Multiple Attendees Training Submission

1. Use this form ONLY to report successful completions of the <u>same</u> **First Aid**, **CPR** or **Medication Administration** training for multiple attendees to the OEC Registry FROM THE SAME PROGRAM. **(Must be the** ☐ **same date** ☐ **same time** ☐ **same trainer** ☐ **same training)**

2. Do NOT attach all the individual completion cards or certificates. Individuals must retain their own cards / certificates.

3. Ensure all information is **complete and legible**. Attendees missing information will not be recorded in the Registry.

4. **Admin /MSA access users: Upload this form to Program Administration > Program File Manager > Upload New Document.**

5. Individuals may view completions in their Education and Training Report. Individual email confirmations will not be sent.

6. For quality assurance purposes, you must attach **one completed certificate** from the training (American Heart Association's Pediatric Total First Aid CPR AED requires a certificate and a supplemental materials page).

Training Name (official training name including vendor, i.e. American Red Cross Connecticut Child Care and Pediatric CPR, etc.):	
This training is (check only one box) ☐ First Aid ☐ CPR ☐ Both First Aid and CPR ☐ Medication Administration ☐ Emergency / Anaphylaxis Meds ☐ Both Medication Admin AND Emergency / Anaphylaxis Meds	
Is training OEC Approved for licensing? ☐ Yes ☐ No (Note that OEC Approved is required for license exempt programs receiving Care4Kids)	
Training Date:	# Training Hours:
Training Expiration (note different expirations for combination trainings):	
Training Location:	
Trainer Name (not employer name):	
Trainer Phone #:	Trainer Email Address:
For med admin trainings: trainer's license and license number	License number: And indicate: ☐ MD/DO ☐ R.Ph. ☐ PA ☐ APRN ☐ RN
Name of person uploading this form:	
Uploader's Phone #:	Uploader's Email:
Are attendees from the same early childhood program?	
If yes: <u>program's 1</u>-4-digit Registry ID# and legal name of the program	

Trainer: Please cross out / black out any unused rows. Add another page as needed.

Attendee name (First and Last; as it appears in the Registry account)	9-digit OEC Registry ID# (#s start with 100; <u>missing / incorrect #s will not have an entry</u>)

I, _____(print Trainer Name), certify that the above _____ (#) individuals have successfully completed the identified training on the identified date. I understand that the Office of Early Childhood has the right to request additional verification as needed.

Signed (Trainer): _____ Date: _____