



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Board for the Certification of Residential Child Care Program Professionals
Phone • 410-764-5996 • Fax 410-358-5674

Website: <http://dhmh.maryland.gov/crccp> • Email address: dhmh.crccpa@maryland.gov

TTY for Disabled: 1-800-735-2258

Office Use Only

REC'D _____
FEE _____
PROCESSED _____
CHECK/MO _____

REVIEWED BY _____
APPROVED
DENIED
CERTIFICATE # _____
CONTROL # _____

**CERTIFICATION APPLICATION
RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER**

SECTION I. PERSONAL INFORMATION

Please provide your **LEGAL NAME**

Last Name and Generational Indicator (JR, II etc.)

First Name

Middle Name (if applicable)

Address

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home Phone

Work Phone

Cell Phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email Address

Date of Birth – Month

Date

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender Male

Female

Military Status

Veteran (within 1 year of honorable discharge) Active Service Military Spouse N/A

Identification – Please check all that apply

Hispanic or Latin origin

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Black or African American

White or Caucasian

SECTION II. EDUCATIONAL BACKGROUND

High School Diploma or Equivalency

<i>Name of High School</i>	<i>City and State</i>	<i>High School Diploma</i> <input type="checkbox"/> <i>GED</i> <input type="checkbox"/>	<i>Date Received</i>
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College/University

<i>Name of College or University</i>	<i>City and State</i>	<i>Associate's</i> <input type="checkbox"/> <i>Bachelor's</i> <input type="checkbox"/> <i>Master's</i> <input type="checkbox"/>	<i>Date of Graduation</i>
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(Please write N/A if you do not have a degree)

Applicants who graduated from a foreign educational institution that is a college or university located outside of the geographical boundaries of the United States, should contact the Board about submitting their transcripts.

SECTION III.

Licenses, Certificates or Registrations Held

<i>State</i>	<i>License/Certificate Number</i>	<i>Type of License</i>	<i>Original License/Certificate Date</i>	<i>History of Discipline</i>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

(Please write N/A if you do not have any Licenses, Certificates or Registrations)

SECTION IV:

Felony and Professional Charges and Convictions

- Have you completed and forwarded the Consent for Release of Information/Background Clearance form to your local jurisdiction where you reside for submission to the Board? Yes No
- Have you completed the Criminal History Record Check through Livescan for submission to the Board? Yes No

Please answer “Yes” or “No” to the questions asked below and attach a written explanation for any “Yes” answer. For questions #4 and #5 also provide a copy of (arrest and charges), court record and final disposition. Answering “Yes” to a question will not necessarily cause the Board to reject your application.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Have you provided professional services while under the influence of alcohol, a narcotic, a dangerous substance or other drug that is in excess of prescribed amounts?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Has any State licensing or disciplinary board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Have you ever voluntarily surrendered a professional license due to violation of State licensing law?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Have you pled guilty, to, nolo contendere, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Are there any outstanding complaints, investigations or charges pending against you in any State by any licensing or disciplinary board or a comparable body in the Armed Services?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Has a malpractice suite been filed against you or has a claim for damages been settled or awarded against you?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. Has the condition of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. Have you ever been denied a license, certification or registration to care for children?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	9. Have you ever been named as the perpetrator of child abuse or neglect by a State agency after an investigation?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	10. Are you currently charged with a felony or misdemeanor?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired?

SECTION V: RESIDENTIAL CHILD CARE PROGRAM INFORMATION

Please identify the agency where you are currently employed as a Residential Child and Youth Care worker.

Agency Name

Licensing Authority: DHR DHMH DJS

Agency Mailing Address

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City

State

Zip Code

SECTION VI: Release to process Residential Child and Youth Care Application

I agree that the State Board for the Certification of Residential Child Care Program Professionals (hereinafter “Board”) may request any information necessary to process my application for certification as a residential child and youth care practitioner in Maryland from any person or agency, including but not limited to former and current employers, government agencies, other licensing bodies and agencies, and I agree that any person or agency may release to the Board the information request. I also agree to sign any subsequent releases for information that may be requested by the Board. I further agree that the Board may release any information pertaining to the status of my application to the state licensing agency of the residential child care program listed on my application.

Signature

Date

Third Party Release

(If you plan to use an intermediary to receive information about the status of your application).

I agree that the Board may release any information pertaining to the status of my application to the following person: (please write N/A if you do not want information released)

Name (Print)

Email

Date

Applicant's Signature

Phone

SECTION VII: Affirmation and signature

- 1) I have read, and understand the Annotated Code of Maryland, Health Occupations Article 20, and the Code of Maryland Regulations (COMAR 10.57, Maryland Certification of Residential Child Care Program Professionals Act, posted on the Board's website. Yes No
- 2) I understand that the State Board disseminates all correspondence via electronic mail ("e-mail"). Correspondence includes, but is not limited to: Information regarding your application and certification status, newsletters, transmittals, memoranda, notices, renewal information, etc. Yes No

I hereby affirm that the information in this application contains no willful misrepresentation or falsification and that the information given to me is true and complete to the best of my knowledge and belief. I understand that the State Board may verify information on this application. I also understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the certification.

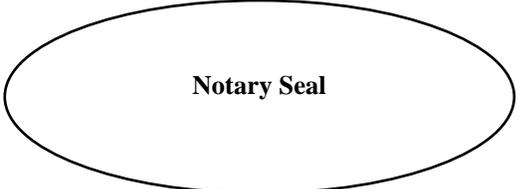
Name (Print)

Signature

Date

Notary Public, Subscribed and sworn to (or affirmed) before me on this _____ day of _____

Notary Signature



This space to contain a recent passport type, full-face photograph of applicant.

Photograph must be securely taped in place.

Newspaper photograph, etc., not acceptable.

PLEASE DO NOT STAPLE