



West Virginia STARS
Early Care and Education
Professional Development System

For office use only:

Date Received _____

Date Entered _____

National Organization Online STARS Training Submission Form

Please submit this form completed along with the following to the National Organization Training Contact:

- Attached Training Certificate verifying course completion.

Name		Registry Identification #	
Name of Training			
Name of Training Organization			
Name of Presenter (if applicable)			
Date of Completion			

I hereby agree that the information provided in this form is complete, accurate, and acknowledge it will be entered in the WV State Training and Registry System. I understand that the National Organization is solely responsible for the addition of training credit to the online data system within 5 business days of the receipt of this request and confirmed attendance. Questions regarding the issuing of training credit should be submitted to the National Organization contact.

Signature of Participant

Date