Board for the Certification of Residential Child Care
New Application step by step instructions.

This online application is for all licensing, both new licenses and reinstatements, do not use it to renew your license.

NOTE: If you submitted a paper application to the Board and paid by a check or money order, do not start and submit an online application using this site.

If you have started , or have completed an ONLINE application and you want to complete the application or check the status of the completed application, please login below. Enter your application ID, email address and password and press the Login button.

This will bring you to the following form

Select the type of application, enter your SSN, email address and create your password - enter it twice to confirm and click on Create New Application.

On the next screen, choose whether or not you have been previously licensed for the system to determine if you qualify for reinstatement of your license.

If you select Yes, please type in the license number and license type, and click the Verify License button. You can look up your license number by clicking on the Help to Look Up Previous License link. If the system locates your previous license, you will be allowed to continue by pressing on the Continue button. If you have a problem verifying your previous license, please contact the board.

If you select No, you can proceed to the next step by clicking on the Continue button.

On the next screen, confirm that you selected the correct application type, if you had not done so, please refer to https://health.maryland.gov/crccp/Pages/apply.aspx for a complete list of licensing requirements to see if you have everything necessary to apply for this license type.

If everything is correct, proceed by clicking on Start My Application button.

BASIS OF APPLICATION

Application for: **Program Administrator**

Application Type: **New License**
The basic requirements are as follows:

- General Application
- Application Fee: $200.00
- Please refer to https://health.maryland.gov/crccp/Pages/apply.aspx for a complete list of licensing requirements.

⚠ *Once you start your application, you will be able to change Application Type using Change Application Type button. All other information will be saved. If Start My Application button is disabled, application type was not properly selected. Please go back and fill in the previous form again.*

<- Change Application Type

Start My Application ->

On the next screen fill out all the fields and proceed by clicking on Continue to Section 3

IMPORTANT		
Are you an active duty member of the U. S. military?		○ Yes ◉ No
Are you the spouse of an active duty military member?		○ Yes ◉ No
If YES, provide Information;		
Branch:		
Duty Station:		

MDH

APPLICATION FOR LICENSURE

Application for: **Program Administrator**
Basis: **New License**

ⓘ *Your Name must be the Legal Name and it will appear on all documents submitted to the Board*

Name Last Tester
First Test
Middle
Maiden Name

Social Security No. XX-XXX-1234
Date of Birth 01/01/1999   DD/MM/YYYY format
Gender: ◉ Male ○ Female

Address (1) 4201 Patterson Ave
Address (2)
City Baltimore   Maryland ▾
Zip Code 21215 -
If Foreign, state or province   ⓘ Leave blank if no state/province
Country United States ▾
Residence County BALTIMORE CITY ▾

Telephone Home 410 - 764 - 8987
Mobile   -   -
Work   -   -
Email testing@maryland.gov

ETHNICITY (OPTIONAL)
To further its commitment to equal opportunity the Board for the Certification of Residential Child Care Examiners 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? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
○ Yes ◉ No

Select one or more of the following racial categories:

☑ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

☑ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ Black or African American (A person having origins in any of the black racial groups of Africa.)

☐ Native Hawaiian or other Pacific Islander (A person having origins In the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

☑ Other

<- Change Application Type   Continue to Section 3 ->

Fill in the fields of the Education section and click Continue to Section 4.
Note: Youth Care Practitioner application will not require to list 3 references.

To add one or more degrees, type in school information and use the Add Degree button.

EDUCATION: (Please put N/A if you do not have a Degree)
Fill out the form below and click the Add Degree button. Add as many as you need:*(A full list will be shown below the form.)*

Degree	Year	School	Field of Study
BS	1999	UMBC	IFSM

[Add Degree]

EMPLOYER/ EDUCATION/ REFERENCES INFORMATION

EMPLOYER INFORMATION:

Employer Name   MD MDH

Address   4201 Patterson Ave

Employer Phone: 41076451111

Employer Licensing Authority

DJS ☑ DHS ☐

MDH ☐ OTHER ☑

EDUCATION: (Please put N/A if you do not have a Degree)
Fill out the form below and click the Add Degree button. Add as many as you need:*(A full list will be shown below the form.)*

Degree	Year	School	Field of Study

[Add Degree]

Degree	Grad Year	Institution	Specialization	
BS	1999	UMBC	IFSM	Delete
AA	1997	CCC	IFSM	Delete

List Three (3) Charachter references, including phone numbers :

Name 1:	Laurie	Phone 1:	410-111-2233
Name 2:	Tiffany	Phone 2:	410-362-9843
Name 3:	Thinh	Phone 3:	410-234-0393

[<- Previous]   [Continue to Section 4->]

Add any other professional Licenses (you can add multiple) or check I hold no licenses and click on Part 5 to move to continue.

Type: Program Administrator
Basis: New License

LICENSURE

Licenses / Registrations/Certifications Held
Do you now hold, or have you in the past, held a professional license(s), If yes, click on Add License and use the form that will appear below to provide details.

☐ I hold no licenses (Active or Non-Renewal) in any state including Maryland.

Add License

No. Licenses Listed: 1

State	License No	Type	Issuance Date	Exp Date	Discipline	
MD	V1235	Social Worker	01/01/2025	01/01/2026	N	Delete

<- Previous		Part 5 >

In additional Information - Character and Fitness questions answer each question at a time. There are 13 total questions.

