



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

APPLICATION FOR MORTICIAN LICENSE REINSTATEMENT/REACTIVATION

(Requirements per COMAR 10.29.05, Title 7-315, and Title 7-321)

Included	Required Documents
<input type="checkbox"/>	Certificates for 12 CEU hours, including one hour in Maryland Pre-Need Law
<input type="checkbox"/>	Criminal history background check receipt
<input type="checkbox"/>	FBI Privacy Act acknowledgement form
<input type="checkbox"/>	Jurisprudence Exam – BOMFD (Successfully Passed, per Title 7-321 if inactive for more than five years)

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 License Reinstatement/Reactivation and must be received THREE (3) weeks in advance of the scheduled Board meeting for consideration.



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APPLICATION FOR MORTICIAN LICENSE REINSTATEMENT/REACTIVATION

(Requirements per COMAR 10.29.0, Title 7-315, and Title 7-321)

Please print clearly. The nonrefundable reinstatement fee for a non-renewed license is \$600. The nonrefundable reactivation fee for an inactive license is \$300. Please send completed application to 4201 Patterson Avenue, Baltimore, MD 21215.

NAME: _____ LICENSE NO. **M:** _____

HOME ADDRESS: _____

TELEPHONE NUMBER:

HOME (____) _____ WORK (____) _____ CELL (____) _____

EMAIL ADDRESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NUMBER: _____

LAST YEAR LICENSE WAS RENEWED: _____

MORTUARY SCIENCE COLLEGE ATTENDED: _____

YEAR OF COMPLETION: _____ DEGREE TYPE RECEIVED: _____

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

Submit a Letter of Good Standing from each State's Board of Funeral Service.

STATE LICENSE NO.

STATE LICENSE NO.

STATE LICENSE NO.

STATE LICENSE NO.

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 Signature

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. Practice of mortuary science or funeral direction without an active license is a violation of the Morticians Act. I certify that I did not practice mortuary science in the State of Maryland while the license was expired. 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.

Signature of Applicant

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 _____
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: _____