

Trainer Credential Application

WV STARS

West Virginia State Training and Registry System



Office Use Only

Date Received:

PO/Inv Check MO CC
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Personal Business
\$

Date Processed:

Renewal Date:

Career Pathway Level:

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

\$25 check, money order or credit card transaction form for non-refundable application processing fee made out to River Valley Child Development Services (RVCDS).

Current résumé listing experience (with years of employment) working with or on behalf of children

Documentation supporting education, training and credentials indicated in Section II (i.e. copy of official college transcripts, licenses, credentials or certificates)

Documentation verifying contact hours of training provided, if applicable (i.e. completed Section V and/or Professional Development Record of Trainings Presented)

I. Applicant Information

Assigned Registry Identification Number (if applicable):

First Name:

MI:

Last Name:

Previous Last Name:

Date of Birth (mm/dd/yyyy):

Social Security Number: (Last 5 digits) -

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Mailing Address:

City:

State:

Zip Code:

County:

Primary Phone Number:

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Primary Email Address:

If English is your secondary language, please indicate your primary language (Leave blank if English is primary language):

Current Employer (Program Name):

Work Address:

City:

State:

Zip Code:

County:

Work Phone Number:

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Work Fax Number:

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WV STARS will frequently communicate with trainers via mail or email. Please check the preferred address for trainer correspondence from WV STARS. (Please check one mail address.)

Preferred mailing address: Personal mailing address listed in Section I Work mailing address listed in Section I

II. Educational Background

Indicate your highest level of education (Attach copies of certificates or official college transcripts):

Apprenticeship for Child Development Specialist (ACDS) Certificate

2-year degree (A.A., A.S., A.A.S.)

4-year degree (B.A., B.S.)

Master's degree (M.A., M.S.)

Ph.D. or Ed.D.

Indicate the professional license, certificate, or credential held that may qualify the applicant for Specialty Trainer Credential (Attach copies of license, certificate or credential):

Professional License, Certificate, or Credential

Date Awarded

Expiration Date

III. Trainer Credential Type

Indicate the type of trainer credential for which you are applying (To verify contact hours providing training, see Section V of application):

Master Trainer

- I hold an advanced degree (MA/MS, PhD/EdD) in an early care and education field* from an institution of higher education that is recognized by a regional accrediting association,
- I am active on the Career Pathway at a Level VIII, and
- I have logged 60 contact hours providing training to adults in the last three years.

If approved, I understand that I am able to provide and/or sponsor WV STARS Registered Training in all Levels under all seven Core Knowledge Content Areas. I also understand that I am able to sponsor Affiliate Trainers at my discretion.

Certified Trainer

- I hold a bachelor's degree or above from an institution of higher education that is recognized by a regional accrediting association,
- I am active on the Career Pathway at a Level VII or VIII, and
- I have logged 45 contact hours providing training to adults in the last three years.

If approved, I understand that I am able to provide and/or sponsor WV STARS Registered Training in all Levels under all seven Core Knowledge Content Areas. I also understand that I am able to sponsor Affiliate Trainers at my discretion.

Affiliate Trainer

- I hold a bachelor's degree or above from an institution of higher education that is recognized by a regional accrediting association and
- I have logged less than 45 contact hours providing training to adults in the last three years.
OR
- I am active on the Career Pathway at minimum of Level V and
- I have logged 25 contact hours providing training to adults in the last three years***.

If approved, I understand that I am able to provide WV STARS Registered Training in Basic and Intermediate Levels only under all seven Core Knowledge Content Areas. I also understand that I am unable to provide sponsorship for WV STARS Registered Training events or Affiliate Trainers.

Specialty Trainer

- I hold a professional license, certificate, or credential in an area of expertise excluding the early care and education field*.

If approved, I understand that I am able to provide WV STARS Registered Training in only one Core Knowledge Content Area as designated by WV STARS. I also understand that I am unable to provide sponsorship for WV STARS Registered Training events or Affiliate Trainers.

**Current WV STARS policy defines degrees held or coursework taken in the early care and education field as child development, birth to four certification, early childhood, child and family studies, family and consumer science and early childhood special education.*

***Affiliate Trainer applicants unable to obtain sponsorship from a Certified or Master Trainer are encouraged to contact WV STARS to receive contact information for trainers who may be willing to provide sponsorship.*

****To become an Affiliate Trainer, an applicant with less than 25 hours of training experience must obtain the required hours working under a Master or Certified Trainer.*

IV. Additional Training Ability

Indicate your level of interest or participation with the Apprenticeship for Child Development Specialist (ACDS) program:

- I have attended ACDS Instructor's Academy and I am certified to provide ACDS instruction.
- I would like more information about becoming an ACDS instructor.
- I am not interested in providing ACDS instruction.

V. Experience Training Adults

Indicate information relevant to your experience providing training to adults in the last three years. Applicant may attach Professional Development Record of Trainings Presented or additional training log.

Title of Training or Course	General Content	Target Audience	Date(s)	Number of hours
Total Number of Training Contact Hours				

VI. Trainer Agreement and Assurances

If approved as a WV STARS Credentialed Trainer, I agree to the following prior to providing any training registered under this system:

- ★ I will complete the WV STARS Credentialed Trainer Orientation session within 60 days of application processing.
- ★ I have read, understand and will fulfill the ethical responsibilities to adult learners reflected in the core values, ideals and principles set forth in the NAEYC Code of Ethical Conduct, Supplement for Early Childhood Adult Educators. (Available at www.naeyc.org/about/positions/ethics04.asp)
- ★ The trainings I provide and/or sponsor will meet the minimum standards of the West Virginia Core Knowledge and Competencies for Early Care and Education Professionals.
- ★ If I sponsor a trainer, whom is not a WV STARS Credentialed Trainer, to provide a training under this system, I accept responsibility for the quality of the trainer, the training provided, the training registration and the entering of the attendance. I will register the training under my trainer number.
- ★ I will register all training events I offer by submitting WV STARS Training Registration Forms to WV STARS three weeks prior to the training being held. I will register each training prior to offering WV STARS Career Pathway participants WV STARS early care and education continuing education units (CEUs) and /or hours that can be applied to the WV STARS Professional Development Record.
- ★ I will schedule all training to the training calendar and add attendance within 5 business days. I understand that a paper or electronic copy of the sign-in sheet must be maintained for 5 years.
- ★ If approved as a Certified or Master Trainer, I agree to allow WV STARS to release contact information to requests from agencies/organizations seeking sponsorship for training events and/or Affiliate Trainer applicants. I understand that I am not obligated to agree to any or every request of sponsorship made.
- ★ I will follow WV STARS Policy including, but not limited to, confidentiality and fraud.
- ★ I will abide by the terms of this agreement and fulfill my responsibilities as a WV STARS Credentialed Trainer. I understand that WV STARS reserves the right to suspend or revoke my credential if I do not consistently comply with the program requirements.

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.

Signature _____ Date _____

Thank you for applying for a WV STARS Trainer Credential. Submitting this application with the required information will allow you to apply for a Trainer Credential and register you with WV STARS. Completed applications will be processed within 60 days and you will receive information about your credential at that time. Incomplete applications and/or applications submitted without the required fee and documentation will be returned and will not be processed. Application process will not be completed until WV STARS Credentialed Trainer Orientation is completed. If orientation is not completed within 60 days, the application process will be reviewed as incomplete and applicants may have to reapply for a WV STARS Trainer Credential.

West Virginia State Training and Registry System

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