



## WV STARS Instructor Acknowledgement Form

I, \_\_\_\_\_, understand that the following information will be required by the Presenter/Trainer registering the training or any Presenter/Instructor that will be presenting. Furthermore, I understand that I am obligated to ensure attendance records are submitted within 5 business days of training completion.

Information required to be submitted includes the following:

Instructor/Presenter First Name \_\_\_\_\_

Instructor/Presenter Last Name \_\_\_\_\_

\*Instructor/Presenter Display Name \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Biography: (Brief description of professional qualifications)

\*These items will be viewable to Participants from any course/training that they are associated to.

Signature of Trainer/Presenter \_\_\_\_\_

Date \_\_\_\_\_

