



Career Pathway and Professional Development Provider Credential Renewal Application

WV STARS

West Virginia State Training and Registry System

Office Use Only 2021

Date Received:

Check MO CC

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Personal Business

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Date Processed:

Previous Renewal Date:

Career Pathway Level:

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

Documentation supporting renewal criteria met indicated in Section IV, if not tracked on Professional Development Record/Training Transcript

Optional documentation to update your Registry information (current résumé, certifications, etc)

\$20 Processing fee – check or money order made out to River Valley Child Development Services (those working under an Entity are exempt from this processing fee)

Complete this application only if your Career Pathway Certificate and Professional Development Provider Credential is active or has been expired less than six months. All other participants should submit documentation to reinstate.

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: (Last 5 digits) X_ X_ X - X
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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	<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.**
You must attach a copy of your record to 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

- 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
WV STARS will accept up to 15 hours of STARS Registered training that you have provided, towards the 45 hours needed. You must attach a copy of your record verifying the trainings that you have provided in the last three years.

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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www.wvstars.org Email: wvstars@rvcds.org