

III. Current Employment Information

Hire/Start Date (mm/dd/yyyy):

Month	<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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On average, how many hours are you paid to work per week? _____

On average, how many months are you paid to work per year? _____

Indicate your current position (Check the appropriate box):

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrator
(Owner, Director, Coordinator) | <input type="checkbox"/> Family Child Care Provider
(Provide care for children in your home) | <input type="checkbox"/> Non-teaching Support Staff
(Office Staff, Cook, Transportation Aide) |
| <input type="checkbox"/> Assistant Teacher of Children
(Teacher's Aide, Teaching Assistant) | <input type="checkbox"/> Home Visitor | <input type="checkbox"/> Teacher of Children
(Lead Teacher, Co-Teacher, Head Teacher) |
| <input type="checkbox"/> Early Intervention Specialist/Service
Coordinator (Birth to 3) | <input type="checkbox"/> Non-teaching Professional
(Trainer, Family Advocate, Social Worker) | |

If you provide direct services to children in your current position, indicate the group(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Infant (0-12 months) | <input type="checkbox"/> N/A (I do not work directly with children) | <input type="checkbox"/> Secondary (11 years and up) |
| <input type="checkbox"/> Preschool (37 months-PreK) | <input type="checkbox"/> Primary (K-13 years) | <input type="checkbox"/> Toddler (13-36 months) |

Indicate the benefits offered to you by your employer:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> College Tuition | <input type="checkbox"/> Free or Reduced Child Care | <input type="checkbox"/> Paid Personal Leave | <input type="checkbox"/> Retirement Plan |
| <input type="checkbox"/> Conference Registration Fees | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Paid Release Time for Training | <input type="checkbox"/> Training Registration Fees |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> N/A (I am not offered benefits) | <input type="checkbox"/> Paid Sick Leave | <input type="checkbox"/> Vision Insurance |
| <input type="checkbox"/> Flexible Spending Account | <input type="checkbox"/> Paid Holidays | <input type="checkbox"/> Paid Vacation Leave | |

(Optional) How much are you paid before taxes? Select one Hourly wage: _____/hour Salary _____/year N/A (Owner)(Optional) Is this income the sole source of income for your household? Yes No

(Optional) What was the date of your last wage increase (pay raise)? (mm/dd/yyyy)

IV. Renewal Criteria for Professional Development Providers and Specialty Professional Development Providers

All three requirements must be fulfilled to have your Career Pathway Certificate and your Professional Development Provider credential renewed:

- I have completed 30 contact hours of training in the past three years that can be linked to WV Specialized Knowledge/Competencies for Early Childhood Training and Technical Assistance Professionals.**

To verify this statement, I have attached Certificates of Training Attendance unless WV STARS has tracked the training attended or has the certificates on file. I understand that any training used for consideration that is not registered must be linked to WV Specialized Knowledge/Competencies for Early Childhood Training and Technical Assistance Professionals.

- I have completed 15 hours of WV STARS tracked training or I have provided 15 hours of WV STARS registered training in the last three years.**

WV STARS staff will verify the hours of training provided in the last three years.

- I have completed my individualized professional development plan based on the WV Specialized Knowledge/Competencies for Early Childhood Training and Technical Assistance Professionals.**

V. Renewal Criteria for Entity Professional Development Providers & Entity Instructors

- I have completed the required professional development set forth by the entity that I am training under.
- I have completed the required professional development set forth by WV STARS to renew my Career Pathway Certificate.

Entity Manager Signature _____**Date** _____

Do you have a Professional Development Plan in place? Yes No

VI. Demographic Information (Optional)Gender (Check one): Female Male

Race/Ethnicity:	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Two or more races
	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Some other race	<input type="checkbox"/> White

Thank you for applying for renewal of a WV STARS Career Pathway Certificate and Professional Development Provider Credential. Completed applications will be processed within 30 days and you will receive information about your certificate/credential at that time. Incomplete applications and/or applications submitted without documentation may be returned and will not be processed. Any documentation submitted that is not essential to the application process will not be retained.

West Virginia State Training and Registry System

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