

## Michigan Online Education Certification System (MOECS) Access Form for Educational Service Providers or Management Organizations.

**Step 1.** Each assigned personnel must have a Michigan Education Information System (MEIS) account to complete this form. **If you have a MEIS account or have access to MOECS for business/personal use, there is no need to create a new account. Go to Step 2.** 

If you do not have a MEIS account, go to the <u>MEIS login page</u>, click "Create a New MEIS Account" and follow the directions to set up your account.

Step 2. Individual	Requesting Authorization Information:
Name:	
	ce Provider or Management Organization:
Title:	
MEIS Account Nu	nber:
	icate the charter school that you need access a list if you need more room.
School Name:	

$Step\ 4.$ Please check each item below you are requesting. Requests are subject to approval of the Office of Educator Excellence.
□ View Certificates/Permits
□View Certificates/Permits
□ Reports
□ Permit Report
□ Annual Authorizations Report
□ Approval Rosters Report
□ Permits/Renewals
□ Substitute Permit
□ Full-Year Basic Substitute Permit
□ Expert Substitute Permit
□ Extended Daily Substitute Permit
□ Full-Year Shortage Permit □ School Administrator Permit
□ School Social Worker Permit
□ Pay Fee for Permit
□ Manage Permits
□ Career and Technical Education Authorizations/Renewals
□ Apply for Career and Technical Education Renewals
☐ Manage Career and Technical Education
□ Pay Fee for Career and Technical Education
☐ School Nurse Certificate/Renewals
□ Apply for School Nurse Certificate/Renewals
☐ Credential Data Exchange
□Upload Credential Data Exchange
□View Update Status
☐ Manage Demographics
□View Demographics
□ Edit Demographics
□Add Demographics

□ Approvals	
□Apply Approval	
□ Process Approval	
□Pay Fee for Approval	
□ Download Approval	
Step 5. In order to receive authorization to acc	ess MOECS, the user must sign this agreement.
	my user ID is my responsibility. I agree to comply governing records maintained on individuals. A
Please be advised that this authorization does not	allow you to apply for permits on your own behalf.
Signature of Individual Requesting Authorization	n Date
Step 6. Educational Service Provider or Manag	gement Organization Chief Executive Officer:
Name:	Title:
Email:	<u></u>
I attest that the authorized user listed in Step 2 h checked functions on behalf of the Educational S	as authorization to access MOECS and perform the ervice Provider or Management Organization.
Signature of Chief Executive Officer	Date
Print a copy of this form and retain in case	e of audit.

Print a copy of this form and retain in case of audit.

 ${\bf Please\ email\ this\ completed\ form\ to\ \underline{MDE-EducatorHelp@Michigan.gov}}$