

**Maryland Police & Correctional
Training Commissions**

6852 4th Street, Sykesville, MD 21784 • (410) 875-3400

Please forward via email to:
MPCTCCertifications.dpscs@maryland.gov

MPCTC USE ONLY

FP Review: _____

Certification Number: _____

Marijuana Attribute Added
(if applicable)

PROV **FULL**

Date Certified: _____

APPLICATION FOR CERTIFICATION FOR JUVENILE SERVICES EMPLOYEE

APPLICANT (Please Type or Print clearly): **Required fields*

***Last Name:** _____

MI: _____

***First Name:** _____

Maiden/Former Name: _____

***Date of Birth:** _____

***Certification Number:** _____ - _____ - _____

***Date of Appointment:** _____

***Agency Name:** _____

Agency Code: _____

Original Certification (complete sections #1 thru #10)

Re-Certification (complete sections #3, 4, 5, 6, 9, 10 & 11)

Is applicant 18 years of age or older on date of appointment?

Yes

No

Position Title: Case Management Specialist

Resident Advisor

Juvenile Justice Support Staff

RANK/TITLE (COMAR 12.10.01.18)

Rank/Title: _____

Entry Level

1st Line Administrator

1st Line Supervisor

Above 1st Line Administrator

SECTION #1 - CITIZENSHIP STATUS (COMAR 12.10.01.04B)

U.S Citizen: *Place of Birth :* _____

Naturalized Citizen: *Date:* _____ *Number:* _____

Resident Alien: *Place of Birth :* _____

SECTION #2 - EDUCATION (COMAR 12.10.01.04C)

Resident Advisor: *High School Diploma/Transcript or Equivalency Certificate (GED):*

Name of School: _____ *Date:* _____

Case Management Specialist: *Name of College:* _____ *Date:* _____
(Baccalaureate Deg.)

OR Name of College: _____ *Date:* _____
(Associate of Arts Deg.)

AND Name of Person verifying education: _____ *Date:* _____

Juvenile Justice Support Staff: meets educational requirements of agency.

SECTION #3 - MEDICAL AND MENTAL HEALTH EXAMINATION (COMAR 12.10.01.04E)

Physically fit to perform the assigned duties:

Name of certifying professional: _____ *Date of exam:* _____

Mentally and emotionally fit to perform the assigned duties:

Name of certifying professional: _____ *Date of exam:* _____

SECTION #4 - DRUG SCREENING (COMAR 12.10.01.04G)

Drug Screening: _____
Name of testing laboratory *Date of exam*

SECTION #5 - CRIMINAL HISTORY (COMAR 12.10.01.05B)

Local check may be by N.C.I.C, all others by fingerprinting. Proof of Criminal History Check to be maintained at the agency:

FBI *Date:* _____ **State** *Date:* _____ **Local** *Date:* _____

Last Name:

MI:

First Name:

SECTION #6 - CRIMINAL GANG MEMBERSHIP (COMAR 12.10.01.05A)

A search for law enforcement information pertaining to Gang involvement has been completed for this applicant through Maryland Police and Correctional Training Commissions approved resource. Yes No

Was applicant ever a member of a criminal gang? Yes No Date search completed:

(If yes, information regarding gang membership must be reported to the Correctional Training Commission as supplemental information along with this form.)

SECTION #7 - MILITARY SERVICE (COMAR 12.10.01.05A)

Current military status (Type of Discharge if applicable): _____ Date: _____

No military service history - confirmed by (Name of Investigator): _____ Date: _____

SECTION #8 - CREDIT HISTORY (COMAR 12.10.01.15A)

Credit agency report: Credit agency name: _____ Date: _____

SECTION #9 - PRIOR SUBSTANCE ABUSE BY APPLICANTS FOR CERTIFICATION (COMAR 12.10.01.22)

Meets prior drug use standards excluding Natural Cannabis or Natural Cannabinoids

(Any Supplemental information must be submitted to MPCTC)

_____ All other drug use verified by

_____ Date

Meets Natural Cannabis or Natural Cannabinoid standards 12.10.01.22 C.(3)(a) Must select one:

Candidate never used Natural Cannabis or Natural Cannabinoids

12 or more months since last use of Natural Cannabis or Natural Cannabinoids: Date of last use (required): _____

Was the cannabis use lawful under Maryland law? Yes No

If applicable, Employee and Agency aware of Drug Testing Mandate

_____ Agency Representative

_____ Date

_____ Cannabis use verified by (Required for all candidates)

_____ Date

SECTION #10 - INTERVIEWS AND CONTACTS (COMAR 12.10.01.04F, 12.10.01.05A)

A minimum of 1 person must be interviewed/contacted in each category.

Oral interview with employing agency: Name: _____ Date: _____

Current/or other Prior employer (within last 5 years): Name: _____ Date: _____

Current/Past co-workers (within last 5 years): Name: _____ Date: _____

Personal references: Name: _____ Date: _____

Neighbors (within last 5 years): Name: _____ Date: _____

School background (within last 5 years): Name: _____ Date: _____

If additional contacts were made please attach a separate sheet with names, dates and for which category they were contacted and check here.

SECTION #11 - REAPPOINTMENTS (COMAR 12.10.01.08)

A brief explanation as to the circumstances surrounding the departure of the applicant from a previous correctional agency. Full detail must be maintained in the applying agency's background investigation file.

Name of former agency: _____ Date: _____

Name of person contacted at former agency: _____ Date applicant left: _____

Explanation: _____

If additional space is needed attach a separate sheet with additional information and check here.

I solemnly affirm under penalties of perjury that the contents of this document are true to the best of my knowledge, information and belief. I am aware that any misrepresentation or falsification of this information is a basis for rejection or revocation of certification by the Commission and may subject me to separate administrative or legal action, including, but not limited to prosecution pursuant to MD. Code Ann., Crim. Law §8-606 and/or §9-101. **Check box below to acknowledge that any and all supplemental information has been submitted to the Maryland Police and Correctional Training Commission's Certification Unit.**

Agency Head or Appointing Authority Name: _____ Signature: _____

Date: _____ Phone: _____ Email address for agency contact: _____