Maryland
DEPARTMENT OF HEALTH

STATE BOARD OF CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM PROFESSIONALS
4201 Patterson Avenue Baltimore, MD 21215 – 2299
Phone Number: 410-764-5996 Website: http://health.maryland.gov/crccp
TTY for Disabled -1-800-735-2258

FOR BOARD USE ONLY

Certificate Control # _____

Check # _____ Amount $ _____

APPLICATION FOR ACTING CAPACITY APPROVAL

FEE……$ 75.00 (PLEASE MAKE CHECK PAYABLE TO BCRCCP)

Cash or credit cannot be accepted. Incomplete applications will not be processed. Fee in nonrefundable and is nontransferable. 10.57.02.02

PERSONAL INFORMATION SECTION: PLEASE PRINT

LAST NAME

FIRST NAME

MIDDLE NAME / INITIAL

MAIDEN NAME

ADDRESS

CITY STATE ZIP CODE

HOME EMAIL ADDRESS _____

WORK EMAIL ADDRESS _____

Date of Birth:

Month Day Year

Social Security Number:

Sex: ☐ 1. Male ☐ 2. Female

Home Phone _____

Work Phone _____

Cell Phone _____

I understand that the Board disseminates all correspondence via electronic email ("email"). Correspondence includes, but is not limited to: information regarding your application status, newsletter, transmittals, memoranda, notices, etc.

☐ Yes ☐ No

EDUCATION & HUMAN SERVICES EXPERIENCE: (Note highest degree earned)

Degree _____

College/University _____

Graduation Year _____

Years of Human Service Experience _____

Years of Supervisory of Administrative Experience _____

AGENCY LICENSING AUTHORITY:

☐ DJS ☐ MDH

☐ DHS

☐ OTHER

MEMBER OF THE BOARD OF DIRECTOR'S MAKING REQUEST (Must be a member of the Agency's Board of Directors)

Name Title

Street Name City State Zip Code

Email Address Cell Phone Number Fax Number

Felony and Professional Charges/Convictions

For each question answered with "Yes", please attach a detailed explanation and a certified copy of the police/court record and final disposition.

Yes	No		
☐	☐	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 therapeutic amounts?
☐	☐	2.	Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension or revocation?
☐	☐	3.	Have you ever voluntarily surrendered a professional license due to violation of Stare licensing law?
☐	☐	4.	Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment for any criminal act excluding misdemeanor traffic violations)?
☐	☐	5.	Has a malpractice suite been filed against you or has a claim for damages been settled or awarded against you?
☐	☐	6.	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?
☐	☐	7.	Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice?
☐	☐	8.	Have you ever been denied a license, certification or registration to care for children?
☐	☐	9.	Have you ever been named as the perpetrator of child abuse or neglect by a State Agency after an investigation?
☐	☐	10.	Are you currently charged with a felony or misdemeanor?
☐	☐	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?
☐	☐	12.	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?
☐	☐	13.	Have you completed the Criminal History Record Check through Livescan for submission to the Board?

AGENCY INFORMATION

Agency Name / Address: _____

Has the agency tried to recruit a CRCCPA ☐ Yes ☐ No

Reason for Acting Capacity Request _____

_____

_____

_____

Summary of Recruitment Efforts _____

_____

_____

Notice of Mailing List. The information collected on the application form is collected for the purposes of the Board's functions under the Maryland Health Occupations Art., Ann. Code Annotated Title 20. Failure to provide the information may result in the denial of your application for an initial or renewed license. You have a right to inspect, amend, and correct this information. The Board may permit inspection of this information, or make it available to others, only as permitted by federal and State law. The Board may sell or provide a list of licensees' names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated 10-617, you may request in writing that your name be omitted from such lists.

SUPPORTING DOCUMENTS:

Remember to attach the following documents

(1) Resume or Curriculum Vitae
(2) Official College Transcript
(3) National & State Criminal History Record Check
(4) Child Protective Services Background Clearance

IN COMPLIANCE WITH CHAPTER 534 OF THE 2010 ACTS OF THE GENERAL ASSEMBLY SESSION, THE BOARD IS REQUIRED TO REQUEST THAT ALL APPLICANTS TO PROVIDE, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL

RACE / ETHNIC IDENTIFICATION: To further its commitment to equal opportunity, The Board of Residential Child Care Program Professionals requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Are you of Hispanic or Latin origin? ☐ Yes ☐ No

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Caucasian or White

☐ Other

SIGNATURE / AFFIRMATION

I hereby affirm that the information in this application contains no willful misrepresentation or falsification and 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.

Applicant's Name: _____

Date: _____ Applicant's Signature: _____