ADMINISTRATOR & BOARD MEMBER REGISTRATION FORM FOR GROUP AGENCY

PROVIDER: _____ **FEDERAL ID#** _____

TITLE/ROLE	NAME	EMAIL	PHONE	*DVR USE ONLY: DATES OF APPROVAL*
ADMINISTRATOR				
FINANCIAL OFFICER				
DIRECTOR				
BOARD MEMBER				
BOARD MEMBER				
BOARD MEMBER				

Add additional lines as needed.

ADMINISTRATOR Chief Executive Officer - The highest level individual responsible for the day-to-day operations of the providing agency

FINANCIAL OFFICER Chief Financial Officer - The highest level individual responsible for the financial operations of the providing agency (if applicable and different from Administrator)

DIRECTOR Members serving on the Board of Directors (if applicable)

*Only list the administrator if the same individual will serve as administrator, financial officer and director.

If amendments are made to the above-named roles after registration. A new form must be completed with updated or new personnel; all new personnel must be background screened. Send to vrbackgroundchecks@vr.fldoe.org or fax to 850-245-3394.