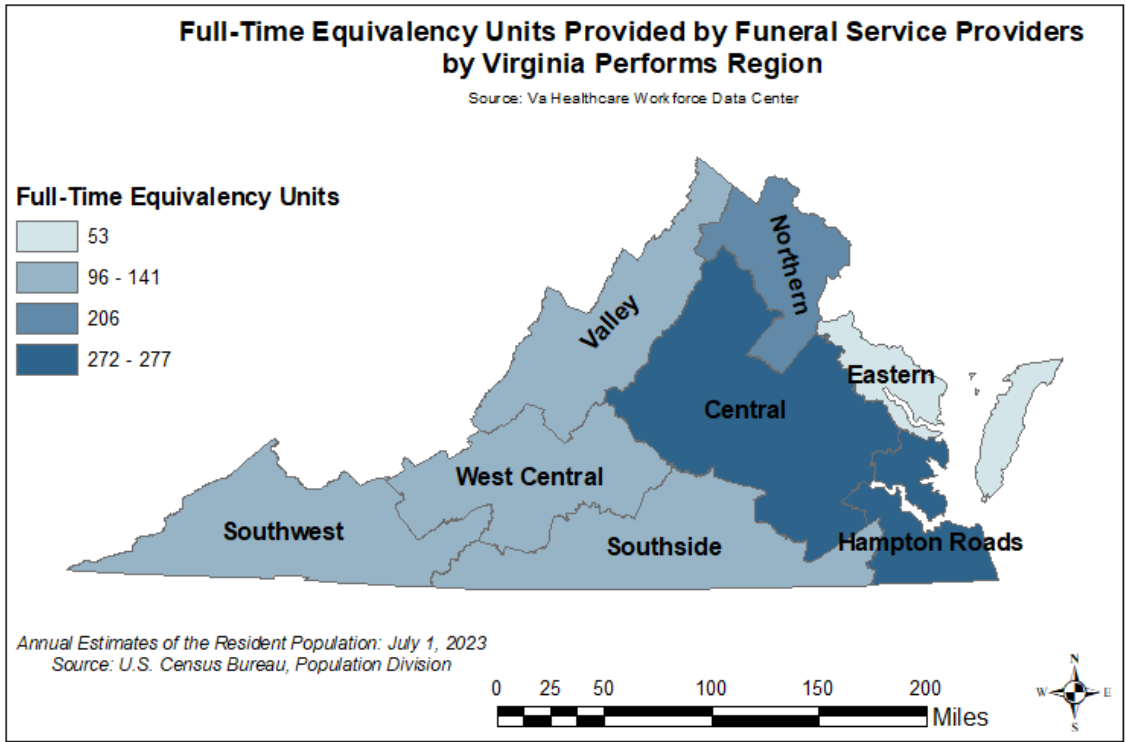
Full-Time Equivalency Units		
Age	Average	Median
Under 35	1.02	1.05
35 to 39	0.97	0.92
40 to 44	1.11	1.35
45 to 49	1.08	0.97
50 to 54	0.77	0.44
55 to 59	1.00	0.92
60 to 64	0.78	0.62
65 and Over	1.04	1.22
Gender		
Male	1.01	1.09
