Confirmation of DENIED CERTIFICATION

CONFIDENTIAL

This completed form is to be returned to the Abuse Prevention Team in care of West Michigan Conference Center, PO Box 6247, Grand Rapids, MI 49516 at the conclusion of the screening.

The applicant, _____, has not satisfactorily met the qualifications to serve as a Care Provider in the West Michigan Conference. All documents and records obtained from the applicant have been returned to the applicant by certified mail. All other documents and records have been destroyed.

_____
Date

_____
Event Sponsor

_____
Person conducting the screening Telephone # Fax # Email Address

_____
Event Director or Designee Telephone # Fax # Email Address

_____
Applicants Address

_____
City State Zip

_(_____)_____(_____)_____
Telephone # Fax #

_____
Email Address

_____
Person completing screening & Position

_____
Address

_____
City State Zip

_(_____)_____(_____)_____
Telephone # Fax #

_____
Email Address

Return Completed Form To:
The West Michigan Conference
PO Box 6247
Grand Rapids, MI 49516-6247
Attention: Ann Buck
616-459-4503
abuck@wmcumc.org

[POLICY Section I.E.5.]

_____
Printed Name of person receiving this completed document

_____
Signature of person receiving this completed document

_____
Date