Connecticut Early Childhood Professional Registry



Applicant: Fill-in this information about yourself:

450 Columbus Boulevard, Hartford, CT 06103

www.OECregistry.org

Qualified Staff Member: QSM Supervisor Agreement Attestation

Legislation allows certain individuals to be designated as the Qualified Staff Member (QSM) in a classroom of an OEC funded program for Early Start Connecticut if they are supervised by a qualifying individual (QSM Supervisor). See <u>General Policy A-01</u> for full detail. Use this form to document an Applicant/QSM Supervisor agreement.

Steps:

- 1. Complete and upload this fully completed form in the Applicant's OEC Registry account: Standard Documents > QSM Supervisor Agreement Attestation.
- 2. Applicant: Make sure your earned credits / degrees are uploaded to your account and keep your account up to date.
- 3. **QSM Supervisor:** Make sure your earned credits / degrees are uploaded to your account and keep your account up to date.
- 4. OEC Registry staff will verify this form and then tag the eligible QSM Supervisor to the Applicant, allowing the program's administrative access user to tag the Applicant as a designated QSM in a classroom.
 - a. Note that if the QSM Supervisor's eligibility changes (i.e., teacher certification expires, or for a licensed center: if QSM Supervisor no longer works at the same program as the Applicant), the Applicant will no longer be a designated QSM.

Legal name:			
Registry ID # (9 digits starting with 100):			
Phone #:	Ei	Email address:	
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Applicant: Fill-in this information about whe	re you work:		
Program name:			
Program license number:			
Program address:			
Program city:	Program phone number:		
QSM Supervisor: Fill-in this section			
QSM Supervisor's legal name:			
QSM Supervisor's Registry ID # (9 digits star	rting with 100):		
QSM Supervisor's phone #:	Q	SM Supervisor's email address:	
The undersigned affirms that the informati	on provided on t	this form is true, accurate and con	nplete under penalties of
false statement pursuant to Conn. Gen. Sta	nt. section 53a-15	57b.	
Applicant: By signing, I agree to the attestation statement above.		Signature Date:	
Applicant's signature: (hard signature or DocuSign only)			
QSM Supervisor: By signing, I agree to the attestation statement above and I agree to be the			Signature Date:
QSM Supervisor for this Applicant according to <u>GP A-01</u> . I may revoke this status at any time			
by contacting the OEC Registry.			
QSM Supervisor's signature: (hard signature or DocuSign only)			