

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
4201 PATTERSON AVENUE - ROOM 117BALTIMORE, MARYLAND 21215-2299
Telephone Number 410-764-4792

PLEASE READ THE FOLLOWING NOTE BEFORE YOU BEGIN

Your application for a mortician's license via reciprocity with Delaware must be presented to the Maryland Board of Morticians and Funeral Directors for approval. The Board meets the second Wednesday of every month. All documentation must be received in the Board's Office two (2) weeks before the Board meets. A hard copy of any faxed material must be received by the Board within the two- week verification period.

Listed below are the agreed upon requirements for licensure between Maryland and Delaware.

LIST ALL REQUIREMENTS

An applicant for licensure by reciprocity in either state must provide certified evidence of good standing from the licensing Board of the home state.

An applicant for licensure must pass an examination on the existing laws and regulations of the reciprocating state.

An applicant must pay all fees required in accordance with the laws of the state.

MARYLAND REQUIREMENTS

1. Delaware licensees are eligible for licensure in Maryland as long as they meet the current requirements in Delaware, which must include a passing score on the National Board examination offered by the International Conference on Funeral Service Examining Boards.
2. The Delaware licensee must have actively and continuously practiced in good standing in Delaware for at least five years preceding the application.

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THE APPLICATION

1. Full length color photograph
2. Application fee
3. Certified Copy of college transcript(s) with school seal(s)
4. Copy of college diploma
5. Copy of funeral service or mortuary science college degree
6. Certified copy of National Conference Examination Scores

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APPLICATION FOR A MORTICIAN'S LICENSE VIA RECIPROCITY WITH DELAWARE

Morticians Licenses expire April 30th every two years. The application fee has been prorated on a bi-annual basis as listed below. Therefore, if you submit your application:

Between May 1 of every even numbered year through April 30 of every odd numbered year the fee is \$600.00
Between May 1 of every odd numbered year through April 30 of every even numbered year the fee is \$300.00

Name of Applicant: _____

Home Address: _____

Telephone Number: _____

(Home)

(Work)

(Fax)

(Cell Phone)

E-mail address

Race: (Please Circle One): 1-White 2-African American 3- American Indian/Alaska Native 4-Asian
5-Hispanic 6-Other

Name under which originally licensed if different from above: _____

Social Security Number: _____ Date of Birth _____

Place of Employment: _____

Address: _____

National Board Examination: _____ State _____
(Date taken) (State taken)

Has your license to practice in any state ever been revoked or suspended? Yes _____ No _____
If yes, give details (Add a second sheet of paper, if necessary.) _____

Have you pled guilty, nolo contendere, or been convicted of or received probation before judgement of any criminal act (excluding traffic violations)? If yes, please explain. _____

I certify that the above statements, to the best of my knowledge and belief, are true, correct and complete, and are made in good faith.

(Signature of Applicant) (Date)

STATE OF _____ To wit; On this _____ day of _____
20 _____, personally appeared _____ and made oath in due
form that the statements contained in the foregoing application are true.

As witness my hand and seal _____
Notary Public (Notary seal to be placed over signature) SEAL

My Commission expires _____

Delaware Board of Funeral Services Certification for Reciprocal License

I, _____ having jurisdiction over matters pertaining to the licensing of funeral directors and embalmers in the above-named state, do herewith furnish the State of Maryland the following information and attest to the factual accuracy of same in accordance with the records maintained.

I hereby certify that Funeral Director/Mortician License No. _____ was issued to _____
in this state on _____ day of _____, 20____.

1. Status of license? Current _____ Inactive _____ Other _____
2. The above license was issued upon: 1) State Examination Score of _____ on _____
and/or 2) National Examination Score of _____ on _____
3. What were the educational requirements when this license was issued? _____
Name of mortuary school attended: _____ Degree: _____
4. How was this license issued: Primary (original) license _____ Reciprocity _____ Endorsement _____

Executive Officer's Signature

BOARD SEAL

Title

Date