



Career Pathway Level Advancement Application

WV STARS

West Virginia State Training and Registry System

Office Use Only-2015

Date Received:

Date Processed:

Registry ID #:

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

- Documentation supporting advancement criteria met indicated in Section IV (i.e. official college transcript or certificates)
- Additional documentation to update your Registry information (current résumé, certifications, etc)

No fee is required for this application.

Applicants wishing to renew Career Pathway Certificate do not need to submit an additional renewal application.

Complete this application only if your Career Pathway Certificate is still active or has been expired less than six months. All other participants should submit a Career Pathway Application to reinstate Career Pathway Certificate.

Applicant Agreement

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 in the WV State Training and Registry System. I understand that I am responsible for information included in this application and agree to update my information with WV STARS when applicable. I understand that the Registry is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law.

I understand that the information in my file will be used for the following purposes:

- The Registry may use the information provided in the application form to compile and publish group data reports, and to recognize individuals' educational attainments.
- Registry information may be accessed by outside parties (i.e. regulatory agencies, employers, program administrators).
- Data compiled from the Registry may be released to aid community and state planning to increase the quality and services of the early care and education community.
- As a member of The National Registry Alliance, WV STARS may submit participant data to the National Registry Alliance to create an accurate and current national dataset 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. social security numbers and 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: |
|-------------|-----|------------|---------------------|

| | |
|-----------------------------|--|
| Date of Birth (mm/dd/yyyy): | Social Security Number: (Last 5 digits) <u>X</u> <u>X</u> <u>X</u> - <u>X</u> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|-----------------------------|--|

Mailing Address: _____

| | | | |
|-------|--------|-----------|---------|
| City: | State: | Zip Code: | County: |
|-------|--------|-----------|---------|

| | |
|-----------------------|----------------|
| Primary Phone Number: | Primary Email: |
|-----------------------|----------------|

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: _____

| | | | |
|-------|--------|-----------|---------|
| City: | State: | Zip Code: | County: |
|-------|--------|-----------|---------|

| | |
|--------------------|------------------|
| Work Phone Number: | Work Fax Number: |
|--------------------|------------------|

If applicable, please indicate the following (Check appropriate boxes that apply and fill in requested information):

- I currently work in a West Virginia Universal Pre-K classroom (regardless of setting)
- I currently work in a Home Visitation Program.
- I currently work in a licensed or registered child care program

Indicate Center/Facility/Home License or Certificate Number: _____

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):

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

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

Indicate the benefits offered to you by your employer:

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

IV. Career Pathway Level Advancement Criteria

Current Assigned Career Pathway Level: Level _____

I am applying for advancement to the following level: *(check one)*

| | |
|--------------------------|---|
| Level II | |
| <input type="checkbox"/> | I am at least 18 years old and possess a high school diploma or equivalent. To verify this statement, I have attached a high school diploma or equivalent. |
| Level III | <i>Check the appropriate Level III requirement.</i> |
| <input type="checkbox"/> | I possess WV Training Certificate in Early Care and Education (WVTCECE) which includes completion of 120 clock hours of registered training through WV STARS. To verify this statement, I have attached the WVTCECE. |
| <input type="checkbox"/> | I have completed 120 training hours required for the Child Development Associate (CDA) Credential or equivalent. To verify this statement, I have attached training documentation totaling 120 hours from a CDA program. |
| <input type="checkbox"/> | I have completed three semesters of the Apprenticeship for Child Development Specialist (ACDS) Program. To verify this statement, I have attached ACDS 3rd semester completion certificate. |
| <input type="checkbox"/> | I have completed an early childhood program in a career or technical center. To verify this statement, I have attached career or technical program completion certificate. |
| Level IV | <i>Check the appropriate Level IV requirement.</i> |
| <input type="checkbox"/> | I possess Child Development Associate (CDA) Credential or equivalent. To verify this statement, I have attached CDA credential or equivalent. |
| <input type="checkbox"/> | I have completed 12 college credits hours in early care and education and 300 clock hours of relevant occupational experience. To verify this statement, I have attached a copy of an official college transcript with 12 ECE credits highlighted and a current résumé/work history indicating 300 clock hours of relevant occupational experience. |
| <input type="checkbox"/> | I have completed four semesters of the Apprenticeship for Child Development Specialist (ACDS) Program. To verify this statement, I have attached ACDS 4th semester completion certificate. |
| Level V | <i>Check the appropriate Level V requirement.</i> |
| <input type="checkbox"/> | I possess an Apprenticeship for Child Development Specialist (ACDS) certificate. To verify this statement, I have attached the Department of Labor or Department of Education certificate. |
| <input type="checkbox"/> | I have completed 28-63 college credit hours with 9 college credit hours in early care and education. To verify this statement, I have attached a copy of an official college transcript indicating 28-63 college credit hours with 9 ECE credits highlighted. |
| <input type="checkbox"/> | I have completed 28-63 college credit hours and 1 year of relevant occupational experience. To verify this statement, I have attached a copy of an official college transcript indicating 28-63 college credit hours with a current résumé/work history indicating 1 year of relevant occupational experience. |

