



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS
COMPLETION OF ON-SITE PROGRAM ORIENTATION**

This serves to confirm that _____ has been employed with
(name of organization) _____ as an **RCYCP** since
(date of hire) _____.

The above mentioned employee has successfully participated in a minimum of 10 hours of job shadowing and successfully completed the following on-site orientation requirements towards Residential Child and Youth Care Practitioner Certification:

- Agency Policies
- Organizational/ Program Culture
- Professional Boundaries

These trainings were held on the following dates:

These trainings were facilitated by:

Name Title

Name Title

Certified Program Administrator Signature

License#

Date