



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

### APPLICATION FOR MORTICIAN VIA WAIVER OF APPRENTICESHIP LICENSE

*(Requirements per COMAR 10.29.09.09)*

Included	Required Documents
<input type="checkbox"/>	Original certified transcript in Mortuary Science with graduation date
<input type="checkbox"/>	Work verification letter from employer(s) on letterhead of five (5) uninterrupted years practicing Funeral Direction or Mortuary Science
<input type="checkbox"/>	Letter of Good Standing from any other state(s) where you are license to practice Mortuary Science or Funeral Service
<input type="checkbox"/>	Criminal history background check receipt ( <b>do not submit confidential results</b> , which will be sent directly to the BOMFD)
<input type="checkbox"/>	FBI Privacy Act Acknowledgement form
<input type="checkbox"/>	Official National Board Exam Scores ( <b>Successfully Passed</b> ) sent directly to the BOMFD
<input type="checkbox"/>	Jurisprudence Exam – BOMFD ( <b>Successfully Passed</b> )

In addition to the original, notarized application and \$600 non-refundable application fee (check or money order), the above documents are required for a Mortician via Waiver of Apprenticeship license and must be received THREE (3) weeks in advance of the scheduled Board Meeting for consideration.

- ❖ [PAY \\$600 Application Fee](#)
- ❖ [Submit Application](#)



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### APPLICATION FOR MORTICIAN VIA WAIVER OF APPRENTICESHIP LICENSE

*(Requirements per COMAR 10.29.09.09)*

**Please print clearly.** All sections must be completed. Mortician licenses expire April 30<sup>th</sup> every two years. The non-refundable application fee is \$600.

NAME: \_\_\_\_\_

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

\_\_\_\_\_

MAILING ADDRESS: (**Please SELECT 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)*

RACE: (select all applicable; for statistical purposes only)

☐ – White ☐ – African American ☐ – American Indian ☐ – Asian ☐ – Hispanic ☐ – Other

RACE (**Please select all applicable; for statistical purposes only**):

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

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_

NAME OF MORTUARY COLLEGE: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_ DEGREE TYPE RECEIVED: \_\_\_\_\_

DATE NATIONAL BOARD EXAM COMPLETED: \_\_\_\_\_

DATE MARYLAND JURISPRUDENCE (LAW) EXAM COMPLETED: \_\_\_\_\_

PROVIDE THE FOLLOWING INFORMATION FOR LICENSES HELD IN OTHER STATES (☐ N/A):

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

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

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

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

FOR THE FOLLOWING, CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION. 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 Signature**

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.

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**Signature of Applicant\***

**Date**

\* requires notarization (next page)

**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:** \_\_\_\_\_