

**MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS**  
**APPLICATION FOR RENEWAL - MORTICIAN**

**PLEASE MAKE CHECK PAYABLE TO: BOARD OF MORTICIANS AND FUNERAL DIRECTORS, 4201  
 Patterson Avenue, Baltimore MD 21215**

FAILURE TO RENEW LICENSE ON OR BEFORE 4/30/2019 WILL RESULT IN A PENALTY FEE OF \$400

**CONTINUING EDUCATION: YOU ARE REQUIRED BY LAW TO PARTICIPATE IN APPROVED CONTINUING EDUCATION PROGRAMS  
 BEFORE YOUR RENEWAL LICENSE CAN BE ISSUED. HOURS REQUIRED: 12 \*One credit must be in Maryland pre-need law.\***

RENEWAL FEE \$ **600.00**

EXP. DATE 4/30/2021

**Please enter your name and license number: Name:** \_\_\_\_\_  
 M \_\_\_\_\_.

**SECTION I – GENERAL INFORMATION** - This section must be completed in full.

If your name or address has changed since the last renewal, please indicate by noting new address and enclose proof of name change such as a court document or marriage certificate.

A. Social Security Number:    -   -      
 (There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

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

B1. Are you of Hispanic or Latino origin? Yes  No

C. Home Address: \_\_\_\_\_  
 Check  if new address \_\_\_\_\_

Home Phone Number:    -    -

D. Work Address: \_\_\_\_\_  
 \_\_\_\_\_

Work Phone Number:    -    -

**\*\* E-mail address:** \_\_\_\_\_

E. Mailing Address: Which address do you wish to receive mail from the Board? (Renewal Licenses, etc.)  
 (Please check one) Work:  Home:

F. MD County of Residence: \_\_\_\_\_ G. MD County of Practice: \_\_\_\_\_

H. Present Employment Status:  I. Employment Type (Primary – one only)   
 1-Full Time 3-Retired 1-Owner 3-Trade  
 2-Part Time 4-Other 2-Staff 4-Other

J. Maryland practice: Since your last renewal, have you practiced in the State of Maryland?  Yes  No

K. Licensure in other states:  
 List other states or jurisdiction in which you hold a mortician license. Include license number(s).

| State | License Number | State | License Number |
|-------|----------------|-------|----------------|
|       |                |       |                |
|       |                |       |                |

**SECTION II – CONTINUING EDUCATION REQUIREMENTS** I have  have not  completed the 12 CEUs mandated during the renewal cycle. For verification purposes, please submit all CEU courses completed between May 1, 2017 and April 30, 2019, by copy of certificate. You can carryover up to 3 additional credits from the last renewal period. Please send a copy of the certificate for carryover CEU's.

**SECTION III – CHARACTER** - This section must be completed. Attach a detailed explanation for each question answered "yes" in this section.

- | <b>YES</b>               | <b>NO</b>                |     |  |
|--------------------------|--------------------------|-----|--|
| <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"/> | 2a) | 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"/> | 2b) | 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"/> | 3)  | 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"/> | 4)  | Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession?  |
| <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)  | Has your employment by any funeral establishment been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7)  | Have you been diagnosed with a physical or mental condition which may affect your ability to practice the profession of mortuary science?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8)  | Has any claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you?   |

**\*\*\* Are you receiving compensation to transport decedents for other establishments for which you are not employed? \*\*\***  Yes  No

**If "Yes" please supply an explanation on a separate sheet of paper.**

**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**