

Verification for Administrative Access / Multi Site Administrative (MSA) Access

See **Instructions – Administrators** under the login area of the homepage www.ccacregistry.org.
 Prior to sending this form, the applicant **MUST** ensure the following are correct in their Registry profile: name, email address, phone numbers. Place of employment **CANNOT** be Currently Unemployed or a non-program option. Refer to the instructions.

Individuals with administrative access can view the profiles of all employees of the program, confirm employment information (including wages), and are the users who enter specific information about the program (classroom names, ages served, staff member roles within the rooms, etc.). **An administrator of multiple sites is referred to as a Multi Site Administrator (MSA).**

This form MUST be completed by the applicant’s supervisor or program owner.

Please fax this completed form to the Registry unit at 860-713-7040.

The applicant must then log in to the Registry account and request Admin / MSA Access.

Name of applicant requesting Admin / MSA Access: _____
Applicant’s Registry ID # (do NOT send this form if applicant has no account): _____
Job title of applicant: _____
Is applicant the program owner? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is applicant a School Readiness liaison or facilitator? <input type="checkbox"/> No <input type="checkbox"/> Yes

Program’s legal name: _____
Program’s license # if licensed: _____
Program’s address: _____
Program’s town: _____
Program is license exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No

If this form is accompanying a **Multi Site Administrative (MSA) access request**, please add another page on program letterhead that identifies additional programs and program information, and is also signed by the authorizing party.

Supervisor / Owner Verification

I authorize the above named applicant to have administrative access to the program listed above in Connecticut’s Early Childhood Professional Registry. I have the authority to do so. I understand the scope of access.

Supervisor / Owner’s Name: _____
Supervisor’s Job Title at Program: _____
Supervisor’s Signature: _____
Supervisor’s Phone #: _____
Supervisor’s Email: _____
Is Supervisor a School Readiness liaison or facilitator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____

Please note: As a quality control measure, the OEC Registry staff will randomly audit verification letters and contact the authorizing individual.