



**P.O. BOX 609 LINKWOOD, MD 21835-0609**

**Prevention Re-Certification / Upgrade Application**

Please print legibly or type, providing detailed information for all sections of this application. Incomplete applications will be returned. **Please note: it is the applicant's responsibility to report changes in addresses or contact information as they occur.**

I am applying for:     Re-Certification             Upgrade

Name: \_\_\_\_\_  
(As it should appear on your certificate)

Certification #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_             Male     Female

SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_            Education Level: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_  
   Street                            City                            State                            Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**CONSENT TO RELEASE INFORMATION**

**To the Maryland Association of Prevention Professionals & Advocates  
(MAPPa)**

1. I have presented full information concerning education, licensure, certification, accreditation, prior experience, special skills and certificates, as well as full disclosure / description of any unfavorable history or suspensions with regard to licensure and prior employment.
2. You are requested and permitted to seek from my present employer or any prior employer / institution / agency / person with which I have been associated; information concerning my professional competence and ethical character, including any knowledge or information as to whether my membership status or professional privileges have ever been suspended, revoked, reduced or not renewed at any other agency or institution.
3. I hereby authorize MAPPa to consult with the professional staffs of other facilities with which I have been associated and with any other persons who have information on competence, character and ethical qualifications.
4. I hereby consent to MAPPa's inspection of all records and documents that may be material to an evaluation for the certification requested.
5. I hereby release from liability all representatives of MAPPa for acts performed in good faith and without malice concerning the evaluation of my credentials.
6. I understand that any misrepresentation, deliberate erroneous information or omission of significant information relevant to my qualifications and competence for certification now or in the future will result in negative action by MAPPa, which may include denial of certification, suspension, revocation of certification or legal action.

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Printed Name of Applicant

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Signature

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Date