

**STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

State Board for the Certification of Residential Child Care Program Professionals  
4201 Patterson Avenue • Baltimore, Maryland 21215  
Telephone – 410.764.5052 • Fax – 410 -358 -5674 E-Mail dhmh.crcpa@maryland.gov

**Change of Information Form**

Certified Residential Child Care Program Administrators and Residential Child Care and Youth Care Practitioners are required to notify the Board within 30 days of change in (1) Name of the certificate holder; (2) Home and address of the certificate holder; (3) Electronic mail address of the certificate holder, or (4) Name or address of employer or business connection of the certificate holder, **Fee schedule: COMAR 10.57.07.1 C**. The Board requires for name changes that appropriate documentation accompanying this form such as a copy of a marriage certificate, change of name certificate, etc. A change of information form may be downloaded from the Board's website.

**Failure to provide the Board with up-to-date and accurate information may constitute grounds for action under Health Occupations Article, §20-313, Annotated Code of Maryland.** Please note that this form may be returned by mail, fax or email to the Board.

<b>I. Effective Date of Change:</b>		
<b>II. Duplicate Certificate:</b> Do you want a new certificate printed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes you must include \$25 for a duplicate certificate with this form.</i>		
<b>II. Name of Certified Program Administrator or Residential Child Care Practitioner</b>		
Last Name	First Name	MI
Certificate Number:	Personal email Address: Work email Address:	
<b>III. Old Information:</b>		
Last Name	First Name	MI
<b>Remember to Forward Legal Documentation of a Name Change to the Board with this Request.</b>		
Address:		
City:	State:	Zip:
<b>III. New Home Information:</b>		
Home Address:		
City:	State:	Zip:
Telephone Number:	County:	
<b>IV. Employer or Business Connection Change:</b>		
Name:		
Address:		
City:	State:	Zip:
Telephone Number:	County:	

Date Application Rec'd: _____ Date Application Processed: _____ Approved: _____
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