

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 thi	s form completed along with the followin	g to the National Organization Training Contact:	
☐ Attached	Training Certificate verifying course com	ipletion.	
Name		Registry Identification #	
Name of Trainin			
Name of Trainin Organization			
Name of Present (if applicable)	er		
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	

West Virginia State Training and Registry System

611 7th Ave, Suite 322 Huntington, WV 25701 Phone: (304) 522-7827 or (855) 822-STAR www.wvstars.org Email: wvstars@rvcds.org