

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

Website [https:// health.maryland.gov/crccp](https://health.maryland.gov/crccp)
Email address: dhmh.crccpa@maryland.gov
4201 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-5052/5996
Fax: 410-358-5674
TTY for Disabled: 1-800-735-2258

<i>Date Received</i> ____/____/____
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NON-RENEWED STATUS NOTIFICATION

Do not use this form for renewal. Only use this form for Non-Renewed Status

License Number: _____ **Expiration Date:** _____

<u>Name and Contact Information</u>	
Name: _____ <i>Last First MI</i>	Social Security Number: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ____/____/____	Home Phone: _____
Address: _____ <i>City State Zip code</i>	Work Phone: _____
Home E-Mail Address: _____	Cell: _____

Please indicate the reason why certification is not being renewed:

- Moved out of State
- Not Practicing as a Program Administrator
- Not Practicing as a Residential Child and Youth Care Practitioner
- Certificate holder is deceased (completed by relative or employer)

Other: _____

Acknowledgement

- Yes I understand that by electing to non-renew my certificate that:
- No
 - I shall not practice as s Residential Child and Youth Care Practitioner or Program Administrator in the State of Maryland without either Reinstating or Re-Applying for certification, as appropriate.
 - I will be removed from the State Board’s mailing list.

Signature/Affirmation

I hereby affirm that the information in this notification contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____