West Michigan Conference of the United Methodist Church

Confirmation of DENIED CERTIFICATION (to be completed by Event Director)

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, per Policy.

_____ _____

Date Event Sponsor

Person conducting the screening Telephone # Fax # E-Mail Address

Event Director or Designee Telephone # Fax # E-Mail Address

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

_____ _____

Printed Name of person receiving this completed document Date

RETURN COMPLETED FORM TO:

THE WEST MICHIGAN CONFERENCE, P.O. BOX 6247, GRAND RAPIDS, MI 49516-6247

ATTN: PAMELA STEWART [616/459-4503] [pstewart@wmcumc.org

_____ _____

Signature of person receiving this completed document **Date**

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