



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

BULLETIN

IMPLICIT BIAS TRAINING COURSES

New License Renewal Requirements for Morticians, Courtesy Cards, Registered Crematory Operators, Funeral Directors, and Surviving Spouses

As the result of Senate Bill 5 and House Bill 28, passed by the Maryland General Assembly in 2021, (codified in Md. Code Ann., Health Occ. § 1-225) law now mandates that all applicants for renewal of licenses, certifications, and permits for health occupations, including Morticians, Funeral Directors, Courtesy Cards, Registered Crematory Operators, and Surviving Spouses, are required to complete an Implicit Bias Training Program approved by the Cultural and Linguistic Health Care Professional Competency Program within the Maryland Department of Health. Because this requirement becomes effective as of April 1, 2022, it affects Morticians, Courtesy Cards, Registered Crematory Operators, Funeral Directors, and Surviving Spouses who wish to renew their license beginning in 2022 and 2023. This requirement applies only to the first renewal cycle after April 1, 2022. Some of the approved training programs do not offer a certificate of completion, and some training programs only offer a certificate of completion if you pay a fee.

ALTHOUGH YOU MUST COMPLETE ONE OF THE OFFERED PROGRAMS, YOU WILL NOT BE REQUIRED TO PRODUCE A CERTIFICATE OF COMPLETION TO THE MARYLAND STATE MORTICIANS AND FUNERAL DIRECTORS BOARD. THE IMPLICIT BIAS TRAINING PROGRAM CLASSES DO NOT QUALIFY FOR CONTINUING EDUCATION CREDITS.

Morticians, Courtesy Cards, Registered Crematory Operators, Funeral Directors, and Surviving Spouses

Morticians, Courtesy Cards, Registered Crematory Operators, Funeral Directors, and Surviving Spouses who are scheduled to renew their license in 2022 must complete the program as a condition of license renewal. Those who are scheduled to renew their license in 2023 must complete the program as a condition of license renewal. During your respective renewal period you will be asked to “**Attest**” to the fact that you completed the implicit bias training program. B

If you have not completed the implicit bias training program, or if you do not attest to completing the implicit bias training program, you will not qualify for a license or permit renewal. You must complete the implicit bias training program to be eligible for your license renewal and will only need to complete the program one time.

Note: This law applies not just to the Maryland State Board of Morticians and Funeral Directors, but to all health occupation licensees and certificate holders in Maryland.

Course Availability

The implicit bias training program must be approved by the Cultural and Linguistic Health Care Professional Competency Program within the Maryland Department of Health. **Other courses are not approved.**

The list of approved courses may be accessed at
https://health.maryland.gov/mhhd/Documents/MHHD_Implicit_Bias.pdf

Please retain written proof of program completion indefinitely. It must be presented to the Board upon request.

If you have any questions, please contact the Board Office at 410-764-4792 or
mdh.bomfd@maryland.gov.



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APPLICATION FOR CREMATORY OPERATOR REGISTRATION RENEWAL

(Requirements per COMAR 10.29.17)

Please print clearly. All sections must be completed. The non-refundable renewal application fee is \$300. If your name or address has changed, note the new address and/or enclose proof of name change, such as a court document or marriage certificate.

Please pay the \$300.00 Renewal Fee using the [RENEWAL PAYMENT LINK](#)
FAILURE TO RENEW LICENSE ON OR BEFORE SEPTEMBER 30, 2024 WILL RESULT IN A LATE FEE OF \$200.
If you are renewing your license after [September 30th](#); Please use the [LATE FEE PAYMENT LINK](#)

[SUBMIT YOUR COMPLETED APPLICATION VIA SMARTSHEETS HERE](#)

NAME: _____ Reg. No. **RC:** _____

HOME ADDRESS: _____

MAILING ADDRESS: (**Circle one**): HOME WORK

TELEPHONE NUMBER: HOME (____) _____ WORK (____) _____ CELL (____) _____

SOCIAL SECURITY NO.: _____ BIRTH DATE: _____

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

1 – White 2 – African American 3 – American Indian 4 – Asian 5 – Hispanic 6 – Other
RACE (**Circle all applicable**; for statistical purposes only):

EMAIL ADDRESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NUMBER: (____) _____

CREMATORY PERMIT NO.: **CR** _____

TYPE OF CREMATOR AND NAME OF MANUFACTURER: _____

SUPERVISING CREMATORY OPERATOR NAME: _____

REGISTRATION NO. RC: _____

CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION IF THE FOLLOWING OCCURRED **SINCE THE LAST RENEWAL CYCLE.** 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.

Notice

Maryland and Federal laws require that the Maryland Board of Morticians and Funeral Directors obtain the social security number or federal tax identification number of any person applying for a professional license for the following purposes:

- Administration of the Child Support Enforcement Program (Md. Code Ann., Family Law Article § 10-119.3).
- Identification by the Maryland Department of Assessments and Taxation of new businesses in the State (Md. Code Annotated, Health Occupations § 1-210).
- Comply with federal law which authorizes state governments to use or disclose Social Security numbers in connection with tax matters, including compliance with the payment of taxes (42 U.S.C.A. § 405(c)(2)(C)(i)).

The Board may permit inspection of this information only in accordance with State and federal law.

Applicant, Supervising Crematory Operator, and Employer 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 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.

By checking this box, I hereby attest that I have completed an Implicit Bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program under § 20-1306 of the Health-General Article of the Annotated Code of Maryland.

Applicant Signature **Date**

I certify that I have achieved certification as a crematory operator by the Cremation Association of North America (CANA), International Cemetery, Cremation and Funeral Association (ICCF), or other equivalent certification recognized jointly by the Board and the Office and have successfully completed the operator training course of the manufacturer of the cremator located in the crematory with which the applicant is affiliated. I certify that I have a minimum of three (3) years' experience on the associated cremator. I 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.

Supervising Crematory Operator Signature **Date**

I 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.

Employer Signature **Date**

Employer Printed Name **Date**