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.

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. If this is a NEW initial or reinstatement application, select : <u>START NEW APPLICATION -></u>		
LOGIN TO APPLICA	TION	
Application ID:	18	
Email	testing@maryland.gov	
Password:	Forgot Password?	
	LOGIN->	

If this is a NEW initial or reinstatement application, select : START NEW APPLICATION ->

This will bring you to the following form

License Application ID:	
NEW APPLICATION Create your logon credentials. (Passwords maximum 12 numbers or	characters)
Select type of Application V	
Social Security Number:	
Email:	
Password: Re-Enter Password: Create	New Application
Upon registration you will receive a confirmation email with your application ID.	
<- Cancel	

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 <u>Help to Look Up</u> <u>Previous License</u> 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.

DETERMINE BASIS OF APPLICATION
Application for: Program Administrator 🗸
Have you been previously licensed in MD ?
• Yes O No
If YES, Enter License Number: Select previous license type V
Verify License
Help to Look Up Previous License
Cancel Application

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

DETERMINE BASIS OF APPLICATION			
Application for: Program Administrator 🖌			
Have you been previously licensed in MD ?			
⊖Yes ●No			
If YES, Enter License Number:	Program Administrator	~	
Verify License			
Cancel Application		Cont	inue ->

On the next screen, confirm that you selected the correct application type, if you had not done so, please refer to <u>https://health.maryland.gov/crccp/Pages/apply.aspx</u> 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 <u>https://health.maryland.gov/crccp/Pages/apply.aspx</u> for a complete list requirements. 	st of licensing		
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

	Click to d	continue this application where I stopped.
		IMPORTANT
	<u></u>	Are you an active duty member of the U. S. military? O Yes No
	V	Are you the spouse of an active duty military member? O Yes No
M	DH	If YES, provide Information;
TAT		Branch:
		Duty Station:
APPLICATION	FOR LICENSURE	
	Application for: Prog	ram Administrator
	Basis: New L	icense
Our Name	must be the Legal Name	and it will appear on all documents submitted to the Board
	Name Last Tester	r
	First Test	
	Middle	
	Maiden Name	
s	ocial Security No. XX-XX	X-1234
	Date of Birth 01/01	/1999 DD/MM/YYYY format
	Gender: 💿 Ma	ale O Female
	Address (1) 4201	Patterson Ave
	Address (2)	
	City Baltim	nore Maryland V
	Zip Code 21215	5 -
	If Fore state/p	ign, state or province 🛛 🔮 Leave blank if no
	Country United	d States 🗸
F	Residence County BALT	IMORE CITY V
	Telephone Home 410	. 784
	Mobile	
	Work	
		gerner June
ETHNICITY (O To further its co requests applic	PTIONAL) ommitment to equal oppor ants to provide, voluntari	rtunity the Board for the Certification of Residential Child Care Examiners ly, the following information. This information will be used for statistical
Are you of Hisp Spanish culture	panic or Latin origin? (A p o or origin, regardless of r	erson of Cuban, Mexican, Puerto Rican, South or Central American, or other ace.)
⊖Yes ©No		
Select one or n	nore of the following racia American Indian or Al	II categones: aska Native (A person having origins in any of the original peoples of North
-	or South America, inc attachment.)	luding Central America, and who maintains tribal affiliations or community
	Asian (A person havir Indian subcontinent ir Pakistan, the Philippir	ng origin in any of the original peoples of the Far East, Southeast Asia, or the icluding, for example, Cambodia, China, India, Japan, Korea, Malaysia, ne Islands, Thailand, and Vietnam.)
	Black or African Amer	ican (A person having origins in any of the black racial groups of Africa.)
	Native Hawaiian or ot Hawaii, Guam, Samo	her Pacific Islander (A person having origins In the original peoples of a, or other Pacific Islands.)
	White (A person havir Africa.)	ng origins in any of the original peoples of Europe, the Middle East, or North
 ✓ 	Other	
<- Change Ap	plication 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 EDUCATION: (P	To add one or more degrees, type in school information and use the Add Degree button.				
the form.)	Pelow and click the P	ou begree button. Add as many as you need. (A fu	i nat will be anown below		
Degree	Year	School	Field of Study		
BS	1999	UMBC	IFSM		
		Add Degree			

EMPLOYER/ EDUCATION/ REFERENCES INFORMATION				
EMPLOYER INFORMATION:				
Employer Name	N	MD MDH		
Address	4	201 Patterson Ave		
Employer Phone:	4	1078451111		
Employer L	icensin	g Authority		
DJS 🗹 DH	IS 🗆			
	THER	2		
EDUCATIO Fill out the f the form.)	N: (Plea form bel	ase put N/A if you do not have a Degree) ow and click the Add Degree button. Add as many as you need:(A full	list will be shown	below
Degree		Year School	Field of Study	1
		Add Degree		
			-	
Degree	Grad Year	Institution	8peolalization	
BS	1999	UMBC	IFSM	Delete
AA	1997	CCC	IFSM	Delete
L		List Three (3) Charachter references, including phone numbe	rs :	
Name 1:	l	aurie Phone 1: 4	10-111-2233	
Name 2:	[Fiffany Phone 2:	10-362-9843	
Name 3:	[Thinh Phone 3:	10-234-0393	
<- Previo	us		Continue to Sec	tion 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.

lype: Program Administrator Basis: New License								
LICE	NSURE							
Licen: Do yo use th I h	ses / Regis u now hold te form tha told no licen Add Lid censes Liste	trations/Certifications Held I, or have you in the past, held a t will appear below to provide de ses (Active or Non-Renewal) in an cense ed: 1	professional etails. y state includ	l license(s), ing Maryland	lf yes, cli 1.	ick on J	Add License and	đ
State	License No	Туре	Issuance Date	Exp Date	Disolpline			
MD	V1235	Social Worker	01/01/2025	01/01/2026	N	Delete]	
							-	
<- F	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. 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.

