

PLEASE READ THE FOLLOWING NOTE BEFORE YOUR BEGIN

NOTE:

All documentation must be received in the Board Office two (2) weeks before next scheduled Board meeting.

1. Once all documentation has been received by the Board, you must call the Board's office to schedule the jurisprudence exam for the State of Maryland.
2. All requests for "certified" copies of transcripts or National Board scores MUST be requested by the 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.

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 2 above)
4. Copy of college diploma
5. Copy of funeral service or mortuary science college degree
6. Copy of college(s) degrees
7. Certified copy of transcript from mortuary college (See note 2 above)
8. Certified copy of transcripts from college(s)
9. Certified copy of National Conference Examination Scores (See note 2 above)
10. Completed License Verification for Waiver of Apprenticeship Requirement Form from the state in which you were initially licensed. (This form is provided with the Application for Mortician License.)
11. Letters of good standing from any other states in which you are licensed to practice mortuary science or funeral service
12. Proof of Apprenticeship.

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS
4201 Patterson Avenue
Baltimore, Maryland 21215-2299

APPLICATION FOR MORTICIAN LICENSE VIA
WAIVER OF APPRENTICESHIP REQUIREMENTS

Morticians Licenses expire April 30th every two years. The application fee has been prorated on a bi-annual basis as listed below. Therefore, if you submit your application.

Between May 1 of every even numbered year through April 30 of every odd numbered year the fee is \$600.00
Between May 1 of every odd numbered year through April 30 of every even numbered year the fee is \$300.00

NAME _____
HOME ADDRESS _____

HOME TELEPHONE # -(____) _____ WORK TELEPHONE # -(____) _____

PLACE OF EMPLOYMENT _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

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

NAME OF MORTUARY SCHOOL COMPLETED: _____

DATE OF COMPLETION: _____ DEGREE RECEIVED _____
(If you have not already done so, please send the Board a COPY OF YOUR MORTUARY SCHOOL DIPLOMA.)

DATE NATIONAL BOARD EXAMINATION TAKEN: _____ PLACE TAKEN _____

ARE YOU LICENSED IN ANY OTHER STATE, PLEASE LIST STATE AND LICENSE NUMBER.

STATE	LICENSE #	DATE ISSUED	STATE	LICENSE #	DATE ISSUED

For the following, write Y for YES or N for 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?

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**

STATE OF MARYLAND _____ To wit; On this _____ day of _____, 20_____, personally appeared _____ and made oath in due form of law that the statements contained in the foregoing application are true.

As witness my hand and seal _____
SEAL

My Commission expires _____.

THIS APPLICATION COMPLETED BY THE APPLICANT MUST BE SWORN TO BEFORE A NOTARY PUBLIC

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS
4201 Patterson Avenue
Baltimore, Maryland 21215-2299

LICENSE VERIFICATION FOR WAIVER OF APPRENTICESHIP REQUIREMENTS

(To be completed by State Board of initial licensure)

LICENSEE NAME _____

TYPE OF LICENSE _____ LICENSE NUMBER _____

DATE OF ORIGINAL ISSUE _____ DATE OF MOST RECENT ISSUE _____

HAS THE LICENSEE PRACTICED CONTINUOUSLY IN THE STATE FOR AT LEAST 5 YEARS
PRECEDING THIS WAIVER REQUEST? ____ YES ____ NO

APPRENTICESHIP HOURS _____; BEGAN _____ ENDED _____

IS THIS LICENSEE CURRENTLY IN GOOD STANDING WITH YOUR STATE _____

WHAT ARE YOUR STATE'S STANDARDS FOR A LICENSE?

EDUCATION: ____ HS DIPLOMA ____ AA DEGREE ____ 4 YEAR DEGREE

____ MORTUARY SCIENCE DIPLOMA

NATIONAL CONFERENCE EXAMINATION SCORES ? ____ YES ____ NO

APPRENTICESHIP HOURS REQUIRED BY STATE _____

WILL YOUR STATE GRANT A SIMILAR WAIVER TO MARYLAND LICENSEES?

____ YES ____ NO

PLEASE DETAIL ANY FURTHER STATE STANDARDS/REQUIREMENTS:

ON BEHALF OF THE STATE OF _____ BOARD OF FUNERAL DIRECTORS, I CERTIFY
THAT THE ABOVE STATEMENTS ARE CORRECT.

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

NAME AND TITLE OF AUTHORIZED OFFICIAL

BOARD SEAL