

**Maryland Police & Correctional  
Training Commissions**

6852 4<sup>th</sup> Street, Sykesville, MD 21784 • (410) 875-3400

Mail to: [MPCTC.Certifications@maryland.gov](mailto:MPCTC.Certifications@maryland.gov)

**MPCTC USE ONLY**

FP Review:

Certification Number:

Date Certified:

**APPLICATION FOR CERTIFICATION OF 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:

**THIS APPLICATION IS FOR:**

**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

Support Services

**RANK/TITLE (COMAR 12.10.01.18)**

Rank/Title: \_\_\_\_\_  
(if above Base Level)

Entry Level

1<sup>st</sup> Line Supervisor

Above 1<sup>st</sup> Line Supervisor

1<sup>st</sup> Line Administrator

Above 1<sup>st</sup> 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)**

**Youth Supervisor:** Name of School/College: \_\_\_\_\_ Date: \_\_\_\_\_

**Juvenile Counselor:** 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 – PHYSICAL EXAMINATION (COMAR 12.10.01.04E)**

**Physically fit to perform duties of a correctional employee:**

Name of certifying professional : \_\_\_\_\_ Date of exam: \_\_\_\_\_

**Mentally fit to perform duties of a correctional employee:**

Name of certifying professional : \_\_\_\_\_ Date of exam: \_\_\_\_\_

**SECTION #4 – DRUG SCREENING (COMAR 12.10.01.04G)**

**Drug Screening successfully completed.** \_\_\_\_\_  
Name of testing laboratory Date of exam

Last Name:

MI:

First Name:

**SECTION #5 - CRIMINAL HISTORY (COMAR 12.10.01.05B)**

Local check may be by N.C.I.C, all others by fingerprints:

FBI Date: \_\_\_\_\_  State Date: \_\_\_\_\_  Local Date: \_\_\_\_\_

**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 Date search completed: \_\_\_\_\_

Was applicant ever a member of a criminal gang?  Yes  No

If yes, information regarding gang membership is required to be reported to the Correctional Training Commission with this form.

**SECTION #7 - MILITARY SERVICE (COMAR 12.10.01.15A)**

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 \*Polygraph examiner: \_\_\_\_\_ Date: \_\_\_\_\_

\*Required for ALL DPSCS correctional officers. Other correctional employees may according to agency specific policy.

Meets prior marijuana use standards 12.10.01.22 C (3)(a). Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ or

Meets prior controlled substance use standards 12.10.01.22 C (3)(b). Verified by: \_\_\_\_\_ 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: \_\_\_\_\_

Personal references: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current/Prior employer (within last 5 years): Name: \_\_\_\_\_ Date: \_\_\_\_\_

Neighbors (within last 5 years): Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

School background (if applicable): Name: \_\_\_\_\_ Date: \_\_\_\_\_

No school contact because more than 5 years has elapsed since last school attendance.

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 hereby affirm under penalty of perjury that the information provided in this Application for Correctional Certification is true and accurate to the best of my knowledge and contains no willful misrepresentation or falsification. 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.

Agency Representative: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_