Female	1.00	1.07

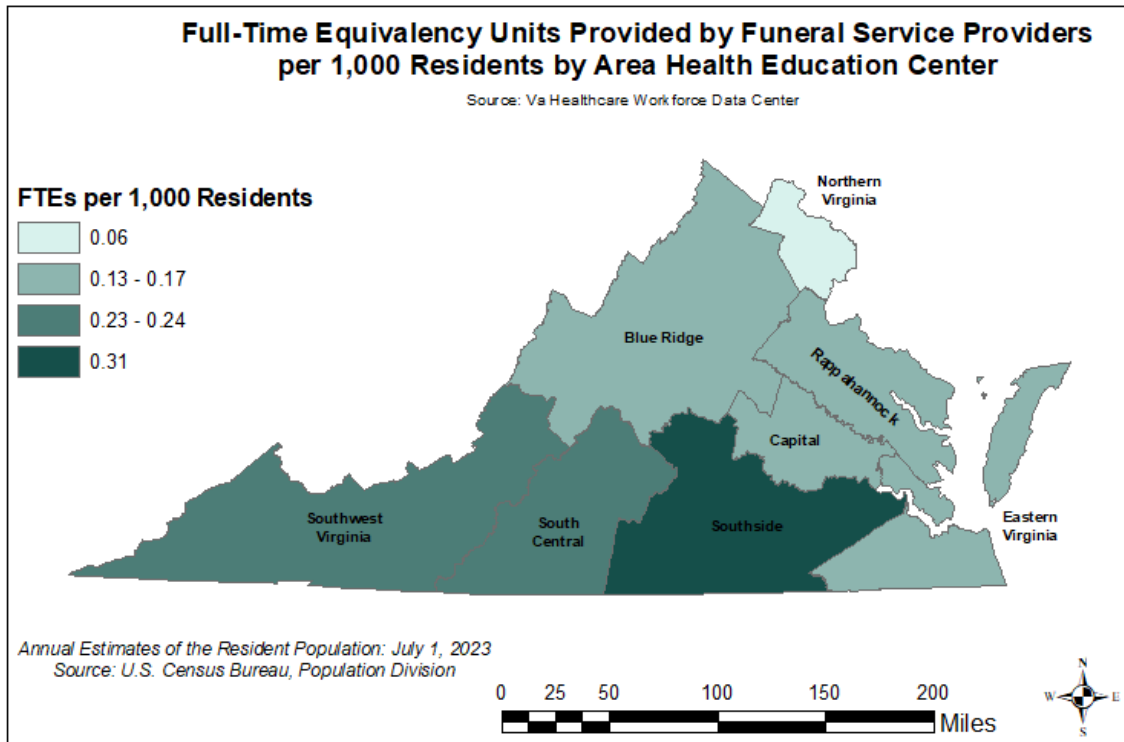
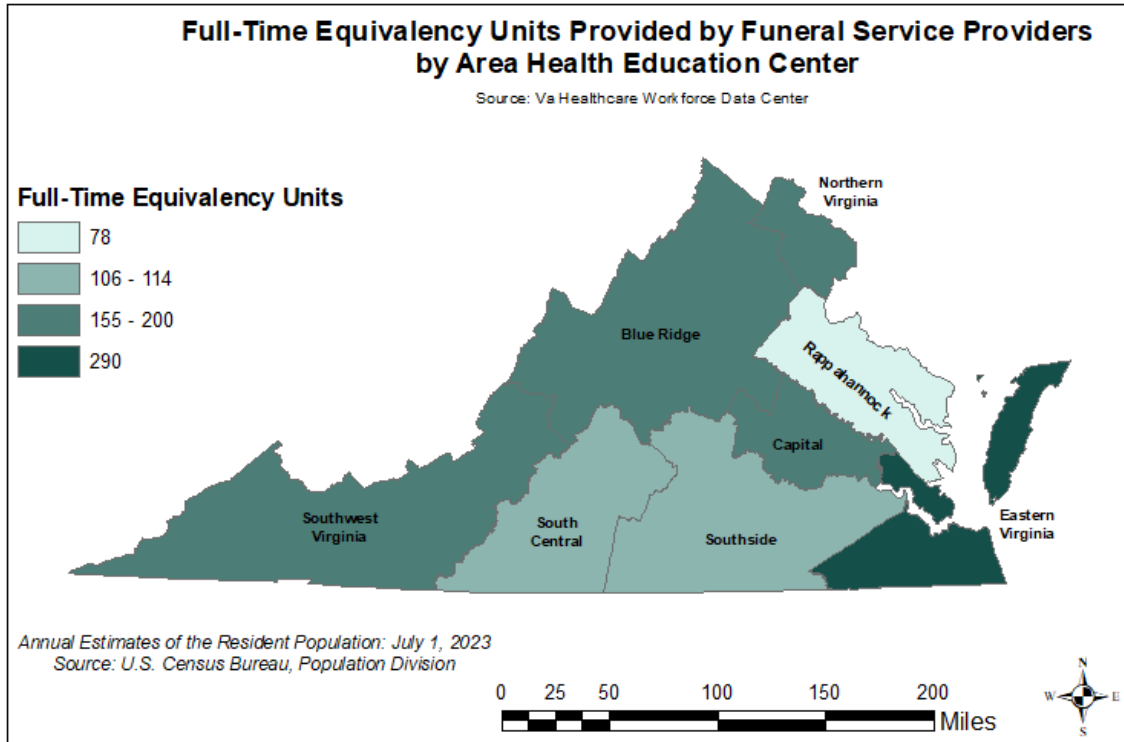
Source: Va. Healthcare Workforce Data Center

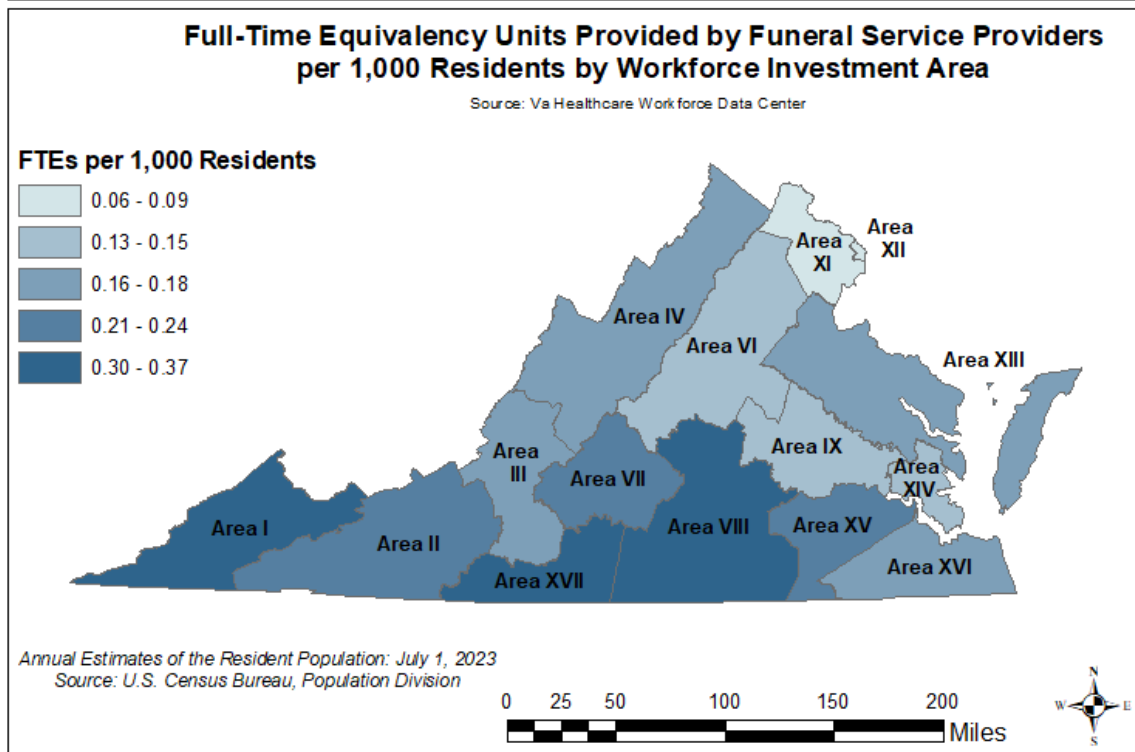
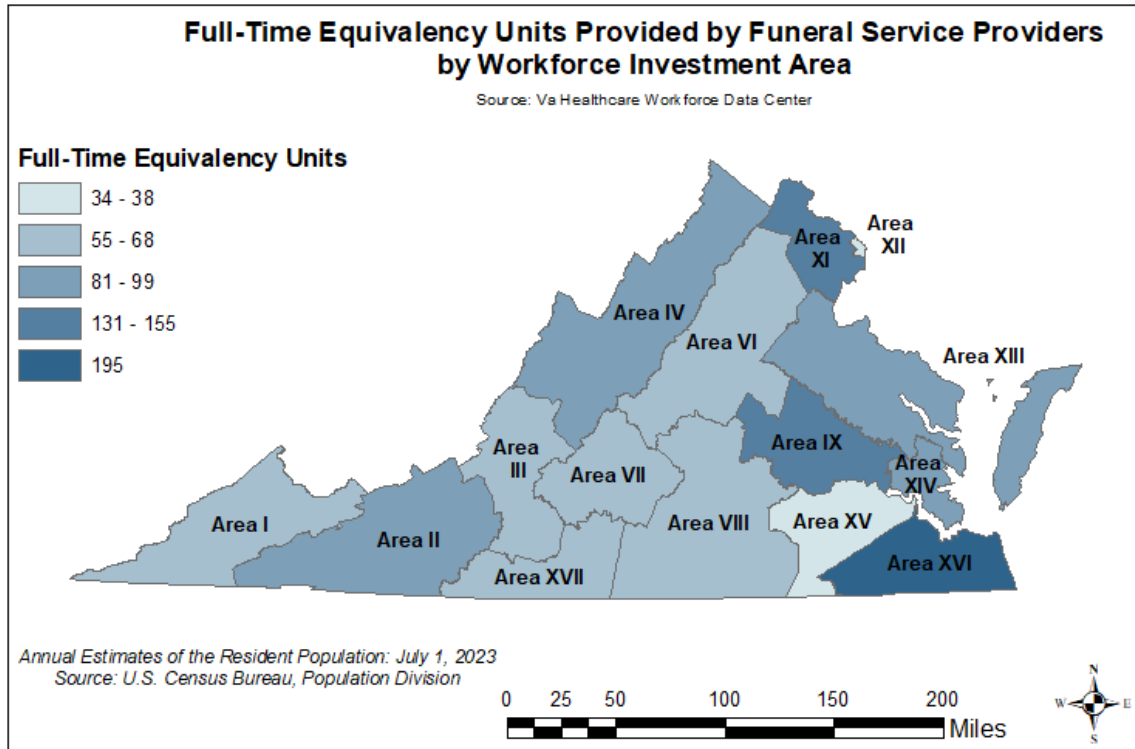


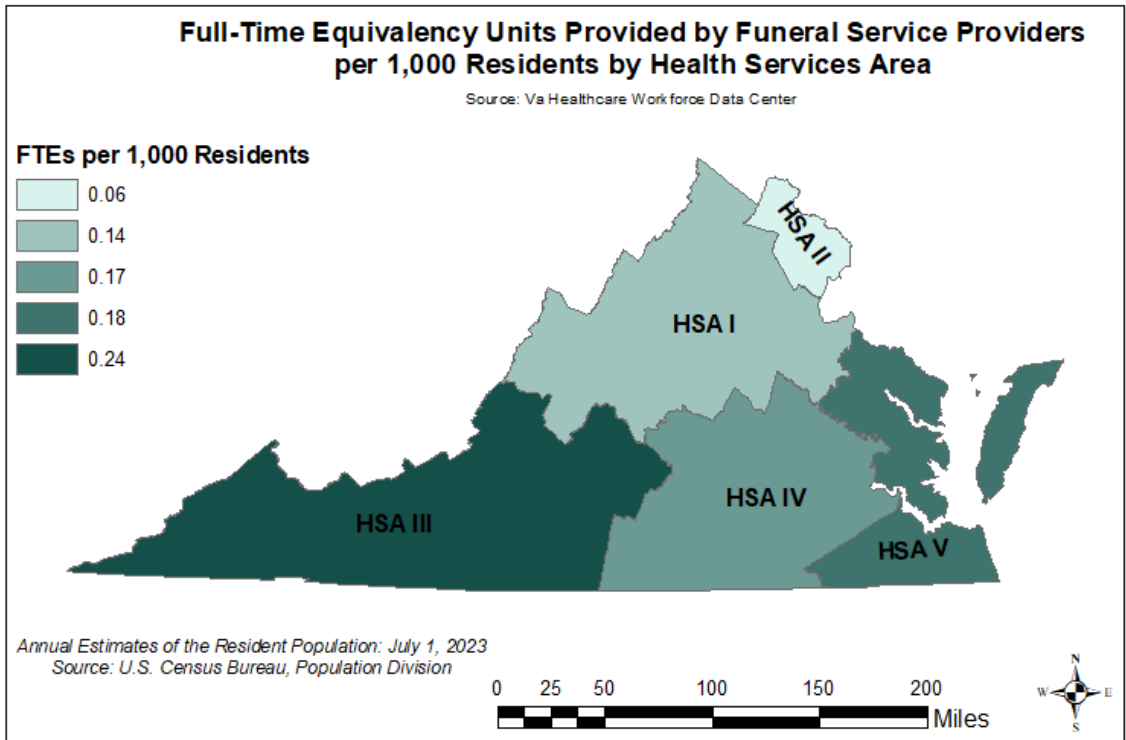
