



West Virginia STARS
Early Care and Education
Professional Development System

For office use only:	
Date Received	_____
Date Entered	_____
Registry ID#	_____

Non STARS Training Submission Form
(Use for all formats of training: face-to-face and online)

Name: _____ Registry Identification # _____

Name of Training: _____

Date of Training: _____ Number of Hours: _____

- I have attached documentation of verifying attendance (*Examples: First Aid or CPR card, Food Handlers Permit, Training Certificate*).

Below please list the WV Core Knowledge and Competencies that this training focused on, the link to the WV Core Knowledge and Competencies can be found on the website homepage.
(*Example: 1.4 Helps children achieve self-regulation and develop coping skills*)

I hereby agree that the information provided on this form is complete and accurate. I understand that only 15 hours of Non STARS training can be applied to my WV STARS renewal period every 3 years per WV STARS Policy. I also understand that training will not be added unless training documentation is attached to this form.

Signature of Participant

Date