

**Maryland State Board for the Certification of Residential Child Care Program  
Professionals  
4201 Patterson Avenue – 5<sup>th</sup> Floor  
Baltimore, Maryland 21215  
(410-764-5052)**

<b>INFORMATION FOR COMPLETING THE RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER APPLICATION</b>
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A residential child care program is an entity that provides for children 24-hours per day care with a structured set of services and activities that are designed to achieve specific objectives relative to the needs of children serviced and that include the provision of food, clothing, shelter, education, social services, health and mental health, recreation, or any combination of these services and activities. ***All residential child care programs licensed in Maryland are required to have a Certified Child and Youth Care Practitioner on staff.*** An individual must be ***certified*** by the State Board before an individual may work as a Residential Child and Youth Care Practitioner in Maryland.

Effective October 1, 2015 all Residential Child and Youth Care Practitioners (RCYCP), formerly Known as “residential child care workers”, employed in the state of Maryland will be required to be certified by the state Board before October 1, 2015, unless: the RCYCP is an employee of the Maryland School for the Blind who is a residential child and youth care practitioner and holds a current paraprofessional certificate. Health Occupations Article §20-301 (i).

The RCYCP is participating in a Board – approved training program that leads to certification within 180 days of hire. Health Occupations Article §20-301 (ii).

- The application must be typed or printed legibly. All items on the application form must be completed, signed and dated. The application form **must be notarized.**
- All documents must be original, on the forms currently in use by the State Board and submitted as a **COMPLETE** application packet. Incorrect and incomplete applications will delay the review and approval process. If you submit an incomplete application, you will be charged a \$5.00 reprocessing fee. The State Board **WILL NOT** process an application until it has received **ALL** required documentation.
- If an applicant **FAILS** to provide the required document (s) within **120 days** of the application. The State Board may either administratively close the application or deny the application, pursuant to COMAR 10.57.02.04.E.

## **I. Personal Information**

**Name** – Your name will appear on all documents and correspondence as you list on the application: (1) the name must be your **legal** name, (2) the name on your driver’s license or identification.

**Maiden** – include all past names used, such as maiden names, etc.

**Social Security Number** – You must provide your social security number.

**E-Mail Address** – The State Board disseminates all correspondence via electronic mail (“e-mail”). Therefore, it is important that you provide and maintain a current email address with the State Board.

### ***Military Status***

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 regulations.

*“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.

***If you are requesting Veteran preference please include a copy of DD Form 214  
If you are requesting Spouse preference please include a copy of DD form 2765***

Please provide all other information as requested in this section.

## II. **Educational Background**

Individuals must submit an ***official copy of their high school diploma or equivalent***. If you have an Associate's, Bachelor's or Master's degree from an accredited college or university, ***you must request an official college transcript from your college or university*** to be mailed to the Residential Child Care Program Professionals Board. ***If you submit an official transcript from your high school, college or university, with your RCYCP application, the transcript must be in a sealed envelope from your school, and should not be opened.***

Educational credentials from foreign countries must be evaluated by a State Board approved education review service. The State Board has approved the following education review services:

- International Consultants of Delaware, Inc. at 212-222-8454, extension 510 ([icd@icdel.com](mailto:icd@icdel.com))
- World Education Services, Inc. at 202.331.2925 (<http://www.wes.org/>).

## III. **Licenses, Certifications, or Registrations Held**

List all (active, inactive, or non-renewed) licenses, certifications or registrations held in **ANY** state, including Maryland. Attach an additional 8 ½" sheet of paper if necessary. You must indicate the type of license – e.g., Human Service work, etc. **Verification of Licensure, Certification or Registration must be provided to the State Board from each issuing Entity.** A ***State Licensure or Certification Affidavit*** may be downloaded from the State Board's website at <http://dhmh.maryland.gov/crccp>. The Affidavit must be completed by the issuing entity and returned to the State Board.

### **State Licensure or Certification Affidavit**

As referenced in ***Section III*** of the application and information, a ***State Licensure or Certification Affidavit*** must be completed by the issuing entity and returned to the State Board for all active, inactive, or non-renewed licenses, certifications or registrations held by the applicant in **ANY** state, including Maryland. The form is available for download on the State Board's website.

## IV. **Felony and Professional Charges and Convictions**

Please answer all questions. For each question answered with a "yes" you must attach a detailed explanation and certified copy of the police/court record and final disposition.

