



The Commonwealth of Massachusetts
Commission for the Protection of Persons with Disabilities
300 Granite Street | Suite 404 | Braintree | Massachusetts | 02184



Commission for the Protection of Persons with Disabilities Abuser Registry
Employer Application and Authorized Access Administrator Appointment

Disclaimer: By completing this form, you affirm that you are authorized by your organization to serve as or appoint an Authorized Access Administrator and/or authorize employees in your organization to access the Commission for the Protection of Persons with Disabilities (CPPD) Abuser Registry. The CPPD is not responsible for any unauthorized use of the Abuser Registry by the employee appointed by you as listed below or by user accounts authorized by the employee you appointed. Each organization is limited to one Authorized Access Administrator who is responsible for monitoring appointed users in their organization. All appointed users of the CPPD Abuser Registry must be employed by your organization.

Employer Name: _____
Address: _____

Authorized Access Administrator

The Authorized Access Administrator is the sole person designated by your organization to create and monitor CPPD Abuser Registry user accounts.

I appoint the following person to serve as the Employer's Authorized Access Administrator:

Full Name: _____
Email: _____
Phone Number: _____
Job Title: _____

I hereby affirm that the information above is accurate to the best of my knowledge, and that I am authorized by my organization to appoint employees to access the CPPD Abuser Registry on behalf of my Employer named above.

I also affirm that my organization qualifies as an "employer" pursuant to M.G.L. c. 19C, §15 because my organization: (1) contracts with; (2) is licensed by; or (3) is funded by, the Department of Developmental Services.

(Signature)

Full Name: _____
Email: _____
Phone Number: _____
Job Title: _____

