



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

### MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS APPLICATION FOR APPRENTICESHIP LICENSE

*Requirements per COMAR 10.29.09 and Title 7-306*

Included	Required Documents
<input type="checkbox"/>	Valid driver's license or valid government issued identification (ex: state identification card, military identification, passport)
<input type="checkbox"/>	Official certified funeral services or mortuary science college transcript (if currently enrolled)
<input type="checkbox"/>	Letter from institution verifying enrollment in a funeral service or mortuary science program, if currently enrolled
<input type="checkbox"/>	Official certified funeral service or mortuary science college transcript with graduation (confer) date, if applicable
<input type="checkbox"/>	Certified official National Board exam scores sent directly to the Board of Morticians and Funeral Directors, if applicable
<input type="checkbox"/>	Criminal background check receipt (do not submit confidential results, which will be sent directly to the Board)
<input type="checkbox"/>	FBI Privacy Act acknowledgement form
<input type="checkbox"/>	Letter from employer on employer's letterhead verifying current employment
<input type="checkbox"/>	Letter of good standing from any other state(s) where you are licensed to practice Mortuary Science or Funeral Service, if applicable

In addition to the original notarized application and non-refundable application fee of \$325.00, the above documents are required for an Apprentice License and must be received TWO (2) weeks before your appointment with the Board. Your appointment will not be scheduled until all documentation has been received by the Board.

Rev: 9/2020



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### APPLICATION FOR APPRENTICE LICENSE

Apprentice Licenses expire one year from the date of issuance. The application fee is \$325.00. Please print clearly.

**Please check one:**                     Initial                     Renewal: License #: A \_\_\_\_\_

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

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

TELEPHONE NUMBER:

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

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

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

SOCIAL SECURITY #: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

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

1 – White      2 – African American      3 – American Indian      4 – Asian      5 – Hispanic      6 – Other

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

CURRENTLY ENROLLED IN MORTUARY SCIENCE OR FUNERAL SERVICE PROGRAM? Y / N

YEAR GRADUATED: \_\_\_\_\_ DEGREE AWARDED: \_\_\_\_\_

DATE NATIONAL BOARD EXAM COMPLETED: \_\_\_\_\_ PASS: Y / N

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

APPLICATION FOR APPRENTICE LICENSE - continued

STATE	LICENSE #	STATE	LICENSE #
STATE	LICENSE #	STATE	LICENSE #

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

- 1) Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession?
- 2) Has any licensing permitting or disciplinary board in any jurisdiction, or an entity of the Armed services, denied your application for licensure permitting, reinstatement or renewal; taken any action against your license or permit, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment?
- 3) Have you surrendered or allowed your license or permit to lapse while under investigation by a licensing permitting or disciplinary board in any jurisdiction or an entity of the Armed Services?
- 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 permitting or disciplinary board or entity of the Armed Services?
- 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)?
- 6) Have you been diagnosed with a physical or mental condition which may affect your ability to practice the profession of mortuary science?

NAME OF SPONSOR: \_\_\_\_\_ LICENSE #: M \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_

**APPLICATION FOR APPRENTICE LICENSE - continued**

TELEPHONE NUMBER:

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

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

**Applicant And Sponsor 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.

\_\_\_\_\_  
**Apprentice Signature** **Date**

\_\_\_\_\_  
**Signature of Apprentice Sponsor** **Date**

**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 \_\_\_\_\_ and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary act and deed of \_\_\_\_\_.

**AS WITNESSETH** my hand and Notarial Seal.

**SEAL**

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_