



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

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

APPLICATION FOR APPRENTICE CHANGE OF SPONSOR

(Requirements per COMAR 10.29.09.07 and Health Occupations Article, Title 7, §7-306(c)(3)-(4))

Included	Required Documents
<input type="checkbox"/>	Letter from the employer on the employer's letterhead verifying current employment
<input type="checkbox"/>	Original, notarized Termination of Sponsor-Apprentice Relationship (TSAR) form signed by the Apprentice and Apprentice Sponsor within 30 days of termination
<input type="checkbox"/>	Published notice, service program, or screenshot of website indicating the date of service for each Funeral Direction and a copy of the final death certificate
<input type="checkbox"/>	Embalming report for each Embalming Assist signed by the Apprentice, Apprentice Sponsor, and Delegate (where applicable) and a copy of the final death certificate

In addition to the original notarized application, 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 all documentation has been received by the Board.



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

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

APPLICATION FOR APPRENTICE CHANGE OF SPONSOR

(Requirements per COMAR 10.29.09.07 and §7-306(c)(3)-(4))

Please print clearly. All sections must be completed. You and your new sponsor must appear before the Board before the change can be approved. Your appointment **will not be scheduled** until all documentation has been received by the Board.

LICENSE NO. **A** _____ NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: **(Please select one)** ☐ HOME ☐ WORK

TELEPHONE NUMBER:

HOME _____ WORK _____ CELL _____

EMAIL ADDRESS: _____

PREVIOUS EMPLOYER NAME: _____

PREVIOUS ADDRESS: _____

PREVIOUS TELEPHONE NUMBER: _____

PREVIOUS ESTABLISHMENT LICENSE NO. **E** _____

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

TERMINATION DATE: _____

CURRENT EMPLOYER NAME: _____

CURRENT EMPLOYER ADDRESS: _____

CURRENT EMPLOYER TELEPHONE NUMBER: _____

CURRENT ESTABLISHMENT LICENSE NO. **E** _____

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

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

Printed Name

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 Current Apprentice Sponsor

Date

Printed Name

* requires notarization (page 4)

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: _____