

Missouri Credentialing Board

(573) 616-2300
(573) 616-2303 (FAX)

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428 E. Capitol, 3rd Floor
Jefferson City, MO 65101

Dear Applicant:

Following is the **Child Abuse/Neglect Statement** that must be filled out and returned with your application for a MCB credential.

Additional items that should be included with this form are:

- 1) If you were put under any type of court supervision due to the incident, provide verification that you are completely off of any court supervision.**

All materials submitted to the MCB will be considered during your application review. The Board reserves the right to deny an application based on past history of child abuse/neglect cases. However, the Board also recognizes that people and circumstances do change. Consequently, a past child abuse/neglect case does not mean that an application will not be approved. The authority to make this decision rests solely with the Board.

If you have any questions, please feel free to contact the MCB Board office at 573-616-2300.

Sincerely,
Stacey Langendoerfer
Director

CHILD ABUSE/NEGLECT STATEMENT

NAME: _____

Child Abuse/Neglect related incident(s) and date(s): _____

DFS action taken: _____

State where incident happened: _____

If incident occurred in state other than Missouri, please request a report from that state and submit with this statement.

Are you presently under court supervision of any kind? _____
(You may not apply for a MCB credential while under court supervision)

Provide details related to the incident(s):

Describe what actions you have taken since the last incident to ensure that a child abuse/neglect incident does not happen again in the future:

Use this space to make any other comment or statement regarding any prior DFS incident(s) and your life since:

APPLICANT'S SIGNATURE:

Your signature assures that all of the information that you provided in this form is complete and true and that you accept the Board's responsibility and authority to approve or not approve any application for credentialing by the Board.

Applicant's Signature

Date