ADDITIONAL INFORMATION

🛈 FOR EACH QUESTION 1-11 ANSWERED WITH A YES PLEASE PROVIDE A DETAILED EXPLANATION.
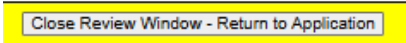
Additional Information consists of 13 questions. You may navigate back and forth through these 13 questions. Your responses will be saved. However, only going forward validates your answers and allows you to go to the next section.

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?

○ Yes ● No

<- Previous	Continue ->

If you answer Yes to questions 1-11, a text box will open for you to explain your answer.

🛈 FOR EACH QUESTION 1-11 ANSWERED WITH A YES PLEASE PROVIDE A DETAILED EXPLANATION.

Additional Information consists of 13 questions. You may navigate back and forth through these 13 questions. Your responses will be saved. However, only going forward validates your answers and allows you to go to the next section.

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?

● Yes ○ No

Please Explain.   (Note: Limit of 1500 characters - approximate size of input screen without scrolling.)

<- Previous	Continue ->

On Review and affirmation page click on the Review My Application link to review your

information, at the button of application review page click on `Close Review Window - Return to Application` to get back to the review and affirmation page.

Type: Program Administrator
Basis: New License

REVIEW

Before you affirm and submit your application, please review your application by selecting the link below. Your application will be shown in a print-friendly window.

Review My Application

AFFIRMATION

I am applying for Program Administrator licensure in Maryland and I am making payment as follows:

Payment Amount:

Application Fee: 200.00

Total Due: $200.00

Method of Payment: ● Credit or Debit Card   ○ Check

When you chose payment by Credit or Debit Card, you will be directed to a secure payment site after you AFFIRM this application.

ℹ *The application fee is NON-REFUNDABLE. If the application is not completed within one (1) year, a new application must be filed and another application fee paid.*

AFFIDAVIT

☑ I agree that 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 or 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.

☑ I have read, and understand the Annotated Code of Maryland, Health Occupations Article Title 20, and the Code of Maryland Regulations COMAR Title 10 Subtitle 57 Maryland Certification of Residential Child Care Program Professionals Act, posted on the Board's website: **Statutes and Regulations**

☑ I understand that the State Board disseminates all correspondence via electronic mail ("email"). Correspondence includes, but is not limited to: Information regarding your application and certification status, newsletters, transmittals, memorandums, notices, renewal information, etc.

Applicant Electronic Signature: Please enter name, date of birth and last four (4) digits of social security number.

Lee Test	01/01/1999	1234
Name	Date of Birth:	SSN (Last 4 digits)

Your application is not complete until you upload the required documents using the applicant portal that will be accessible, as needed, after your application has been submitted. As a returning user, you will need your application ID number , email address, and password to login to the application portal.

<- Previous	Affirm Application & Make Payment ->

If you need to make a change to the application, press Previous button, and if everything is correct, press Affirm Application & Make Payment

If you select payment by credit card, verify information on the next screen and click on Pay Now button.

Then fill in credit card information and press Pay Now button

If the payment is successful, you will be redirected to a receipt page. If you do not get to a receipt due to a system error, please do not try to pay again, but check your email to see if you received a payment receipt from Authorize.net, and if you did, please forward the receipt to the board so that the payment could be applied to the application.

If you chose to pay by check. After you click on the Affirm Application & Make Payment Button you will be redirected to the receipt page.

You will receive an email confirmation that you completed your application. If you elected to pay by a check or money order, please mail in your payment as soon as possible.

To check on the status of your application and to upload relevant documents, go back to the welcome page of the system, and type in Application ID, Email and Password and click Login

As the board receives documents for your application, Application log will reflect the date they were received and appropriate check boxes will be checked off.

To upload documents, click on the Upload Required Documents button.

Select License type

Fill in all the fields, including Application ID. You can upload multiple documents at a time. Select the ones you are uploading from the Documents Uploaded dropdown box, and click Submit.

Residential Child Care Program Administrators

- College Transcripts - **Original Requested.**
- 3 Professional References - **Original Requested.**
- Child Protective Services (CPS) Background Clearance Request - **Original Requested**
- Federal Privacy Acts - **Copy Accepted**
- Resume - **Copy Accepted**
- Professional Reference Form - **Copy Accepted**
- Applicant Process Notification - **Copy Accepted**
- License Affidavit - **Copy Accepted**
- Criminal History Background Check (CJIS)

Select your Agency *
Applicants must select an agency or program from the available options, or choose "No Agency Assigned" if applicable.

ATAAM Healthcare ▾

Enter Hire Date *

05/15/2025 📅

Full Name *

Test Tester

Enter Application ID From The Online Application *
N/A for Paper Applications.

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Email Address *

testing@maryland.gov

Have you created a profile at the Institute's website? *
If no, start here: https://theinstitute.umaryland.edu/

n/a ▾

Have you completed the Training Modules? *
If no, start here: https://theinstitute.umaryland.edu/

Yes ▾

Documents Uploaded *
Please select the documents you are uploading from the list below

License Affidavit ✕   Passport Sized Photo ✕ | ✕ ▾

Upload Here *
*Please upload copies in PDF or JPG Format Only

Drag and drop files here or browse files

Submit

You will receive a confirmation if the upload was successful.

Maryland

Your information has been received by the Board for the Certification of Residential Child Care Program Professionals

Powered by smartsheet
Collect and act on data faster with your own forms

Try it out