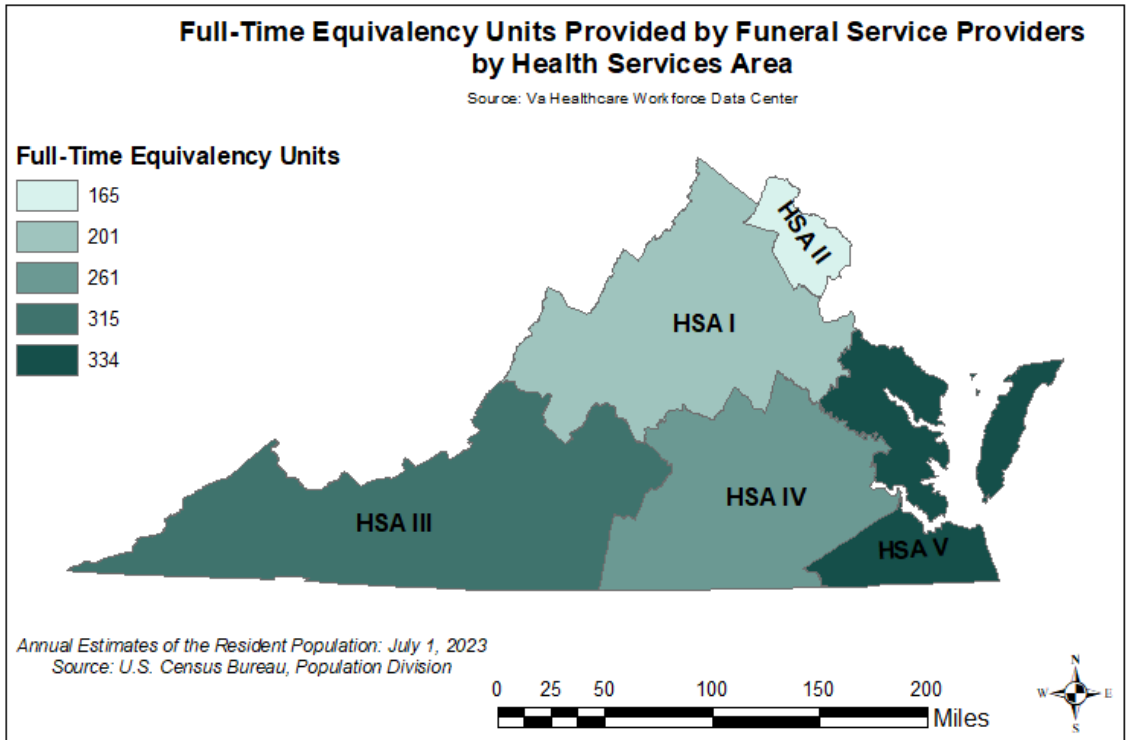
Source: Va. Healthcare Workforce Data Center

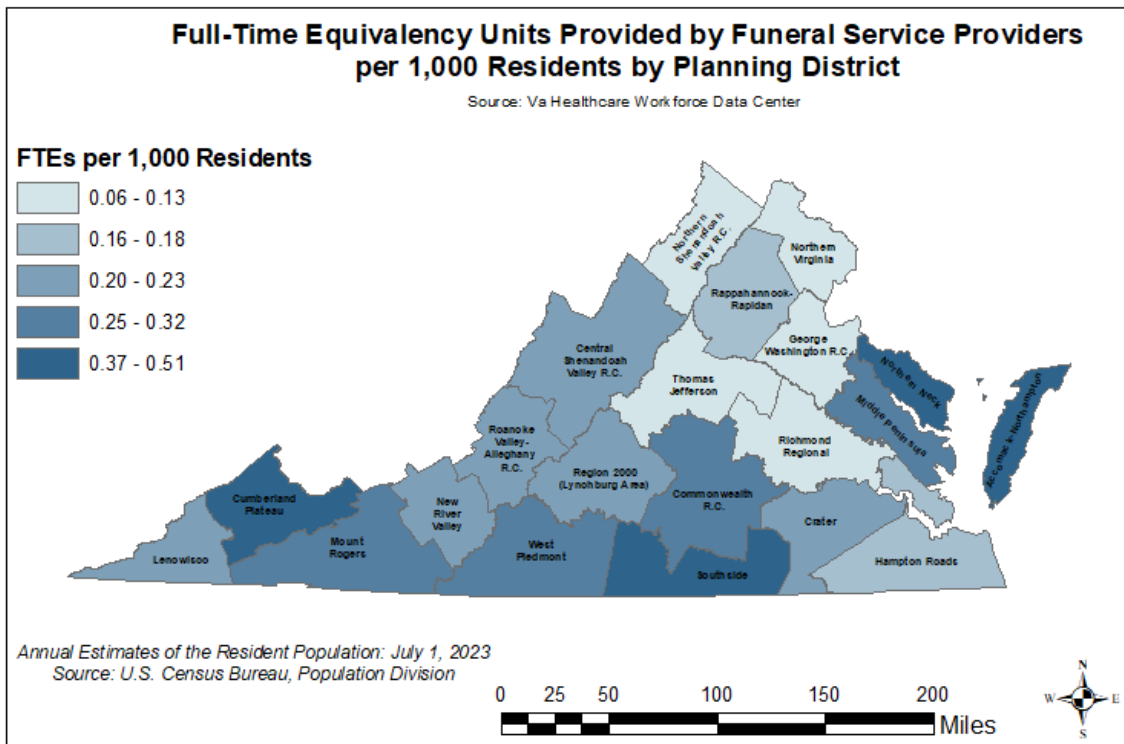
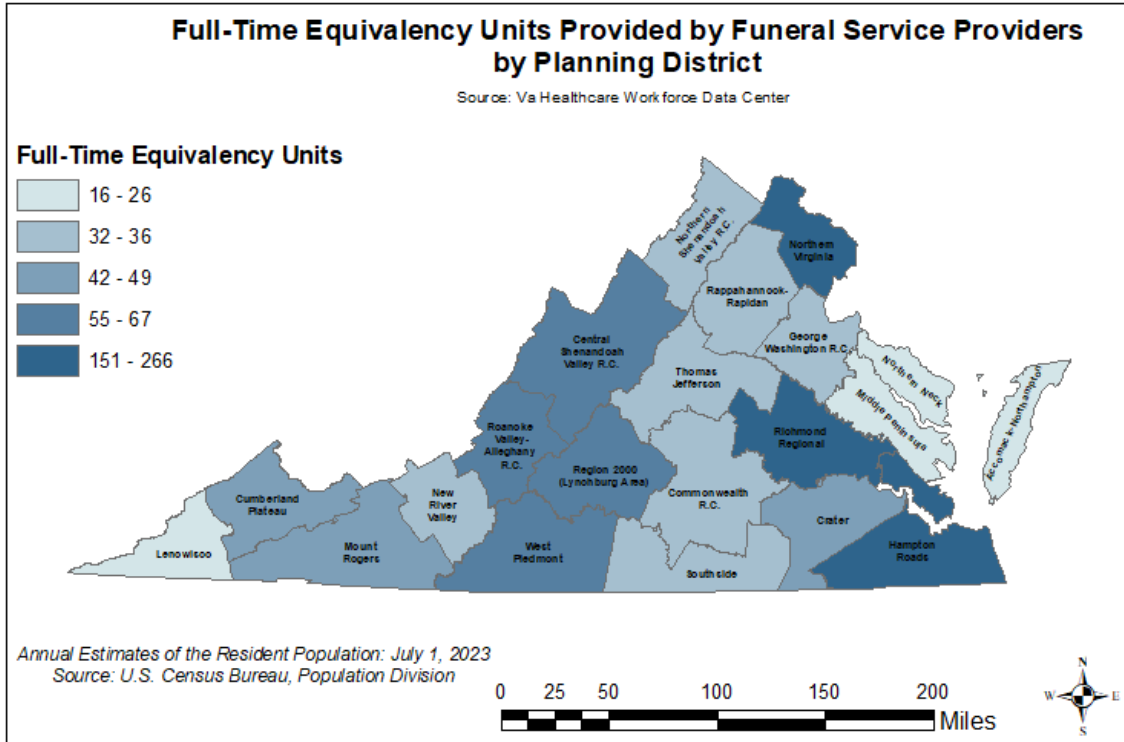
² Number of residents in 2023 was used as the denominator.











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	731	78.93%	1.267	1.148	1.409
