

**Maryland Police & Correctional  
Training Commissions**

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

Please forward via email to:  
[MPCTC.Certifications@maryland.gov](mailto:MPCTC.Certifications@maryland.gov)

**MPCTC USE ONLY**

FP Review Completed:

Certification Number:

Marijuana Attribute Added   
(if applicable)  
PROV  FULL   
Date Certified:

**APPLICATION FOR CERTIFICATION FOR CORRECTIONAL OFFICER**

APPLICANT (Please Type or Print clearly):

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)

Was applicant ever employed as a correctional officer in another state?  Yes  No If yes, enter name of state(s): \_\_\_\_\_

Is applicant 18 years of age or older on date of appointment?  Yes  No Will this candidate be authorized to use/carry a firearm?  Yes  No

Position Title:  Correctional Officer  Classification Counselor  Institutional Support Staff  
 Drinking & Driving Monitor  Parole & Probation Agent

**RANK/TITLE (COMAR 12.10.01.18)**

Rank/Title: \_\_\_\_\_  Entry Level  1<sup>st</sup> Line Administrator  
 1<sup>st</sup> Line Supervisor  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)**

Less than High School Diploma or GED (FOR INSTITUTIONAL SUPPORT STAFF ONLY)  
 High School Diploma/Transcript or: Name of School: \_\_\_\_\_ Date: \_\_\_\_\_  
 Equivalency Certificate (GED) or Military GED Name of School: \_\_\_\_\_ Date: \_\_\_\_\_  
 College Diploma/Transcript: Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

**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 through 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 12.10.01.05A)**

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)

\_\_\_\_\_ Date \_\_\_\_\_  
All other drug use verified by

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

Candidate Never Used Marijuana

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

If applicable Employee and Agency aware of Drug Testing Mandate

\_\_\_\_\_ Agency Representative Date

\_\_\_\_\_ Date \_\_\_\_\_  
Cannabis use verified by (Required for all candidates)

**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 correctional 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: \_\_\_\_\_