



WEST MICHIGAN CONFERENCE OF THE UNITED METHODIST CHURCH

Confirmation of **APPROVED CERTIFICATION**

ONLY ONE APPLICANT PER FORM (to be completed by Event Director)

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 Card:

Applicant's Address

City State Zip

() ()
Telephone # Fax # E-Mail Address

Person completing screening and position

Address

City State Zip

() ()
Telephone # Fax # E-Mail Address

Abuse Completion Training Date: _____ **Abuse Trainer:** _____
Event Organizer: _____

Return Completed Form to:

West Michigan Conference, ATTN: Pamela Stewart, P.O. Box 6247, Grand Rapids, MI 49516-6247

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.