

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

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS VENDOR CONTINUING EDUCATION INSTRUCTIONS

(Requirements per Health Occupations 7-314(C) (4) and COMAR 10.29.05)

In accordance with Title 7, Morticians Act, 7-314(C) (4) of the Annotated Code of the State of Maryland, the Maryland State Board of Morticians and Funeral Directors is authorized to require continuing education for the renewal of Morticians licenses issued by the Board. Any individual or organization desiring to provide continuing education program to be approved by the Board must meet the following requirements.

- A vendor processing fee of \$100.00 must be submitted by January 1st for programs to be approved for that year.
 Any individual or organization seeking pre-approval for a seminar, workshop or presentation must submit an application (must be received by the Board) at *least 6 weeks* in advance of the anticipated activity.
- Continuing Education Units shall be submitted to the Board for the purpose of documenting the course and final hours the board will approve, if the programs are: (1) approved by the Academy of Funeral Service Practitioners (2) sponsored by National Service Organizations (3) sponsored by State Associations (4) sponsored by Local Associations (5) provided by Suppliers or (6) already approved by the Board.

Criteria: a continuing education course or workshop may be qualified for approval if the Board determines that it:

- 1. Constitutes an organized program of learning, which contributes directly to the professional competency of the licensee.
- 2. Is related to the practice of mortuary science.
- 3. Is conducted by individuals considered experts in the subject matter of the program by reason of education, training or experience.
- 4. A Continuing Education Unit (CEU) is defined as 50 clock minutes of education instruction, excluding breaks and lunch, in a Board approved continuing education program. All hours will be evaluated by the Board for click time and content before approval.
- 5. The maximum number of CEUs which may be granted for any single continuing education course or workshop topic is six (6) per day.

If approved, the provider must furnish a certificate of completion to all participants that finish the program. The certificate must include:

1. Name of Provider

2. Name of Participant

3. Title of the Program

4. Number of CEU hours approved by the Board

5. Date of Completion

6. Signature of Provider

Any continuing education course or workshop already approved by the Board may be monitored or reviewed by the Board. All participants must be present for the entire program to receive credit.

The Board reserves the right to rescind the approved CEU's for any program if significant deviation is noted during an audit of the program.

rev. 12/2023



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MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS VENDOR CONTINUING EDUCATION APPLICATION

(Requirements per Health Occupations 7-314(C) (4) and COMAR 10.29.05)

Please print clearly. All sections must be completed. Applications must be received at least 30 days in advance of the anticipated activity.

Please submit Nonrefundable Fees with Application:

Please indicate if the course is new or repeated.

- \$100.00 yearly Vendor Fee for all providers.
- \$25.00 non-refundable course fee for all new courses.
- \$5.00 non-refundable course fee for repeated courses; previously approved.

***Repeated Courses: If the course and content has been approved and the instructor or hours has not changed, the program is approved.

	□ New Course	☐ Repeated Course	
Name:			
Mailing Address:			
Telephone:	Email:		
Each program must incl	_		
Sponsor:			
Instructor(s) Name Whe	oro Applicables		

Topic:		
Title:		
Objectives:		
Date/s:Time/s:		
Number of Hours:		
Location:		
Participant's fees:		
***Please submit: A copy of the evaluation form expected to programs offered within the last two years and a copy of the application. The provider of continuing education shall furnish the certificate shall include the following: • Name of provider • Name of participant • Title of program • Number of CEU hours approved by the Board • Date of completion • Signature of provider	e course program should be attached to this	
(Signature of Provider)	(Date)	
For Office U	se Only	
Date Received:		
Date Approved:	Date Disapproved:	
Processed Date:		
Date Submitted to Webmaster:		