



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

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS
VENDOR CONTINUING EDUCATION INSTRUCTIONS
(Requirements per Health Occupations 7-314(C) (4) and COMAR 10.29.05)

In accordance with Title 7, Morticians Act, 7-314(C) (4) of the Annotated Code of the State of Maryland, the Maryland State Board of Morticians and Funeral Directors is authorized to require continuing education for the renewal of Morticians licenses issued by the Board. Any individual or organization desiring to provide continuing education program to be approved by the Board must meet the following requirements.

- The provider must complete and submit this application form provided by the Board and mail to: **Maryland State Board of Morticians and Funeral Directors, 4201 Patterson Avenue, Baltimore, Maryland 21215.**
- **A vendor processing fee of \$100.00 must be submitted by January 1st for programs to be approved for that year.** Any individual or organization seeking pre-approval for a seminar, workshop or presentation must submit an application (must be received by the Board) at **least 6 weeks** in advance of the anticipated activity.
- **Continuing Education Units shall be submitted to the Board for the purpose of documenting the course and final hours the board will approve, if the programs are:** (1) approved by the Academy of Funeral Service Practitioners (2) sponsored by National Service Organizations (3) sponsored by State Associations (4) sponsored by Local Associations (5) provided by Suppliers or (6) already approved by the Board.

Criteria: a continuing education course or workshop may be qualified for approval if the Board determines that it:

1. Constitutes an organized program of learning, which contributes directly to the professional competency of the licensee.
2. Is related to the practice of mortuary science.
3. Is conducted by individuals considered experts in the subject matter of the program by reason of education, training or experience.
4. A Continuing Education Unit (CEU) is defined as 50 clock minutes of education instruction, excluding breaks and lunch, in a Board approved continuing education program. All hours will be evaluated by the Board for clock time and content before approval.
5. The maximum number of CEUs which may be granted for any single continuing education course or workshop topic is **six (6) per day.**

If approved, the provider must furnish a certificate of completion to all participants that finish the program.

The certificate must include:

- | | |
|-------------------------|--|
| 1. Name of Provider | 2. Name of Participant |
| 3. Title of the Program | 4. Number of CEU hours approved by the Board |
| 5. Date of Completion | 6. Signature of Provider |

Any continuing education course or workshop already approved by the Board may be monitored or reviewed by the Board. All participants must be present for the entire program to receive credit.

The Board reserves the right to rescind the approved CEU's for any program if significant deviation is noted during an audit of the program.

rev. 10/2021



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MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS
VENDOR CONTINUING EDUCATION APPLICATION
(Requirements per Health Occupations 7-314(C) (4) and COMAR 10.29.05)

Please print clearly. All sections must be completed. Please make checks or money orders payable to: Maryland State Board of Morticians and Funeral Directors, 4201 Patterson Avenue, Baltimore, Maryland 21215. Applications must be received at least 30 days in advance of the anticipated activity.

Please submit Nonrefundable Fees with Application:

- \$100.00 yearly Vendor Fee for all providers.
- \$25.00 non-refundable course fee for all new courses.
- \$5.00 non-refundable course fee for repeated courses; previously approved.

*****Repeated Courses: If the course and content has been approved and the instructor or hours has not changed, the program is approved.**

Please indicate if the course is new or repeated.

New Course

Repeated Course

Name: _____

Mailing Address: _____

Telephone: _____ **Email:** _____

Each program must include the following information:

Sponsor: _____

Instructor(s) Name Where Applicable: _____

Topic: _____

Title: _____

Objectives: _____

Date/s: _____ Time/s: _____

Number of Hours: _____

Location: _____

Participant's fees: _____

*****Please submit:** A copy of the evaluation form expected to be used by attendees, a summary of any similar programs offered within the last two years and a copy of the course program should be attached to this application. The provider of continuing education shall furnish a *certificate of completion* to all participants.

The certificate shall include the following:

- Name of provider
- Name of participant
- Title of program
- Number of CEU hours approved by the Board
- Date of completion
- Signature of provider

(Signature of Provider)

(Date)

For Office Use Only

Date Received:	
Date Approved:	Date Disapproved:
Processed Date:	
Date Submitted to Webmaster:	