Maryland
DEPARTMENT OF HEALTH

STATE BOARD OF CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM PROFESSIONALS

4201 Patterson Avenue Baltimore, MD 21215 – 2299

Phone Number: 410-764-5996 Website: http://health.maryland.gov/crccp

FOR BOARD USE ONLY

Certificate Control # _____

Check # _____ Amount $ _____

Residential Child & Youth Care Practitioners Reinstatement

PLEASE MAKE CHECK PAYABLE TO BCRCCP

You are required by Health Occupations § 20-302.2 to participate in Board approved continuing education program. The required amount of continuing education hours is 20. The following must be completed and returned with your reinstatement fee for your license to be issued.

LICENSE NUMBER: _____ **LICENSE REINSTATEMENT FEE…...$ 50.00**

PERSONAL INFORMATION SECTION: PLEASE PRINT

LAST NAME

FIRST NAME

MIDDLE NAME / INITIAL

MAIDEN NAME

ADDRESS

CITY STATE ZIP CODE

HOME EMAIL ADDRESS _____

WORK EMAIL ADDRESS _____

Date of Birth:
Month Day Year
__ – __ – ____

Social Security Number:
___ – __ – ____

Sex: ☐ 1. Male ☐ 2. Female

Home Phone _____

Work Phone _____

Cell Phone _____

Are you currently working in a residential child care program? ☐ Yes ☐ No

Employer Name _____

Employer Address _____

City, State, Zip _____

LICENSING AUTHORITY:

☐ DJS ☐ OTHER

☐ DHR

☐ MDH

To further its commitment to equal opportunity, The Board of Residential Child Care Program Professionals requests applicants to provide, voluntarily, 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 Latin origin? ☐ Yes ☐ No

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Caucasian or White

☐ Other

QUESTIONS SECTION

This section must be completed for reinstatement of your license.

*If there have been **no new charges or convictions** since your initial certification or last renewal you do not need to submit a written explanation or court documents. You only need check the **"Yes"** box for previous charges.*

*If there are **new charges** (Attach a written explanation for any"Yes" answer). For Questions #4 and #5: provide a copy of (arrest and charges), court record and final disposition.*

Answering "Yes" to a question does not cause the Board to reject your application.

Yes	No		
☐	☐	1.	Have you provided professional services while under the influence of alcohol, a narcotic, a dangerous substance, or other drug that is in excess of therapeutic amounts?
☐	☐	2.	Has any State Licensing or Disciplinary Board, 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?
☐	☐	3.	Have you ever voluntarily surrendered a professional license due to violation of State licensing law?
☐	☐	4.	Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment for any criminal act excluding misdemeanor traffic violations)?
☐	☐	5.	Has a malpractice suite been filed against you or has a claim for damages been settled or awarded against you?
☐	☐	6.	Are there any outstanding complaints, investigations or charges pending against you in any State by any Licensing or Disciplinary Board or a comparable body in the Armed Services?
☐	☐	7.	Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice?
☐	☐	8.	Have you ever been denied a license, certification or registration to care for children?
☐	☐	9.	Have you ever been named as the perpetrator of child abuse or neglect by a State Agency after an investigation?
☐	☐	10.	Are you currently charged with a felony or misdemeanor?
☐	☐	11.	Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired?
☐	☐	12.	Have you completed and forwarded the Consent for Release of Information/Background Clearance form to your local jurisdiction where you reside for submission to the Board?
☐	☐	13.	Have you completed the Criminal History Record Check through Livescan for submission to the Board?

LICENSES, CERITIFICATIONS OR REGISTRATIONS HELD: (Please write N/A if you do not have any Licenses, Certificates or Registrations)

State	License / Certificate Number	Type of License	Original License / Certificate Date	History of Discipline
				☐ Yes ☐ No
				☐ Yes ☐ No

I hereby affirm that the information in this application contains no willful misrepresentation or falsification and 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.

Applicant's Name: _____

Date: _____ Applicant's Signature: _____