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

WEB SITE: www.dhmh.state.md.us/crccp/
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TELEPHONE – 410-764-5996 • FAX – 410-358-5674
TTY for Disabled: 1-800-735-2258

Office Use Only

REC'D_____ PROCESSED_____

CHECK/MO_____ BY_____

❑ APPROVED ❑ DENIED

CERTIFICAT E#_____

CONTROL #_____

Please type or print legibly

APPLICATION FOR INITIAL CERTIFICATION – RESIDENTIAL CHILD CARE PROGRAM ADMINISTRATOR CRCCPA

I. Personal Information

Last Name First Name MI

Alias (Include all past names used, such as maiden name, etc.) Legal documentation required. Date of Alias Change

Social Security Number Birth Date

Street Address City State Zip Code

Email Address Gender: ❑ Male ❑ Female

Home Phone Work Phone Cell Phone

I prefer mail sent from the State Board to my WORK ☐ HOME ☐ address.

II. Felony and Professional Charges and 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 ☐

III. Education

Name of Institution City State

Degree Mo/Yr of Graduation

Name of Institution City State

Degree Mo/Yr of Graduation

IV. Residential Child Care Program Information

Are you affiliated with a residential child care program at this time? Yes ☐ No☐ If yes, complete below:

Agency Name Licensing Authority: ☐ DHR ☐ DHMH ☐ DJS

Agency Mailing Address City State Zip Code

V. Licenses, Certifications or Registrations Held

State	License Number	Type of License	Original License Date	Expiration Date	Inactive Date, if applicable	History of Discipline
						Yes ☐ No☐
						Yes ☐ No☐
						Yes ☐ No☐

VI. Professional References

Name	Email Address	Telephone Number	Supervisory Reference
			Yes ☐ No☐
			Yes ☐ No☐
			Yes ☐ No☐

VII. Human Service and Supervisory or Administrative Experience

Employer 1 **Type of Clients** Adults ☐ Children ☐

Dates of Employment:

Name of Employer

Address

City State Zip Code

Job Title

Do you supervise employees? Yes ☐ No☐ If "yes", how many:

Job Titles of Those You Supervise:

Summary of Job Duties/Responsibilities

Employer 2 **Type of Clients** Adults ☐ Children ☐

Dates of Employment:

Name of Employer

Address

City State Zip Code

Job Title

Do you supervise employees? Yes ☐ No☐ If "yes", how many:

Job Titles of Those You Supervise:

Summary of Job Duties/Responsibilities

Employer 3 **Type of Clients** Adults ☐ Children ☐

Dates of Employment:_____

_____
Name of Employer

_____
Address

_____
City State Zip Code

_____
Job Title

Do you supervise employees? Yes ☐ No☐ If "yes", how many:_____

Job Titles of Those You Supervise:_____

_____

Summary of Job Duties/Responsibilities_____

_____

_____

_____

_____

Employer 4 **Type of Clients** Adults ☐ Children ☐

Dates of Employment:_____

_____
Name of Employer

_____
Address

_____
City State Zip Code

_____
Job Title

Do you supervise employees? Yes ☐ No☐ If "yes", how many:_____

Job Titles of Those You Supervise:_____

_____

Summary of Job Duties/Responsibilities_____

_____

_____

_____

_____

VIII. Affirmation and Signature

1) The contents of this document are true and correct to the best of my knowledge and belief. Yes ☐ No☐

2) I have received, read, and understand the Annotated Code of Maryland, Health Occupations Article Title 20, and the Code of Maryland Regulations (COMAR) 10.57, Maryland Certification of Residential Child Care Program Professionals Act. Yes ☐ No☐

3) I have knowingly practiced as a residential child care program administrator in Maryland without a valid Maryland certificate. Yes ☐ No☐

4) I understand that the State Board disseminates all correspondence via electronic mail ("e-mail"). Correspondence includes, but is not limited to: information regarding your application and certification status, newsletters, transmittals, memoranda, notices, renewal information, etc. Yes ☐ No☐

5) Notice of Mailing List. The information collected on the certification application form and the certification renewal forms is collected for the purposes of the State Board's functions under the Maryland Health Occupations Code Annotated Title 20. Failure to provide the information may result in the denial of your application for initial or renewal certification. You have the right to inspect, amend, and correct information. The State Board may permit inspection of this information, or make it available to others, only as permitted by federal and State law. The State Board may sell or provide lists of certificate holders' 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.

Notary Seal

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.

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

_____ _____
Signature Date

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.

_____ _____
Signature Date

Certification fee is $325 ($200 for initial application and $125 for State Standards Examination). Please make check or money order payable to "BCRCCP". Cash or credit cards cannot be accepted. Incomplete applications will be charged a reprocessing fee.

FEE IS NON-TRANSFERABLE AND IS NON-REFUNDABLE.

IX. RACE/ETHIC IDENTIFICATION

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.)

APPLICATION CHECK LIST

Incorrect and incomplete applications will delay the review and approval process. If you submit an incomplete application, you will be charged a $5 reprocessing fee. The State Board **WILL NOT** consider an application until it has received **ALL** required documentation. If an applicant **FAILS** to provide the required document with **120 days** of application, the State Board may either administratively close the application or deny the application, pursuant to COMAR 10.57.02.04 E.

Therefore, before submitting your application review the items below:

- ❒ Answered all questions on the application.
- ❒ If you noted an alias, you must provide legal documentation for name change with your application.
- ❒ If you answered "yes", to any of the questions in the Felony and Professional Charges/Conviction section of application, you must provide a detailed, written explanation and a certified copy of the police/court record and final disposition.
- ❒ Submitted to a State and national criminal history check through a CJIS operated live scan fingerprint site or one of the CJIS approved private providers authorized pursuant to COMAR 12.15.05 to collect and submit live fingerprints.
- ❒ Completed the *Release to Process Application* form.
- ❒ If you hold any active, inactive, or non-renewed licenses, certifications or registrations in **ANY** state, including Maryland, complete the top portion of the *State Licensure or Certification Affidavit* and forward it to the issuing entity to complete the bottom portion. The issuing entity will return the form to the State Board.
- ❒ Complete and have notarized the *Affidavit for Applicants Seeking Certification*.
- ❒ 3 Professional References, submitted in sealed envelopes signed by the writer on the back of the flap. *Note: At least 1 professional reference must be from a present or former supervisor.*