

<b>Verification of Prior Program Administration Experience</b>
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**This is not the Education Consultant application – See steps below**

Individuals applying to be an Education Consultant for a Connecticut licensed center or group home must have **one or more years** (depending on education qualifications) overseeing and managing a legally operating child care center that meets standards comparable to those in Connecticut. Use this form to document your experience.

**Steps:**

1. Upload your education qualifications, a current resume, and this fully completed form in your OEC Registry account (for this form: upload in My Documents > Standard Documents > Verification of Prior Program Administration Experience).
  - a. Remember to attach your job description for this experience.
  - b. Be sure all fields are completed and include signatures (hard signature or DocuSign).
2. When all of your required documents have been uploaded to your OEC Registry account and verified (check status in My Documents; check email status updates in My Messages), you can apply via your account under My Role Applications.

Your legal name:	
Your Registry ID # (starts with 100):	
Your phone #:	Your email address:
<b>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.</b>	
Your signature:	Date:

**Fill-in this information about the program where you earned experience administering the program.**

**Note: use one form per job / role.**

Program legal name:		
Program license status: <input type="checkbox"/> licensed <input type="checkbox"/> license exempt		If licensed: license #:
Program address:		
Program city and state:		Program zip code:
Your job title as administrator of the program:		
Duration of your administrative role: Start date	End date	Total # weeks
Ages of children served during your administration:		
REQUIRED: Attach the job description of your role at this program. Check here to indicate attachment: <input type="checkbox"/>		

**Verifier's information and attestation; must be signed AFTER all sections above are completed.**

Verifier's legal name:	
Verifier's role in relation to applicant's experience:	
Verifier's address:	
Verifier's city and state:	Verifier's zip code:
Verifier's phone #:	
Verifier's email address:	
<b>I attest to this person's administrative experience and timeframe as stated above: _____ (initial to verify)</b>	
<b>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.</b>	
Verifier'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 Verification forms and contact the applicant and/or verifying individual.

V3: 10-2024