



Special Education Personnel Approval Agreement for Public School Academies

Michigan Online Educator Certification System (MOECS) Account Authorization to Process Special Education Personnel Approvals

Public school academies (PSAs) use the Michigan Online Educator Certification System (MOECS) to process approvals for special education personnel.

Authorization may only be granted once this form, **specific to Special Education Personnel Approvals**, has been approved by the Michigan Department of Education, Office of Special Education.

A separate form must be completed for each user in your school district.

Author: Michigan Department of Education, Office of Special Education

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Step 1: Michigan Education Information System (MEIS) Account

Assigned personnel must have a Michigan Education Information System (MEIS) account as a school district to complete this form. If you do not have a MEIS account as a school district, go to the [MEIS website](http://www.michigan.gov/meis) (www.michigan.gov/meis). Click on the MEIS logo. On the next screen, click on "Create a New MEIS Account" and follow the directions.

Step 2: School District/School Information

Public School Academy Code _____

Public School Academy Name _____



Step 3: Authorized User Information

Identify who will process Special Education Personnel Approvals.

A PSA staff member.

An individual assigned by the PSA Board of Education President with approval from the board members. Choose an option listed below:

- 1) Authorizer of Public School Academy
- 2) Designated Board Member
- 3) Intermediate School District (ISD)
(may only be selected if ISD is in agreement)
- 4) Designated individual at the Management Company
(only available when extenuating circumstances make all other options inviable)

Name _____

Email _____

Phone _____

User's Title _____

Authorized User's MEIS Account Number _____

Authorized User's MEIS Account Login Name _____

Step 4: Requesting Individual Signature

As an authorized user of MOECS, I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility. I agree to comply with the requirements of the Privacy Act of 1974 governing records maintained on individuals.

Signature of Individual Requesting Authorization

Date



Step 5: PSA Board of Education President Information

Name _____

Title _____

Email _____

Phone _____

I attest that the above-named individual has authorization to access MOECS and perform the function of processing Special Education Personnel Approvals on behalf of the Public School Academy listed above. I understand that in the event that an approval is not processed or fee no paid, as required by the Administrative Rules for Special Education, fiscal penalties and/or other consequences may apply to the Public School Academy as determined by the Michigan Department of Education.

Signature of PSA Board of Education President

Date

Step 6: Submit Form

Mail, fax, or email this signed form to:

Julie Markham
Michigan Department of Education, Office of Special Education
P.O. Box 30008
Lansing, Michigan 48909
Fax: 517-373-8414
Email: markhamj@michigan.gov