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.

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:	
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
Sender's Name (if different from trainer)	
Sender's Phone #:	Sender's Email Address:
Are attendees from the same early childhood program?	
If yes, identify the program's 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)	OEC Registry ID# (All ID#s start with 100; missing or incorrect IDs will not have an entry)

I, _____(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: