STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue•Baltimore, Maryland 21215-2299

STATE BOARD FOR THE CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM PROFESSIONALS

STATE LICENSURE AFFDAVIT OR CERTIFICATION AFFIDAVIT

This portion to be completed by applicant and forwarded to the licensing or certification board(s) in the state(s) where licensed.

Last Name	First Name	Middle Name

Month	Date	Year	
Date of Birth			Social Security Number

State Board	Type of License or Certificate

This portion to be completed by the state licensing or certification board.

License or certificate Number _____ Date of Original Issue_____

Is license or certificate in good standing? _____ Expiration date of License or Certificate_____

License or certificate type_____

License or certificate scope ☐Full/Unrestricted ☐Temporary/Limited ☐Other, Please specify: _____

Is the applicant currently the subject of a pending investigation?
☐Yes ☐No **If "yes" please attach documentation.**

_____ _____
Form Completed By: Title

_____ _____
Signature Date

_____
State Board

Please Affix Board Seal
(not Valid without Board Seal)