STATE BOARD FOR THE CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM ADMINISTRATORS 4201 PATTERSON AVENUE • BALTIMORE, MARYLAND 21215

TELEPHONE - 410-764-5996 • FAX - 410-358-5674

WEB SITE: www.dhmh.state.md.us/crccp/

Please type or print legibly

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS FOR INDIVIDUAL PARTICIPATION

Note: If a program is approved by another Maryland State health occupation board, the program is automatically approved by the State Board for the Certification of Residential Child Care Program Administrators.

Continuing education must foster the improvement, advancement, and extension of the certified program administrator's professional skill and knowledge relating to residential child care administration.

Directions:

- Complete all sections of the Application.
- Enclose a copy of the program.
- Enclose a printed or typed self-addressed stamp envelope with this CEU request form.

Approval of a CEU request means that the program is approved for continuing education credit. This form is NOT sufficient for verification of your attendance at the program. You ARE responsible for obtaining a certificate of completion of the program to verify your attendance.

Name:						Certification Number:
Mailing Address:			City:		State:	Zip:
E-Mail Address:					Phone:	
Nature of Professional Activ	ity:					
O Workshop	O Seminar	O Self-Study	O Institutes	O Other, please spe	cifv:	
т		- 20- 20- 20			, -	
Sponsored by:						
Description of Activity	:					
Data of Antivity				L Location of Activity		
Date of Activity:				Location of Activity:		
Duration of Activity (N	lumber of hours ex	cluding lunch and breaks)				
			Attach a copy	of the program		
Signature				\overline{Da}	te	
FOR BOARD USE	ONLY:					
Application #		Program A	Approved: Y / N			
Date Received:		CEU Awa	rded:			
Date Reviewed:						