



# Special Education Personnel Approval Agreement for Teacher Preparation Institutions

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

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Teacher preparation institutions use the Michigan Online Educator Certification System (MOECS) to verify the qualifications of special education personnel being hired by districts and schools.

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

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

**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 to complete this form. If you do not have a MEIS account, 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: College/University Information**

College/University Code \_\_\_\_\_

College/University Name \_\_\_\_\_



**Step 3: Authorized User Information**

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: Teacher Certification Officer/Chief Administrator 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 college/university listed above.

\_\_\_\_\_  
Signature of Teacher Certification Officer/Chief Administrator

\_\_\_\_\_  
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](mailto:markhamj@michigan.gov)