



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

APPLICATION FOR APPRENTICE LICENSE INITIAL AND RENEWAL

(Requirements per COMAR 10.29.09 and Title 7-306)

Included	Required Documents
<input type="checkbox"/>	Front and Back Photocopy of a Valid driver's license or government issued
<input type="checkbox"/>	Official certified funeral services or mortuary science college transcript, if currently enrolled (FOR INITIAL AND RENEWAL APPLICATIONS)
<input type="checkbox"/>	Letter from institution verifying enrollment in a funeral service or mortuary science program, if currently enrolled (FOR INITIAL AND RENEWAL APPLICATIONS)
<input type="checkbox"/>	Official certified funeral service or mortuary science college transcript with graduation (conferred) date, if applicable (FOR INITIAL AND RENEWAL APPLICATIONS)
<input type="checkbox"/>	Letter of Good Standing from any other state(s) where you are licensed to practice Mortuary Science or Funeral Service, if applicable
<input type="checkbox"/>	Criminal background check receipt (do not submit confidential results, which will be sent directly to the Board)
<input type="checkbox"/>	FBI Privacy Act Statement Acknowledgement form
<input type="checkbox"/>	Letter from employer on employer's letterhead verifying current employment

The applicant shall appear before the Board with a sponsor who:

- Holds a current valid mortician or funeral director license in Maryland; and
- Is employed by the same funeral home that employs the apprentice

In addition to the original notarized application and \$325 non-refundable application fee (see payment link below), the above documents are required for an Apprentice License and must be received THREE (3) weeks before your appointment with the Board. Your appointment **will not be scheduled** until the Board has received all documentation.

- ❖ [Pay Application Fee of \\$325.00 \(Initial & Renewal\)](#)
- ❖ [Pay Late Fee \(Renewal Only\)](#)
- ❖ [Submit Initial Application](#)
- ❖ [Submit Renewal Application](#)

revised May-24



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APPLICATION FOR APPRENTICE LICENSE

(Requirements per COMAR 10.29.09 and Title 7-306)

Please print clearly. All sections must be completed. Apprentice licenses expire one year from the date of issuance. The non-refundable application fee is \$325. **A late license fee of \$400 is to be included if you are applying for renewal and your renewal will be received more than 15 days after the expiration date.**

Please check one: ☐ **Initial** ☐ **Renewal:** License No. **A** _____

NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: **(Please circle one)** HOME WORK

TELEPHONE NUMBER:

HOME (____) _____ WORK (____) _____ CELL (____) _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NO.: _____ BIRTH DATE: _____

(Please contact the Board immediately if you are unavailable to provide a SSN or TIN)

RACE (Please select all applicable; for statistical purposes only):

☐ – White ☐ – African American ☐ – American Indian ☐ – Asian ☐ – Hispanic ☐ – Other

EMPLOYER NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

ESTABLISHMENT LICENSE NO. **E** _____

NAME OF SPONSOR: _____ LICENSE NO. **M** _____

NAME OF MORTUARY COLLEGE: _____

ANTICIPATED GRADUATION YEAR: _____ ☐ N/A GRADUATION DATE: _____ ☐ N/A

DATE NATIONAL BOARD EXAM COMPLETED: _____ ☐ N/A

PROVIDE THE FOLLOWING INFORMATION FOR LICENSES HELD IN OTHER STATES (IF APPLICABLE):

☐ N/A

STATE		STATE		STATE	
LICENSE NO		LICENSE NO		LICENSE NO	

FOR THE FOLLOWING, CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION. ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ANSWERED 'YES'.

YES **NO**

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) | Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) | Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed services, denied your application for licensure, reinstatement or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) | Are you currently under investigation or have any complaints 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) | Have you ever been convicted, pled guilty, or received probation before judgment of any criminal act or for driving while intoxicated, or for a controlled dangerous substance offense (excluding minor traffic violations)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) | Have you been diagnosed with a physical or mental condition which may affect your ability to practice the profession of mortuary science? |

Notice for Mailing List

The information collected on this application form is collected for the purposes of the Maryland Board of Morticians and Funeral Directors' functions under Maryland 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, Maryland State Government Code Annotated §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 and Sponsor Signatures

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. I understand that I must notify the Maryland Board of Morticians and Funeral Directors of a change of address, name, or employment **within 30 days**. I do solemnly swear to perform my duties in compliance with all laws, rules, and regulations of the Maryland State Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Signature of Apprentice*

Date

Furthermore, I certify that:

- I have been in good standing with the Board for the previous 5 years;
- I have been practicing mortuary science as a licensed mortician or funeral director in Maryland at least five (5) years immediately before accepting the apprentice;
- I manage, own, or am employed by a licensed funeral establishment in Maryland in which the licensed apprentice is employed;
- I am responsible for the direct supervision of 1,000 hours of work with the apprentice; and
- I assume responsibility on their individual license for the delegate or apprentice's conduct, whether it is consistent or fails to be consistent with the professional standards and provisions set forth in Health Occupations Article, Title 7, Annotated Code of Maryland.

Signature of Apprentice Sponsor

Date

* requires notarization (next page)

NOTARIZATION

STATE: _____

CITY/COUNTY: _____

I HEREBY CERTIFY that on this _____ day of _____, 20_____, before me, a

Notary Public of the State and City/County aforesaid, personally appeared _____
Applicant

and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary

act and deed of _____.
Applicant

AS WITNESSETH my hand and Notarial Seal.

SEAL

Notary Public

My Commission Expires: _____