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

Close Review Window - Return to Application

to

information, at the button of application review page click on get back to the review and affirmation page.

Type: Program Adminis Basis: New License	trator		
REVIEW			
Before you affirm by selecting the I	and submit your application, ink below. Your application wi <u>Review</u>	please review your application Il be shown in a print-friendly window. <u>My Application</u>	
AFFIRMATION			
I am applying for Program	Administrator licensure in Mary	land and I am making payment as follows:	
Payment Amount:			
Application Fee:	200.00		
Total Due:	\$200.00		
Method of Payment:	Credit or Debit Card	O Check	
AFFIRM this application.	payment by Credit or Debit Card	I, you will be directed to a secure payment site after you	
The application fee is application must be filed	NON-REFUNDABLE. If the ap I and another application fee p	plication is not completed within one (1) year, a new paid.	
AFFIDAVIT			
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: <u>Statutes and Regulations</u>			
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 Sig	nature: Please enter name, dat	e 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.



Board for the Certification of Residential Child Care

Credit Card Payment Payment Center

VISA' Materian

Description: New Application Fee Registration No or App ID: 18 Board Code: A Program Administrator Status: Name: Test, Tester Amount: 200.00



Then fill in credit card information and press Pay Now button

Maryl	•
DEPARTMENT OF HEA Board for the Certificat Credit Card Payment Payn	Order Summary Description New Application Fee Invoice Number 22767E72-7E16-4
Description: New Application Fee Registration No or App ID: 18 Board Code: A Program Administrator Status: Name: Test, Tester Amount: 200.00 Pay Now	Total \$ 200.00 Image: Card Number * Exp. Date * Card Code Image: testing@maryland.gov Pay Now Cancel

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 receive a payment receipt from <u>Authorize.net</u>, 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 <u>welcome page</u> 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.

ype: Program Administrator Basis: New License	
APPLICATION STATUS	
Applicant: Test Tester Email: testing@maryland.gov	
Date Submitted: 5/23/2025	
Print out a copy of your applicatio	n and receipt.
List of Required Documents	
UPLOAD Required Documents Please use this link to upload the requ	uired documents.
Application Review Status	
Application Received	Application Fee Received
SSN/Affidavit	Institute for Innovation profile
Background Check Okay CJIS	Official College Transcript
LiveScan Pre-Registration App	Professional Reference Forms (3)
Applicant Record Notification	Licensure or Certification Affidavit
Federal Privacy Act Statement	Non-Criminal Justice Privacy Rights
MD State Exam	Resume
Approved -Pending Examination	Exam Fee Received
Okay to License	CPS Background Okay
Action Log	
05/23/2025 Social Security Number ;	

To upload documents, click on the Upload Require documents button.

Select License type



Board for the Certification of Residential Child Care Program Professionals

DOCUMENT UPLOAD PORTAL

For submission of required documents for applicants.

	Applicants can upload scanned copies or digital files, ensuring that all necessary paperwork is submitted efficiently.					
1	License Type *					
	Select ·					
	Youth Care Practitioner					

Program Administrator

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

College Transcripts - Original Requested. Professional References - Original Requested. Child Protective Services (DPS) Background Clearance Request - Original Requested Resume - Copy Accepted Resume - Copy Accepted Applicant Process Notification - Copy Accepted License Affadari - Copy Accepted Copy Ac	Residential Ch	ild Care Program Administrators	
Testure Friedung Fried Weight Processed Professional Reference Form - Copy Accepted Applicant Process Notification - Copy Accepted License Affidavi - Copy Accepted - Copy Accepted License Affidavi - Copy Accepted - Copy Accepted Accepted - Copy Accepted Acc	College Trans 3 Profession <u>Child Protect</u> Requested Federal Prime	scripts - Original Requested. al References - Original Requested. ive Services (CPS) Background Clearance Request - Original rev Acts - Copy Accented	
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 1 Full Name * Test Tester Enter Application ID From The Online Application * N/A for Paper Applications. 18 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 Alfidavit × Passport Sized Photo × 1 × 1 Upload Here * *Please upload copies in PDF or JPG Format Only Drag and drop files here or browse files	Resume - Co Professional Applicant Pro License Affic Criminal Hist	<u>cy Accepted</u> <u>Reference Form</u> - Copy Accepted <u>Joses Notification - Copy Accepted</u> <u>Javit - Copy Accepted</u> <u>Javit - Copy Accepted</u> <u>Jorg Background Check (CJIS)</u>	
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. 18 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 Affidawit X Passport Sized Photo X X Upload Here * * *Please upload copies in PDF or JPG Format Only Drag and drop files here or browse files	Select your Agency	*	
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Drag and drop files here or browse files	r rease uproau cop		
Submit		Drag and drop files here or browse files	
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Submit			
Submit			

You will receive a confirmation if the upload was successful.

