



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

MORTICIAN LICENSE RENEWAL APPLICATION REQUIREMENTS

(Requirements per COMAR 10.29.05)

Mortician licenses expire April 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 April 30, 2022**.

You may choose to renew your license online at <https://health.maryland.gov/bom>. Your password is the last four digits of your social security number. Your license number has one letter and five numbers. It does not contain the letter "O". **You must mail, fax, or email your CEU certificates to the Board if you renew online.**

- ***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 mortician 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 mortician's 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.



DEPARTMENT OF HEALTH

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APPLICATION FOR MORTICIAN LICENSE RENEWAL

(Requirements per COMAR 10.29.05)

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 APRIL 30, 2022 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. **M**: _____

HOME ADDRESS: _____

Check if new address

MAILING ADDRESS: **(Circle one)** HOME WORK

TELEPHONE NUMBER:

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

EMAIL ADDRESS: _____

SOCIAL SECURITY NO.: _____ BIRTH DATE: _____

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

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

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

● MARYLAND PRACTICE: Since your last renewal, have you practiced in the State of Maryland?
(Circle one) YES NO

● FIRST TIME RENEWAL: **(Circle one)** YES NO

● LICENSED FOR 40 OR MORE YEARS: **(Circle one)** YES NO

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NUMBER: (_____) _____

ESTABLISHMENT LICENSE NO. E: _____

PRESENT EMPLOYMENT STATUS: (Circle one)	EMPLOYMENT TYPE: (Circle one)
1-Full Time 2-Part Time 3-Retired 4-Other	1-Owner 2-Staff 3-Trade 4-Other

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

STATE	LICENSE NO.	STATE	LICENSE NO.
STATE	LICENSE NO.	STATE	LICENSE NO.

CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION IF THE FOLLOWING OCCURRED **SINCE THE LAST RENEWAL CYCLE**. 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.

Notice

Maryland and Federal laws require that the Maryland Board of Morticians and Funeral Directors obtain the social security number or federal tax identification number of any person applying for a professional license for the following purposes:

- Administration of the Child Support Enforcement Program (Md. Code Ann., Family Law Article § 10-119.3).
- Identification by the Maryland Department of Assessments and Taxation of new businesses in the State (Md. Code Annotated, Health Occupations § 1-210).
- Comply with federal law which authorizes state governments to use or disclose Social Security numbers in connection with tax matters, including compliance with the payment of taxes (42 U.S.C.A. § 405(c)(2)(C)(i)).

The Board may permit inspection of this information only in accordance with State and federal law.

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.

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.

Applicant Signature

Date