Verification for Multi-Site Administrative (MSA) Access

This is not the application – See steps below

Individuals with OEC Registry administrative access must be employees of the program (not consultants). They have access to the program's tools, such as: employment information **including wages** and some profile information for employees of the program, ability to enter specific information about the program such as classroom names, ages served, staff member roles within the rooms, and program reports.

Use this multi-page form if you will be applying for access to multiple programs.

Steps:

1. **Verification:** Upload this completed muti page form to your Registry account (My Documents > Standard Documents > Verification of Administrative Access). After the document status is verified (check My Documents), you may apply.
2. **Apply:** Log in to your Registry account, go to My Role Applications > Apply for Admin Access and follow the prompts to apply for access to each program on these pages. Use the Instructions > Program Administrators under the log in for full details and guidance about the program's tools.

Your name:	
Your Registry ID # (9 digits):	
Your phone #:	Your email address:
Your job title at this program:	
Do you own the program? ☐ No ☐ Yes, I am the sole owner; there is no board chair or co-owner of this program.	
Are you an OEC School Readiness liaison or OEC AQIS facilitator? ☐ No ☐ Yes	
The undersigned affirms that the information provided on this form is true, accurate and complete under penalties of false statement pursuant to Conn. Gen. Stat. section 53a-157b.	
Your signature:	Date:

First Program Information

Program's license/legal name:	
Program's license # if licensed:	Is program license exempt? ☐ Yes ☐ No
Program's address:	
Program's town:	

Supervisor/Owner information and attestation; must be signed AFTER all sections above are completed; skip if you are the sole owner of the program. Supervisor = the person to whom the applicant reports (i.e., director, BOE board chair).

Supervisor/Owner's name:	
Supervisor/Owner's job title at program:	
Supervisor/Owner's phone #:	Email:
Are you an OEC School Readiness liaison or OEC AQIS facilitator? ☐ Yes ☐ No	
I attest to being the applicant's supervisor or program owner. _____ **Initial here**	
I attest to authorizing the applicant to have administrative access to the program listed above in the OEC Registry. I have the authority to do so. I understand the scope of access. _____ **Initial here**	
The undersigned affirms that the information provided on this form is true, accurate and complete under penalties of false statement pursuant to Conn. Gen. Stat. section 53a-157b.	
Supervisor / Owner's Signature:	Date:

Continue on next page

Most fields on this form can be typed if you would like; then print the form for signatures and initials (or DocuSign)
This form is valid for 30 days from Supervisor's signature.
OEC Registry staff may randomly audit Verification forms and contact the applicant and/or verifying individual.
Please note: the OEC may audit verification forms

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Verification for Multi-Site Administrative (MSA) Access – page 2

- Complete information for each additional program for which the applicant will be applying for access. Use an additional page 2 if applying for access to more programs.
- Remember this is not the application, this is supporting documentation for the application. See Steps on page 1.

Program Information

Program's license/legal name:	
Program's license # if licensed:	Is program license exempt? ☐ Yes ☐ No
Program's address:	
Program's town:	

Program Information

Program's license/legal name:	
Program's license # if licensed:	Is program license exempt? ☐ Yes ☐ No
Program's address:	
Program's town:	

Program Information

Program's license/legal name:	
Program's license # if licensed:	Is program license exempt? ☐ Yes ☐ No
Program's address:	
Program's town:	

Program Information

Program's license/legal name:	
Program's license # if licensed:	Is program license exempt? ☐ Yes ☐ No
Program's address:	
Program's town:	

Program Information

Program's license/legal name:	
Program's license # if licensed:	Is program license exempt? ☐ Yes ☐ No
Program's address:	
Program's town:	

The undersigned affirms that the information provided on this form is true, accurate and complete under penalties of false statement pursuant to Conn. Gen. Stat. section 53a-157b.

Applicant's name:	
Applicant's signature:	Date:
I attest to being the applicant's supervisor or program owner. _____ **Initial here**	
I attest to authorizing the applicant to have administrative access to the program listed above in the OEC Registry. I have the authority to do so. I understand the scope of access. _____ **Initial here**	
Supervisor/Owner's name:	
Supervisor / Owner's Signature:	Date:

Most fields on this form can be typed if you would like; then print the form for signatures and initials (or DocuSign) This form is valid for 30 days from Supervisor's signature.

OEC Registry staff may randomly audit forms and contact the applicant and/or verifying individual.

Please note: the OEC may audit verification forms

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