

# Confirmation of APPROVED 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



## ONLY ONE APPLICANT PER FORM

The applicant \_\_\_\_\_ (**one applicant only**), satisfies all of the qualifications to serve as Care Provider. In my judgment, he/she does not represent any potential threat of becoming involved in any act or conduct related to child abuse or violating any provisions contained in the Abuse Prevention Policy. I would recommend that he/she be approved as a Care Provider with the following limitations: (If no limitations, write "None" below)

\_\_\_\_\_

\_\_\_\_\_

### All requested information must be provided to receive Certification:

\_\_\_\_\_  
**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:**  
West Michigan Conference  
ATTN: Ann Buck  
PO Box 6247  
Grand Rapids, MI 49516-6247  
616-459-4503, [abuck@wmcumc.org](mailto:abuck@wmcumc.org)