### **State and National Criminal History Record Check**

All individuals seeking certification from the State Board must submit to a State and National criminal history record check (Health Occupations Article, §20-302C) and approved private providers authorized pursuant to COMAR 12.15.05 to collect and submit live fingerprints. Criminal history record information obtained is sent directly

to the State Board and to you. Information regarding your criminal history record check that is received by the Board **will not** be made available to the private provider. ***The State Board's authorization number through the Criminal Justice Information System-Central Repository (CJIS-CR) is -0800001123 and the ORI number is MD920520Z***

The Private Providers for fingerprinting can be found on the Department of Public Safety and Correctional Services website at <http://www/dpscs.state.md.us/publicservs/fingerprint.shtml> . ***The Criminal Justice Information System – Central Repository number is 410-764-4501 – Toll Free: 1-888-795-0011.***

Although a receipt from the private provider or CJIS-CR is sufficient documentation that you have initiated your criminal history record check, your application ***WILL NOT*** be processed until the results of the criminal history background check are received by the State Board. Positive results will require detailed explanations and court sealed records forwarded to the State Board.

***Consent for Release of Information/Background Clearance Request Child Protective Services Program***

All individuals seeking certification from the State Board must complete a Consent For Release of Information, (CPS) Adam Walsh Background Clearance Request. The Consent for Release of Information form should be completed by the applicant and mailed directly to the ***Department of Social Services in the jurisdiction where the applicant lives, the form must be signed and notarized. (A contact list of agencies by County is listed on the Board's website at <http://dhmh.maryland.gov/crccp>, under quick links titled: CPS Clearance Contacts).*** If you have lived in other states, you are also required to request the Child Protective Services from each state you have lived within the last 10 years. Positive results will require detailed explanations and court sealed records forwarded to the State Board.

***V. Residential Child Care Program Information***

If you are affiliated with a residential child care program, you must provide the agency's name, mailing address, and indicate the licensing authority for the program.

***VI. Release to process Residential Child and Youth Care Application***

All applicants must sign and date this section on the application. All applicants must complete the ***Third Party Release, if you plan to use an intermediary to receive information about the status of your application. (If you do not plan to use an intermediary, please write N/A).***

Active, inactive, or non-renewed licenses, certifications or registrations held by the applicant in **ANY** state, including Maryland. The form is available for download on the State Board's website.

**VII. Affirmation and signature**

This section affirms the information on the application, no willful misrepresentations or falsifications and that the information is true and complete to the best of your knowledge and belief. The State Board may verify any information on the application. Any willful misrepresentation is cause for immediate denial of the application or later revocation of certification.

Acknowledgment that the applicant has received, read and understands the Maryland Certification of Residential Child Care Program Professionals Act. ***Further practice as a Residential Child and Youth Care Practitioner without an active certificate is a violation of the Maryland Certification of Residential Child Care Program Professionals Act.***

In addition, this section provides information regarding the ***Notice of Mailing List***. The information collected on the certification application form and the certification renewal form is collected for the purpose 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 form, 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 that your name be omitted from such lists.

***Please Note: Applicant must sign application in front of Notary. Notary must sign, date, and place Notary Seal in circle, picture must be placed in box on the application. Application will be mailed back if this information is missing.***

## APPLICATION CHECKLIST

The State Board **WILL NOT** consider an application until it has received **ALL** required Documentation. Incorrect and incomplete applications will delay the review and approval process. If you submit an incomplete application, a \$5.00 processing will be charged.

Therefore, before submitting your application, please review the items below:

- Answered all questions on the Certification Application, signed and notarized the application
- Copy of DD214 – Military Preference (if applicable)
- Copy of Form DD2765 Identification and privilege card (if applicable)
- Copy of appropriate educational diploma, high school, Associate’s, Bachelor’s degree or higher.
- Completed State Licensure or Certification of Affidavit and forwarded to issuing entity (if applicable – if you hold any active, inactive, or non-renewed licenses, certificates or registrations in any State)
- Submitted a State and National Criminal History Record Check through the Maryland CJIS operated live scan fingerprint site
- Completed, notarized and mailed the Consent for Release of Information/Background Clearance Request, (CPS)/Adam Walsh Background Clearance to your local DHR/Social Services in the jurisdiction where you currently live.
- If you answered “yes” to any of the questions in the Felony and Professional Charges and Convictions section, provide a detailed, written explanation, and a certified copy of the police/court record and final disposition.
- Application fee of \$50.00 - check or money order payable to BCRCCP

Additional forms to submit with this application:

- Completed *OnSite RCYCP Program Orientation* form.

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### STATE BOARD CONTACT INFORMATION

#### MAILING ADDRESS:

**STATE BOARD FOR THE CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM  
PROFESSIONALS**

**Attention: RCYCP Application Review  
4201 Patterson Avenue – 4<sup>th</sup> Floor  
Baltimore, Maryland 21215**

**PHONE: (410) 764-5052**

**FAX: (410) 358-5674**

**TTY FOR DISABLED: (800) 725-2256**

**Website address: <http://dhmh.maryland.gov/crccp>**

**Email address: [dhmh.crccpa@maryland.gov](mailto:dhmh.crccpa@maryland.gov)**