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

Web Site: http://dhmh.maryland.gov/crccp/
4201 Patterson Avenue • Baltimore, Maryland 21215
Phone: 410-764-5996 • Fax: 410-358-5674
TTY for Disabled: 1-800-735-2258

REC'D_____ PROCESSED_____

CHECK/MO_____ BY_____

❑ APPROVED ❑ DENIED APPROVAL #_____

APPLICATION FOR ACTING CAPACITY APPROVAL (ARCCPA)

Personal Information

Last Name *First Name* *MI* *Social Security Number*

Street Address *City* *State* *Zip Code*

Date of Birth *Gender: ☐ Male ☐ Female* *Email Address*

Home Phone *Work Phone* *Cell Phone*

I understand that the Board disseminates all correspondence via electronic mail ("e-mail"). Correspondence includes, but is not limited to: information regarding your application and authorization status, newsletters, transmittals, memoranda, notices, etc. YES ❑ NO ❑

Education & Human Service Experience

Note highest degree earned

Degree _____ *Graduation Year*_____

*College/University*_____

*Years of Human Service Experience*_____ *Years of Supervisory or Administrative Experience*_____

Felony and Professional Charges/Convictions

For each question answered with a "Yes", please attach a detailed explanation and a certified copy of the police/court record and final disposition.

1) Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired? Yes ☐ No ☐

2) Has any state licensing or disciplinary board or agency, 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? Yes ☐ No ☐

3) Have you surrendered or failed to renew a license in any state? Yes ☐ No ☐

4) Are there any outstanding complaints, investigations or charges pending against you in any state by any licensing or disciplinary board or agency, or a comparable body in the armed services? Yes ☐ No ☐

5) Have you had a physical or mental illness that currently impairs your ability to practice your profession? Yes ☐ No ☐

6) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)? Yes ☐ No ☐

7) Are you currently charged with a felony or misdemeanor? Yes ☐ No ☐

8) Have you ever been denied a license, certification or registration to care for children? Yes ☐ No☐

9) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance? Yes ☐ No ☐

10) Have you pled guilty to, nolo contender to, been convicted of or received probation before judgment to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside? Yes ☐ No ☐

11) Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice? Yes ☐ No ☐

12) Have you ever had a license, certificate or registration to care for children revoked or suspended? Yes ☐ No ☐

13) Have you ever been named as the perpetrator of child abuse or neglect by a state agency after an investigation? Yes ☐ No ☐

14) Have you ever been convicted of a misdemeanor or felony, including convictions in another state? Yes ☐ No ☐

Agency Information

Agency Name

Has the agency tried to recruit a CRCCPA? ☐ *Yes* ☐ *No* *Agency's licensing authority:* ☐ DHR ☐ DJS ☐ DDA ☐ MHA

Reason for Acting Capacity Request

Summary of Recruitment Efforts

Member of the Board of Director's Making Request

Must be a member of the Agency's Board of Directors

Name *Title*

Street Address *City* *State* *Zip Code*

Email Address *Cell Phone Number* *Fax Phone Number*

Signature/Affirmation

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 Board for the Certification of Residential Child Care Program Professionals may verify any information on this application. I also understand that any willful misrepresentation is cause for immediate denial of application or later revocation of approval. Practice as a Residential Child Care Program Administrator without acting capacity approval or an active certificate is a violation of the Maryland Certification of Residential Child Care Program Professionals Act.

Signature of Individual for Acting Capacity *Date* *Signature of Board President* *Date*

Notice for Mailing List. *The information collected on the application form is collected for the purposes of the Board's functions under the Maryland Health Occupations Art., Ann. Code Annotated Title 20. Failure to provide the information may result in the denial of your application for an initial or renewed license. You have a right to inspect, amend, and correct this information. The Board may permit inspection of this information, or make it available to others, only as permitted by federal and State law. The Board may sell or provide a list of licensees' names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated 10-617, you may request in writing that your name be omitted from such lists.*

Remember to Attach the Following Documents:
(1) Resume or Curriculum Vitae
(2) Copy of College Diploma
(3) National & State Criminal History Record Check
(4) Affidavit for Applicants Seeking ARCCPA Approval

Acting Capacity Application Fee $75. Make check or money order payable to "BCRCCP". Cash or credit card cannot be accepted. Incomplete applications will not be processed.
Fee is not refundable and is non-transferable.

IN COMPLIANCE WITH CHAPTER 534 OF THE 2010 ACTS OF THE GENERAL ASSEMBLY SESSION, THE BOARD IS REQUIRED TO REQUEST THAT ALL APPLICANTS TO PROVIDE, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes ☐ *No* ☐
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ☐ *American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)*

2. ☐ *Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)*

3. ☐ *Black or African American (A person having origins in any of the black racial groups of Africa.)*

4. ☐ *Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)*

5. ☐ *White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)*