



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 CREMATORY OPERATOR REGISTRATION

(Requirements per COMAR 10.29.17.04)

Received	Required Documents
<input type="checkbox"/>	Certificate: Certified Crematory Operator course (CANA, ICCFA, or Board approved equivalent)
<input type="checkbox"/>	Certificate: Manufacturer Operator Training OR Notarized letter by the Supervising Crematory Operator indicating successful completion of training on the cremator in the crematory of which affiliated

In addition to the application and \$300.00 non-refundable application fee (check or money order), the above documents are required for a Registered Crematory Operator permit and must be received THREE (3) weeks in advance of the scheduled Board meeting for consideration.



Maryland

DEPARTMENT OF HEALTH

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

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APPLICATION FOR CREMATORY OPERATOR REGISTRATION

(Requirements per COMAR 10.29.17)

Please print clearly. All sections must be completed. The non-refundable initial application fee is \$300. The non-refundable renewal application fee is \$300.

Please check one: Initial Renewal - Registration No. **RC:** _____

NAME: _____

HOME ADDRESS: _____

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

TELEPHONE NUMBER: HOME (____) _____ WORK (____) _____ CELL (____) _____

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

EMAIL ADDRESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NUMBER: _____

CREMATORY PERMIT NO.: **CR** _____

TYPE OF CREMATOR AND NAME OF MANUFACTURER: _____

SUPERVISING CREMATORY OPERATOR NAME: _____

LICENSE NO. **RC:** _____

FOR INITIAL APPLICANTS, CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION. ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ANSWERED 'YES'.

FOR RENEWING LICENSEES ONLY, 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, Supervising Crematory Operator, and Employer 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.

Applicant Signature

Date

I certify that I have achieved certification as a crematory operator by the Cremation Association of North America (CANA), International Cemetery, Cremation and Funeral Association (ICCF), or other equivalent certification recognized jointly by the Board and the Office and have successfully completed the operator training course of the manufacturer of the cremator located in the crematory with which the applicant is affiliated. I certify that I have a minimum of three (3) years' experience on the associated cremator. 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.

Supervising Crematory Operator Signature

Date

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.

Employer Signature

Date

Employer Printed Name

Date