



STATE BOARD OF CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM PROFESSIONALS

4201 Patterson Avenue Baltimore, MD 21215 – 2299

Phone Number: 410-764-5996 Website: health.maryland.gov/crccp

TTY for Disabled: 1-800-735-2258 Email: dhmh.crccpa@maryland.gov

FOR BOARD USE ONLY

Received _____

Check # _____ Amount \$ _____

Reviewed by _____

Approved by _____

Certificate No. _____

Control No. _____

RCYCP CERTIFICATION APPLICATION

PLEASE MAKE CHECK PAYABLE TO BCRCCP : APPLICATION PROCESSING FEE.....\$ 50.00

PERSONAL INFORMATION SECTION: PLEASE PRINT

LAST NAME

[Grid for last name]

FIRST NAME

[Grid for first name]

MIDDLE NAME / INITIAL

[Grid for middle name / initial]

MAIDEN NAME

[Grid for maiden name]

ADDRESS

[Grid for address]

CITY

[Grid for city]

STATE

[Grid for state]

ZIP CODE

[Grid for zip code]

HOME EMAIL ADDRESS _____

WORK EMAIL ADDRESS _____

Date of Birth:

Month Day Year [Grids]

Social Security Number:

[Grids for social security number]

Sex: [] 1. Male [] 2. Female

Home Phone _____

Work Phone _____

Cell Phone _____

MILITARY STATUS: (Select One)

- [] Veteran (within 1 year of honorable discharge) [] Military Spouse
[] Active Service [] N/A

AGENCY LICENSING AUTHORITY:

- [] DJS [] MDH
[] DHS [] OTHER

EDUCATION BACKGROUND: (Please put N/A if you do not have a Degree)

Table with 4 columns: Name of Institution (include GED, high school & college), City and State, Degree, Date Received

RACE/ETHNICS IDENTIFICATION - Please check all that apply

To further its commitment to equal opportunity, The Board of Residential Child Care Program Professionals 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? [] Yes [] No

- [] American Indian or Alaska Native [] Native Hawaiian or Pacific Islander
[] Asian [] Caucasian or White
[] Black or African American [] Other

QUESTIONS SECTION

This section must be completed for initial RCYCP Certification. (Attach a written explanation for any "Yes" answer. For Questions #4 and #5; provide a true test copies of (arrest and charges), court record and final disposition. **Answering "Yes" to a question does not cause the Board to reject your application.**

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension or revocation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever voluntarily surrendered a professional license due to violation of State licensing law? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever pled guilty, nolo contendere, been convicted of, or received probation before judgment for any criminal act (excluding minor, non-jailable traffic offenses)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has a malpractice suit been filed against you or has a claim for damages been settled or awarded against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are there any outstanding complaints, investigations or charges pending against you in any State by any Licensing or Disciplinary Board or a comparable body in the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been denied a license, certification or registration to care for children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever been named as the perpetrator of child abuse or neglect by a State Agency after an investigation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you currently charged with a felony or misdemeanor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you completed and forwarded the consent for Release of Information/Background Clearance form to your local jurisdiction where you reside for submission to the Board? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you completed the Criminal History Record Check through Livescan for submission to the Board? |

LICENSES, CERTIFICATIONS OR REGISTRATIONS HELD: (Please write N/A if you do not have any Licenses, Certificates or Registrations)

State	License / Certificate Number	Type of License	Original License / Certificate Date	History of Discipline
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER INFORMATION

Please identify the agency where you are currently employed as a Residential Child and Youth Care Worker

Agency Name _____
Agency Address _____
City, State, Zip _____
Phone No. _____

RELEASE TO PROCESS RESIDENTIAL CHILD AND YOUTH CARE CERTIFICATION APPLICATION

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.

Signature

Date

AFFIRMATION AND SIGNATURE

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: Yes No

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. Yes No

I hereby affirm that the information in this application contains no willful misrepresentation or falsification and that the information given to me is true and complete to the best of my knowledge and belief. I understand that the State Board may verify information on this application. I also Understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the certification.

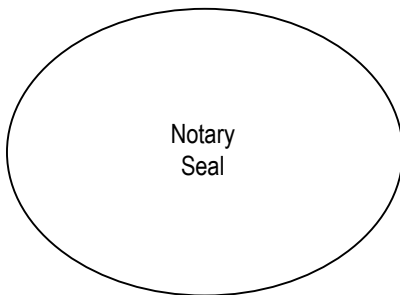
Name (Print) _____

Signature: _____

Date: _____

Notary Public, Subscribed and sworn to (or affirmed) before me on this _____ day of _____

Notary Signature: _____



Passport Sized Photo

This space to contain a recent passport type, full face photograph of applicant.

Photograph must be securely taped in place. Newspaper photograph etc, not acceptable.

PLEASE DO NOT STAPLE