



Multiple Attendees Training Submission

- 1. Use this form ONLY to report successful completions of the same 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 in order to use this form.)
2. This form is NOT to be used for Thrive! training completed under the OEC's Quality Improvement System with United Way.
3. Do NOT attach or send individual completion cards or certificates. Individuals must retain their own cards / certificates.
4. Ensure all information is complete and legible. Attendees missing information will not be recorded in the Registry.
5. Fax this form to 860-713-7040.
6. Individuals may view completions in their Education and Training Report. Individual email confirmation will not be sent.

Form with fields: Training Name (official training name including vendor, i.e. American Red Cross, etc.):, This training is (check only one box) First Aid CPR Both First Aid and CPR Medication Administration Emergency / Anaphylaxis Meds Both Medication administration 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:, 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.

Table with 2 columns: Attendee name (First and Last; as it appears in the Registry account), OEC Registry ID# (www.ccacregistry.org; all ID #s start with 100). Multiple rows for attendee information.

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: