



CDCORP APPLICATION

Certified Disaster Crisis Outreach & Referral Professional

298 S. Progress Avenue, Harrisburg, PA 17109
Phone: 717-540-4455 | Fax: 717-540-4458
www.pacertboard.org | info@pacertboard.org

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.

REQUIREMENT	DOCUMENTATION	✓
Application Page & Fee	<ul style="list-style-type: none"> Page 4 	
Experience & DCORT Team Information	<ul style="list-style-type: none"> Page 4 	
Trainings	<ul style="list-style-type: none"> Copies of trainings 	
Acknowledgement & Release	<ul style="list-style-type: none"> Page 5, notarized 	
ID Photo	<ul style="list-style-type: none"> JPEG of ID photo from County or Employer 	
Disciplinary actions?	<ul style="list-style-type: none"> Include letter of explanation with application. 	
Convicted of a felony?	<ul style="list-style-type: none"> Include letter of explanation with application. 	
Copy entire application for records		

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- Email:** info@pacertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of your application, email info@pacertboard.org.*

REVIEW & APPROVAL PROCESS

- Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
- Staff reviews application. Allow 5- 10 business days for review and processing of your application.
- Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your email legibly.
- If you have not heard from the Board regarding your application, check the Credential Search on the website. If your name does not appear after 10 business days, email info@pacertboard.org.
- A certificate will be mailed to you automatically within 5-10 business days.

APPLICATION INFORMATION

APPEAL PROCESS

The purpose of appeal is to determine if the Board accurately, adequately and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

CERTIFICATION TIME PERIOD

Certification encompasses five (5) calendar years beginning on the date the application was approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number. Applicants will also be issued an ID card.

FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through the Board does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every five years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

SERVPA

If you would consider volunteering for emergency disaster response efforts, SERVPA is your secure, confidential volunteer registry site. Registering through SERVPA simply tells them that you are open to the idea of volunteering in case of an emergency. You can sign up at www.serv.pa.gov.

CDCORP REQUIREMENTS

Prior to submitting your application, applicants must have all requirements completed and documented.

EDUCATION

Specific education is required for CDCORP. Trainings can be done in person or online. Out of state trainings are acceptable.

- National Incident Management Systems (NIMS) or Incident Command System (ICS) 100/700
- Disaster Crisis Outreach and Referral Team training (DCORT)
- Psychological First Aid (PFA)

FEE

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application fee is refundable if application is denied. If an employer or organization is paying the application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

- **Application Fee: \$60** *(fee must accompany application and materials)*

PCB APPLICATION FOR CDCORP

Form can be completed and saved. You may then print the appropriate pages to submit to PCB.

TYPE OR PRINT LEGIBLY

Date: _____ DOB: _____ Male Female Self-identify _____

Name: _____ SSN: (last four) _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____
PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

Employer: _____ Position/Title: _____

DCORT Team Leader: _____ Email: _____

DCORT Team County: _____

Languages spoken: _____

Have you ever received any disciplinary action from another certification/licensing authority? Yes No

If yes, provide full details on a separate sheet.

Have you read and understood the PCB Code of Ethical Conduct? Yes No

The Code of Ethical Conduct is located at www.pacertboard.org, and click on Ethics.

Military Experience: Not Applicable Active Veteran

Ethnicity: American Indian or Alaska Native Asian Black or African American Caucasian Hispanic Latino
 Native Hawaiian or Other Pacific Islander Not specified: _____

Clearances (check all that apply): Act 13 Act 33 Act 34/114 Criminal Background Check
 Not specified: _____

Highest level of education: High school diploma/GED Associates Bachelors Masters Doctorate

PAYMENT INFORMATION

FEE OF \$60 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):

Check Money Order VISA MasterCard Discover American Express

Checks & Money Orders made payable to PCB

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
(If different than Home Address)

Email for receipt *(if paying by credit card only)*: _____

CDCORP APPLICATION ACKNOWLEDGEMENTS & RELEASE

This page must be completed by the applicant. It must be notarized and submitted with the application.

RELEASE

I request that the Pennsylvania Certification Board (PCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the PCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my credential. Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by PCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize PCB to gather information from third parties regarding education and employment and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.

INITIAL EACH STATEMENT

_____ I have read and understood the Release.

_____ I either live or work in Pennsylvania at least 51% of the time.

_____ I understand one-half of the application fee is refundable if application is denied.

_____ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

_____ I understand that if I request to have my application re-reviewed for another credential PCB offers prior to the examination, or after an unsuccessful attempt at the examination I will incur a \$50 change/review fee.

Applicant: _____ Signature: _____ Date: _____
PRINT NAME LEGIBLY

NOTARY PUBLIC ONLY

Name: _____ Date: _____

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

Notary Public Signature **SEAL:**