

MARYLAND STATE BOARD FOR THE CERTIFICATION  
OF RESIDENTIAL CHILD CARE PROGRAM PROFESSIONALS

**AFFIDAVIT FOR APPLICANTS SEEKING REINSTATEMENT**

An applicant seeking reinstatement of their Certificate to practice as a Residential Child Care Program Professional must execute and submit the following affidavit with the application for reinstatement:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I swear or affirm under the penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Plead guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect or exploitation; or
17. Any type of child abductions.

Except the following (list all incidents, locations, description, and date). If none, write NONE.

\_\_\_\_\_  
\_\_\_\_\_

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause to deny certification as a Residential Child Care Program Administrator.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

*Signature of Notary Officer:* \_\_\_\_\_  
(Seal, if any, of Notarial Officer)