



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

## MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792 • (410) 358-6571 FAX

### SURVIVING SPOUSE LICENSE RENEWAL APPLICATION REQUIREMENTS

*(Requirements per COMAR 10.29.07 and Title 7-308)*

Surviving Spouse licenses expire November 30th every two years. The non-refundable renewal application fee is \$600. The Board has the authority to charge a late fee. A late fee of \$400 will be assessed if the Board does not receive your renewal application **on or before November 30th**.

- **\*NEW\*** 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, must be completed at the time of renewal.
- Licensees must complete twelve (12) continuing education units (CEUs) that may be obtained by attending and participating in continuing education courses or workshops previously approved by the Board or otherwise meeting the requirements and approval of the Board within 24 months of the license issue date in order to renew a license. One (1) of those credits must include Maryland Pre-Need Law.
- The Board accepts up to twelve (12) online credits.
- Licensees may carry over up to three (3) CEUs to the next renewal cycle. You must list the carry over CEU's, if any, and submit a copy of the certificate(s).
- If you have been a practicing surviving spouse for forty (40) years or more, you may submit a one-time letter to request waiver of the CEU credits.
- The Board will automatically waive continuing education requirements for a first-time renewal.
- If you have an active surviving spouse license and wish to place your license on Inactive Status, you may obtain an Inactive Status application on the Board's website, and submit it with the \$300 inactive status fee. Visit <https://health.maryland.gov/bom/Pages/Licensees.aspx>.

Please mail, fax, or email your CEU certificates to the Board. Upon approval of your renewal application, the Board will issue an updated paper license. If you have any questions, please contact the Board Office at 410-764-4792 or [mdh.bomfd@maryland.gov](mailto:mdh.bomfd@maryland.gov).

- Renewal Payment: [https://mdbnc.health.maryland.gov/mort\\_pay/Pay\\_Fee\\_Surviving\\_Spouse\\_Renewal.aspx](https://mdbnc.health.maryland.gov/mort_pay/Pay_Fee_Surviving_Spouse_Renewal.aspx)
- Renewal Late Fee: [https://mdbnc.health.maryland.gov/mort\\_pay/Pay\\_Fee\\_Late\\_Fee.aspx](https://mdbnc.health.maryland.gov/mort_pay/Pay_Fee_Late_Fee.aspx)
- Submit Application: <https://app.smartsheet.com/b/form/850661645a764878990f9ed366a8c8b7>



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**APPLICATION FOR SURVIVING SPOUSE LICENSE RENEWAL**

*(Requirements per COMAR 10.29.07)*

**Please print clearly.** All sections must be completed. 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. The non-refundable renewal application fee is \$600. **FAILURE TO RENEW LICENSE ON OR BEFORE NOVEMBER 30th WILL RESULT IN A LATE FEE OF \$400.**

You are required to participate in approved continuing education programs. **Before your renewal license can be issued, you must complete twelve (12) credits with at least one (1) credit in Maryland Pre-Need Law.** Please mail, fax, or email the CEU credits completed in the past 24 months. You can carry over up to three (3) additional credits from the last renewal period. Please send a copy of the carry over credit certificates.

NAME: \_\_\_\_\_ LIC. NO **W**: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: **(Please select one)** ☐ HOME ☐ WORK ☐ Check if new address PHONE

NUMBER: HOME (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_

DECEASED SPOUSE NAME: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

ESTABLISHMENT NAME, ADDRESS, PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

SUPERVISING MORTICIAN OR FUNERAL DIRECTOR NAME \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

LIST ALL LICENSED MORTICIANS EMPLOYED BY THE ESTABLISHMENT WHO WILL PERFORM EMBALMING AND PREPARE FUNERAL ARRANGEMENTS: *(List additional names on a separate sheet)*

NAME: \_\_\_\_\_ LICENSE NO. **M** \_\_\_\_\_

NAME: \_\_\_\_\_ LICENSE NO. **M** \_\_\_\_\_

NAME: \_\_\_\_\_ LICENSE NO. **M** \_\_\_\_\_

NAME: \_\_\_\_\_ LICENSE NO. **M** \_\_\_\_\_

CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION BELOW. 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 Supervising Mortician 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 certify that the business will continue to be operated in the same manner or mode as it had been operated at the death of the licensed mortician or funeral director. 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.

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**Signature of Applicant**

**Date**



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### 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. 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 by email at [mdh.bomfd@maryland.gov](mailto:mdh.bomfd@maryland.gov).