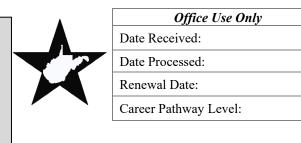
Entity Approved Professional Development Provider Profile Sheet



WV STARS

West Virginia State Training and Registry System

Please submit this application completed in blue/black ink to WV STARS:

| I. Applicant Information | | | | | |
|---|-----|---|------------------------|------------------|--------------|
| Assigned Registry Identification Number: | | | | | |
| | | | | | |
| First Name: | MI: | Last Name: Pre | | vious Last Name: | |
| Date of Birth (mm/dd/yyyy): | | | | | |
| Date of Birth (fillinder yyyy). | | Social Security Number: (Last 5 digits) X X X - X | | | |
| Mailing Address: | | | | | |
| City: | | State: | Zip Code: | | County: |
| City. | | State. | Zip Code. | | Jounty. |
| Primary Phone Number: | | | Primary Email Address: | | |
| () Professional Development Provider Credential Type: | | | | | |
| □ Professional Development Provider | | | | | |
| | | | | | |
| □ Specialty Professional Development Provider - <i>I</i> hold a professional license, certificate, or credential in an area of expertise excluding the early care and education field*. | | | | | |
| | | | | | |
| II. Entity Information | | | | | |
| Name of Entity | | | | | Entity ID #: |
| Entity Representative Name: | | | | Entity Rep. ID # | |
| | | | | | |
| By signing below, I as the Entity Representative acknowledge that this application represents an individual that | | | | | |
| has been approved by the above Entity. | | | | | |
| Entity Representative Signature | | | | Date | |

West Virginia State Training and Registry System611 7th Ave, Suite 322 Huntington, WV 25701 Phone: (304) 522-7827 or (855)-822-STARFax (304) 529-2535www.wvstars.orgEmail: wvstars@rvcds.org

This program is being presented with financial assistance as a grant from the West Virginia Department of Health and Human Resources and the West Virginia Department of Education and is administered by WV Early Childhood Training Connections and Resources, a program of River Valley Child Development.

IV. Entity Approved Professional Development Provider Agreement and Assurances

If approved as a WV STARS Credentialed Professional Development Provider, I agree to the following prior to providing any training registered under this system:

- ★ I will complete the WV STARS Credentialed Professional Development Provider Orientation session within 60 days of application processing.
- ★ I will maintain confidentiality regarding any information that may be viewable for attendees of training.
- ★ The trainings I provide will meet the minimum standards of the West Virginia Core Knowledge and Competencies for Early Care and Education Professionals.
- ★ I will schedule all training to the training calendar and add attendance within 5 business days. I understand that a paper or electronic copy of the sign-in sheet must be maintained for 5 years.
- ★ I will provide all required information for participants to make an educated decision regarding a training, including Agenda, Contact Information, Location, etc.
- ★ I will follow WV STARS Policy including, but not limited to, confidentiality and fraud.
- ★ I will abide by the terms of this agreement and fulfill my responsibilities as a WV STARS Credentialed Professional Development Provider. I understand that WV STARS reserves the right to suspend or revoke my credential if I do not consistently comply with the program requirements.
- ★ I have read, understand and will fulfill the ethical responsibilities to adult learners reflected in the core values, ideals and principles set forth in the NAEYC Code of Ethical Conduct, Supplement for Early Childhood Adult Educators.

(Available at: <u>https://www.naeyc.org/resources/position-statements/ethical-conduct</u>)

I, the undersigned, have read and agree to all statements indicated in this document. I hereby agree that the information provided in this application form is complete, accurate, and will be entered in the WV State Training and Registry System.

Signature

Date

Thank you for applying for a WV STARS Entity Approved Professional Development Provider Credential. You will receive information about your credential within 60 days. Please note that the WV STARS Credentialed Professional Development Provider Orientation must be completed within this timeframe and you are able to register for this training via the WV STARS Training Calendar.

West Virginia State Training and Registry System611 7th Ave, Suite 322 Huntington, WV 25701 Phone: (304) 522-7827 or (855)-822-STARFax (304) 529-2535www.wvstars.orgEmail: wvstars@rvcds.org

This program is being presented with financial assistance as a grant from the West Virginia Department of Health and Human Resources and the West Virginia Department of Education and is administered by WV Early Childhood Training Connections and Resources, a program of River Valley Child Development.