



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

State Board of Morticians and Funeral Directors

APPLICATION FOR REINSTATEMENT/REACTIVATION

PLEASE COMPLETE THE FOLLOWING:

SECTION I - GENERAL INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Race (Please Circle One): 1-White 2-Black or African American 3-Hispanic or Latino
4-Native Hawaiian or Other Pacific Islander 5-Asian 6-Other

Mortuary Science School Attended: _____

Dates: _____ Degree: _____

Last Year License Was Renewed: _____

Current Employer: _____

Address: _____

Are you licensed in another State? YES NO Where? _____
If so, please submit a Letter of Good Standing from that state's Board of Funeral Service with the Seal of that State Board on the letter. The Letter of Good Standing should accompany the completed Application for Reinstatement/Reactivation.

SECTION II – CHARACTER - This section must be completed. Since your last renewal:

YES NO

- 1) Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession?

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- 2a) Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed services, denied your application for licensure, reinstatement/reactivation or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment?
- (Please see reverse side.)
- 2b) Have you surrendered or allowed your license to lapse while under investigation by a licensing or disciplinary board in any jurisdiction or an entity of the Armed Services?
- 3) Have any complaints, investigations, or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services?
- 4) Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession?
- 5) Have you pled guilty, nolo contendere, been convicted, received probation before judgment or other diversionary disposition of any criminal act or for driving while intoxicated, or for a controlled dangerous substance offense (excluding traffic violations)?
- 6) Has your employment by any health care employer been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract?
- 7) Do you currently have a physical or mental condition which may affect your ability to practice your profession?
- 8) Has any malpractice or claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you?

Attach a detailed explanation for each question answered "yes" in Section III - Character

Notice For Mailing List

The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Applicant Signature

Practice of mortuary science or funeral direction without an active license is a violation of the Morticians Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

Applicant Signature

Date