

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
4201 PATTERSON AVENUE – ROOM 116, BALTIMORE, MARYLAND 21215

Telephone Number: 410-764-4792

PLEASE READ THE FOLLOWING NOTE BEFORE YOUR BEGIN

NOTE:

1. All documentation must be received in the Board Office two (2) weeks before your appointment with the Board. Your appointment will not be scheduled until all documentation has been received by the Board. A hard copy of any faxed material must be received by the Board before the actual appointment. No appointment will be scheduled pending receipt of any faxed material.
2. Attached, for your convenience, is a copy of the apprentice requirements currently in Health Occupations Article, Title 7, Morticians Act.
3. All requests for “certified” copies of transcripts or National Board scores MUST be requested by the apprentice candidate and sent directly from the educational institution to the attention of the Executive Director of the Board of Morticians and Funeral Directors in a sealed, unopened envelope. Please inform your sponsor of this requirement.

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THE APPLICATION

1. Full length color photograph
2. Application fee
3. Certified copy of college transcript with school seal (See Note 3 above)
4. Copy of college diploma
5. Copy of funeral service or mortuary science college degree
6. If you are currently enrolled in a funeral service or mortuary science program please complete the top portion of the “Apprentice Educational Requirements Form” and forward it to the mortuary college along with your request for a certified copy of transcript. (See note 3 above)
7. Certified copy of transcript from mortuary college (See note 3 above)
8. Certified copy of National Conference Examination Scores (See note 3 above)
9. Letters of good standing from all other states in which you are licensed to practice mortuary science or funeral service (if applicable)
10. If licensed in another State for more that five (5) years, a letter requesting a waiver as noted in §7-305 Waiver of Requirements (copy attached).

Revised 11/20/2009

MARYLAND STATE BOARD OF MORTICIANS
AND FUNERAL DIRECTORS
4201 PATTERSON AVE
BALTIMORE, MARYLAND 21215-2299

Application for Apprentice License

Apprenticeship Licenses expire one-year from the date of issuance. The application fee is \$325.00

COMPLETE THE FOLLOWING INFORMATION:

Name of Applicant: _____

Address: _____

Telephone Number: _____ (Home) _____ (Work) _____ (Cell)

Date of Birth ____/____/____ Age _____ Email address _____

Social Security Number: _____

Race (Please circle all applicable; for statistical purposes only): 1-White 2-Black or African American
3-American Indian or Alaska Native 4-Hispanic or Latino 5-Asian 6- 7-Other

Name of Mortuary College _____

Year Graduated _____ Degree Awarded _____

National Board Examination: (date taken) _____ State taken _____

Are you currently enrolled in a mortuary science or funeral service program? ____ Date of enrollment: ____/____/____

Have you ever been licensed in another state? ____ If yes, list the states _____

For the following, write Y for YES or NO in the box next to each question. Attach a detailed explanation for each question answered yes.

- 1. Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired?
- 2. (a) Has any State Licensing or Disciplinary Board or a comparable body in the Armed Service, denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension or revocation?

(b) Have you surrendered or failed to renew a license in any State?
- 3. Are there any outstanding complaints, investigations or charges pending against you in any State by any Licensing or Disciplinary Board or a comparable body in the Armed Services?

- 4. Have you had a physical or mental illness that currently impairs your ability to practice your profession?
- 5. Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of driving while intoxicated or of a controlled dangerous substance offense?
- 6. Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)?
- 7. Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to you practice?
- 8. Excluding minor traffic violations, are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?

Name of Sponsor: _____ License Number: _____

Name of Establishment: _____

Address: _____

Telephone Number: _____ (Home) _____ (Work) _____ (Cell)

I certify that the above statements, to the best of my knowledge and belief, are true, correct and complete, and are made in good faith.

(Signature of Applicant) (Date)

(Signature of Sponsor) (Date)

Subscribed and sworn to before me this _____ day of _____, 20 _____

My commission expires on _____

SEAL

(Notary Public)

PLEASE SEND IN A FULL LENGTH PICTURE OF YOURSELF