

Maryland State Board for the Certification of Residential Child Care Program Professionals

4201 Patterson Avenue – 5th Floor
Baltimore, Maryland 21215
(410) 764-5996

APPLICATION FOR ACTING CAPACITY APPROVAL (ARCCPA) INSTRUCTIONS

- All documentation must be original, on the forms currently in use by the State Board and Submitted as a complete application packet.
- Incorrect and incomplete applications will delay the review and approval process.

NOTE

ARCCPA approval is required when a Residential Child Care Program’s Board of Directors appoints a noncertified individual to serve in the capacity of an acting program administrator in the event of the resignation, removal or death of a Certified Residential Child Care Program Administrator (“CRCCPA”).

Individuals applying for ARCCPA approval must meet the minimum requirements for a program administrator as set forth in COMAR 10.57.02.

In order to apply for ARCCPA approval, the individual must complete: (1) an application on a form provided by the State Board, (2) the application fee is \$75; (3) copy of the college transcript; (4) a resume or curriculum vitae; (5) results from State and Federal Background Check, (6) Child Protective Services Background Clearance results.

Please note that the application must be signed by the president of the agency’s Board of Directors.

ARCCPA approval is valid for 90 days beginning on the date that the CRCCPA leaves or is removed from the position. The State Board **may** extend the 90-day period for not more than 30-days upon written request noting the reason for the extension from the president/chair of the Residential Child Care’s Board of Directors.

Application fees must be paid with check or money order made payable to BCRCCP. Cash or credit cards cannot be accepted. The application fees are non refundable and non transferable, COMAR 10.57.02.02.

Individuals who are approved for ARCCPA approval must apply for full certification within 30-days of obtaining ARCCPA approval.

APPLICATION FORM

All items on the application form must be completed and signed and dated. The application form **does not** need to be notarized.

Personal Information Section. *Name* – Your name will appear on all documents and correspondence as you listed it on the application form. Please note: (1) the name must be your **legal** name, (2) the name on your Driver’s license or identification card must match, and (3) the approval will be issued in the name listed on your application. *Email Address* – The State Board disseminates all correspondence via electronic mail (“email”). Therefore, it is important that you provide and maintain a current email address with the State Board.

Education and Human Service Experience. Applicants are required to provide information regarding the highest degree earned. If your degree was issued by a foreign university or college, you will need to provide proof of equivalency of your education credentials to a BA/BS or MA/MS degree awarded from an accredited college or university in the United States. The State Board has approved the following services to conduct education reviews. : International Consultants of Delaware, Inc. at 212-222-8454, extension 510 (icd@icdel.com) or World Education Services, Inc. at 202.331.2925 (<http://www.wes.org/>).

Human service and supervisory administrative experience

You need to provide the total number of years of Human Service (as defined in COMAR 10.57.01. B (15) and the total number of years of supervisory or administrative experience (as defined in COMAR 10.57.01. B (31)).

Felony and Professional Charges/Convictions.

Please answer all questions. For each question answered with a “yes” you must attach a detailed explanation and a certified copy of the police/court record and final disposition.

Agency Information. List your agency name. Check your agency’s Licensing Authority. (This is the entity that licenses the Residential Child Care Program). Also, indicate whether or not your agency has tried to recruit a CRCCPA. List the reason for acting capacity request and a summary of the recruitment efforts of the agency.

Member of the Board of Director’s Making the Request.

All applicants for ARCCPA approval **must** be submitted under the signature of the President or Chair of the Residential Child Care Program’s Board of Directors and contact the information for that individual is requested. All correspondence regarding the ARCCPA application will be sent to (1) the applicant, (2) the identified member of the Board of Directors of the Residential Child Care Program, and (3) the Residential Child Care Program’s Licensing Authority.

Signature/Affirmation. This section affirms that the information in the application contains no willful misrepresentation or falsification and that the information is true and complete to the best of your knowledge and belief. The State Board may verify any information on the application. Any willful misrepresentation is cause for immediate denial of the application or later revocation of approval. Further, practice as a Residential Child Care Program Administrator without Acting Capacity approval or active certificate is a violation of the Maryland Certification of Residential Child Care Program Professionals Act.

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

Race/Ethnic Identification. In compliance with Chapter 534 of the 2010 Acts of the Maryland General Assembly, the State Board is required to request that all applicants provide information regarding their race/ethnic identification. The information is used for statistical purposes only by authorized personnel.

Application Checklist. Incorrect and incomplete applications will delay the review and approval process. Therefore, before submitting your application review the items listed below.

- Answered all of the questions on the application.
- If you answered "yes" to any of the questions in the Felony and Professional Charges/Conviction section of the application, please include a detailed, written Explanation and provide a certified copy of the police/court records and final disposition.
- A copy of your resume or curriculum vitae.
- A copy of transcript for your highest degree earned. Please make sure that this matches the degree listed on your application.
- A completed State and Federal Background Check
- A check or money order for \$75.00 made payable to BCRCCP.

STATE BOARD CONTACT INFORMATION

MAILING ADDRESS:

**State Board for the Certification of Residential Child Care Program Professionals
Attention: Acting Capacity Application Review
4201 Patterson Avenue – 5th Floor
Baltimore, Maryland 21215**

PHONE: (410) 764-5996

FAX: (410) 358-5674

TTY FOR DISABLED: (800) 735-2258

EMAIL ADDRESS: mdh.crccpa@maryland.gov