



West Virginia STARS  
Early Care and Education  
Professional Development System

<i>Office Use Only</i>
Date Received:
<input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> CC #
<input type="checkbox"/> Personal <input type="checkbox"/> Business \$
Date Processed:

## Duplicate Certificate Reprint Form

I wish to order a duplicate copy of my Career Pathway Certificate and have enclosed a fee of \$10.00.

First Name	MI	Last Name	Registry ID#
Street Address			
City	State	Zip Code	County
Primary Phone		Primary Email	

**Payments may be made by check, money order or credit card transaction form (payable to River Valley Child Development Services (RVCDS)).**

*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 into the WV State Training and Registry System. Information that could affect the safety and security of an individual (i.e. social security numbers and personal addresses) will not be released to any individual or agency for any reason. I agree that the address listed be used in all future correspondence with WV STARS.*

Signature of Participant	Date
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