| | |
|--|--|
| Level VI | <i>Check the appropriate Level VI requirement.</i> |
| <input type="checkbox"/> | I possess an associate's degree in an early care and education field. To verify this statement, I have attached a copy of an official college transcript indicating the receipt of an associate's degree in an ECE field. |
| <input type="checkbox"/> | I possess an associate's degree with 12 college credit hours in early care and education. To verify this statement, I have attached a copy of an official college transcript indicating the receipt of an associate's degree with 12 ECE credits highlighted. |
| <input type="checkbox"/> | I possess an associate's degree and 2 years of relevant occupational experience. To verify this statement, I have attached a copy of an official college transcript indicating the receipt of an associate's degree and a résumé/work history indicating 2 years of relevant occupational experience. |
| <input type="checkbox"/> | I have completed 64 college credits hours with 12 college credit hours in early care and education. To verify this statement, I have attached a copy of an official college transcript indicating the completion of 64 college credit hours with 12 ECE credits highlighted. |
| <input type="checkbox"/> | I have completed 64 college credits hours and 2 years of relevant occupational experience. To verify this statement, I have attached a copy of an official college transcript indicating the completion of 64 college credit hours and a résumé/work history indicating 2 years of relevant occupational experience. |
| Level VII | <i>Check the appropriate Level VII requirement.</i> |
| <input type="checkbox"/> | I possess a bachelor's degree in an early care and education field. To verify this statement, I have attached a copy of an official college transcript indicating a bachelor's degree in an ECE field. |
| <input type="checkbox"/> | I possess a bachelor's degree with 15 college credit hours in early care and education and either 90 practicum hours or 1 year of relevant occupational experience. To verify this statement, I have attached a copy of an official college transcript indicating a bachelor's degree with 15 ECE credits highlighted and 90 practicum hours and/or résumé/work history indicating 1 year of relevant occupational experience. |
| <input type="checkbox"/> | I possess a bachelor's degree and 3 years of relevant occupational experience. To verify this statement, I have attached a copy of an official college transcript indicating a bachelor's degree and a résumé/work history indicating 3 years of relevant occupational experience. |
| Level VIII | <i>Check the appropriate Level VIII requirement.</i> |
| <input type="checkbox"/> | I possess an advanced (master's or doctorate) degree in an early care and education field. To verify this statement, I have attached a copy of an official college transcript indicating an advanced degree in an ECE field. |
| <input type="checkbox"/> | I possess an advanced degree with 18 college credit hours in early care and education and either 90 practicum hours or 1 year of relevant occupational experience. To verify this statement, I have attached a copy of an official college transcript indicating an advanced degree with 18 ECE credits highlighted and 90 practicum hours and/or résumé/work history indicating 1 year of relevant occupational experience. |
| <input type="checkbox"/> | I possess an advanced degree and 5 years of relevant occupational experience. To verify this statement, I have attached a copy of an official college transcript indicating an advanced degree and a résumé/work history indicating 5 years of relevant occupational experience. |
| V. Optional Information | |
| <i>This information is for data collection purposes only. WV STARS encourages you to complete this section, as it will allow us to better serve the early care and education community and provides valuable information regarding the early care and education workforce.</i> | |
| Gender (Check one): <input type="checkbox"/> Female <input type="checkbox"/> 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 | |
| How much are you paid before taxes? Select one <input type="checkbox"/> Hourly wage: _____/hour <input type="checkbox"/> Salary _____/year <input type="checkbox"/> N/A (Owner) | |
| Is this income the sole source of income for your household? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What was the date of your last wage increase (pay raise)? (mm/dd/yyyy) | |

Thank you for applying for advancement of a WV STARS Career Pathway Certificate. Submitting this application with the required information will allow you to apply for advancement of a Career Pathway Level and renewal of a Career Pathway Certificate. Completed applications will be processed within 30 days and you will receive information about your certificate at that time. Incomplete applications and/or applications submitted without the required 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

611 7th Ave, Suite 322 Huntington, WV 25701

Phone: (304) 522-7827 or (855) 822-STAR

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