



Entity Instructor Renewal Application
WV STARS
West Virginia State Training and Registry System

Office Use Only-2021

Date Received:

Date Processed:

Please submit this application completed in blue/black ink with the following to WV STARS

- Optional documentation to update your Registry information (current résumé, certifications, etc)
- I have registered for and/or completed the WV STARS Entity Instructor Update (required every 2 years with renewal)

Applicant Agreement

I, the undersigned, hereby agree that the information provided is complete, accurate, and will be maintained in the West Virginia State Training and Registry System. I understand that I am responsible for this information and agree to update my profile when applicable. I understand that West Virginia State Training and Registry System is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law. **Registry information may be accessed by relevant outside parties (i.e. regulatory agencies, employers, program administrators).**

I understand that the information provided to West Virginia State Training and Registry System will be used for the following purposes:

- Recognize individuals' educational attainments
- Aid community and state planning to increase the quality and services of the early care and education community
- Integrate with additional workforce and professional development agencies
- Compile and publish individual and group data reports

**Profile data will be submitted to The National Workforce Registry Alliance to create an accurate and current national data set of early childhood workforce data.*

Your name will not be released to advertisers. Information that could affect the safety and security of an individual (i.e., personal addresses) will not be released to any individual or agency for any reason.

Signature _____ **Date** _____

I. Applicant Information

Assigned Registry Identification Number: _____

First Name:	MI:	Last Name:	Previous Last Name:
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Date of Birth (mm/dd/yyyy):	Social Security Number: (<i>Last 5 digits</i>) X_ X X - X <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Mailing Address: _____

Mailing Address Line 2: _____

City:	State:	Zip Code:	County:
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Primary Phone Number:	Primary Email:
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If English is your secondary language, please indicate your primary language (*Leave blank if English is primary language*): _____

II. Program Information

Employment Status (Check one)
 I am currently employed in a program that works with or on behalf of children (*If selected, provide employer info below*)
 I am not currently employed in a program that works with or on behalf of children (*If selected, proceed to Section IV*)

Current Employer (Program Name): _____

Work Address: _____

Work Address Line 2: _____

City:	State:	Zip Code:	County:
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Work Phone Number:	Center/Facility/Home License or Certificate Number:
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III. Current Employment Information

Hire/Start Date (mm/dd/yyyy):
 Month Day Year

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

If you provide direct services to children in your current position, indicate the group(s):
 Infant (0-12 months) N/A (I do not work directly with children) Secondary (11 years and up)
 Preschool (37 months-PreK) Primary (K-13 years) Toddler (13-36 months)

Indicate the benefits offered to you by your employer:
 College Tuition Free or Reduced Child Care Paid Personal Leave Retirement Plan
 Conference Registration Fees Health Insurance Paid Release Time for Training Training Registration Fees
 Dental Insurance N/A (I am not offered benefits) Paid Sick Leave Vision Insurance
 Flexible Spending Account Paid Holidays 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 Entity Instructors

I have completed the required professional development set forth by the entity that I am instructing under.

Entity Manager Signature: _____ **Date:** _____

V. Demographic Information (Optional)

Gender (Check one): Female Male

Race/Ethnicity: American Indian/Alaska Native Black or African American Pacific Islander Two or more races
 Asian Hispanic or Latino Some other race White

Thank you for applying for renewal of your Entity Instructor Credential. Completed applications will be processed within 30 days and you will receive information about your credential at that time. Incomplete applications will 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
 611 7th Ave, Suite 322 Huntington, WV 25701
 Phone: (304) 522-7827 or (855) 822-STAR Fax: (304) 529-2535
www.wvstars.org Email: 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 is administered by WV Early Childhood Training Connections and Resources, a program of River Valley Child Development