



STATE OF MARYLAND

DHMH

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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

STATE BOARD FOR THE CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM PROFESSIONALS

**PROGRAM ADMINISTRATORS AND RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS  
ATTENTION**

**VETERANS EMPLOYMENT ACT OF 2013**

The Veterans Employment Act of 2013 became effective July 1, 2013 requiring specified licensing units and Boards to give credit to former service members for relevant military training, education, and experience in connection with the issuance of occupational and professional licenses, certificates, and registrations.

**IF YOU ARE A VETERAN, SERVICE MEMBER OR MILITARY SPOUSE, PLEASE REVIEW AND  
COMPLETE BEFORE PROCEEDING**

*“Service Member” means an individual who is an active duty member of:*

- *The Armed Forces of the United States*
- *A reserve component of the Armed Forces of the United States; or*
- *The National Guard of Any State*

*“Veteran” means a former service member who was discharged from active duty under circumstances other than dishonorable within one year before the date on which the application for license, certificate, or registration is submitted.*

*“Veteran” does not include an individual who has completed active duty and has been discharged for more than one year before the application for a license, certification, or registration is submitted.*

*“Military Spouse” means the spouse of a service member or veteran,*

*“Military Spouse” includes a surviving spouse of:*

- *A veteran; or*
- *A service member who died within one year before the date on which the application for license, certification, or registration is submitted.*

**COMPLETE THIS INFORMATION ONLY IF YOU MEET ONE OF THE FOLLOWING CRITERIA**

Please place an X in the appropriate box.

- ☐ *Service Member - Currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any State. **(Provide DD214)***
- ☐ *Veteran – Discharged from active military duty under circumstances other than dishonorable within the one year of submitting the application. **(Provide DD214)***
- ☐ ***Military Spouse:***  
*Spouse is a Veteran. **(Provide DD214)***
- ☐ *Spouse was a service member who died within one year before the date of submitting the application. **(Provide DD214)***
- ☐ *Spouse is a Service Member currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any State. **(Provide supporting documentation.)***
- ☐ *Does Not Apply.*

---

***Signature of Applicant***

---

***Date***

If you have any questions regarding this form, please contact Gwendolyn A. Joyner, Deputy Director at 410-764-5996.