Metro, 250,000 to 1 Million	136	88.97%	1.124	1.018	1.250
Metro, 250,000 or Less	132	84.09%	1.189	1.077	1.322
Urban, Pop. 20,000+, Metro Adj.	52	59.62%	1.677	1.566	1.865
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	110	77.27%	1.294	1.172	1.439
Urban, Pop. 2,500-19,999, Non-Adj.	82	80.49%	1.242	1.126	1.382
Rural, Metro Adj.	60	76.67%	1.304	1.182	1.450
Rural, Non-Adj.	36	94.44%	1.059	0.959	1.177
Virginia Border State/D.C.	223	84.30%	1.186	1.075	1.319
Other U.S. State	71	77.46%	1.291	1.169	1.435

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	199	72.36%	1.382	1.177	1.865
35 to 39	127	75.59%	1.323	1.127	1.388
40 to 44	171	77.19%	1.295	1.104	1.749
45 to 49	152	86.18%	1.160	0.989	1.566
50 to 54	170	88.82%	1.126	0.959	1.182
55 to 59	186	85.48%	1.170	0.997	1.579
60 to 64	180	83.33%	1.200	1.022	1.620
65 and Over	448	78.35%	1.276	1.087	1.723

Source: Va. Healthcare Workforce Data Center

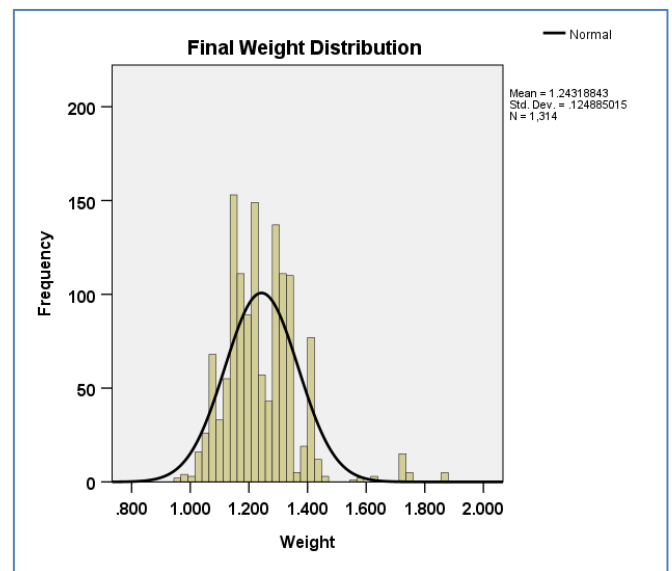
See the Methodology section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.804654



Source: Va. Healthcare Workforce Data Center