



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

Office Use Only-2021

Date Received:

Date Processed:

Level:

Previous Renewal:

Please submit this application completed in blue/black ink.

I am on the Career Pathway and/or hold a Professional Development Provider Credential

Documentation supporting criteria indicated in Section V, VI, VII, or VIII is included

I am a Registry Participant.

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

Complete this application only if your Career Pathway Certificate and Professional Development Provider Credential Type 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 <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):

- | | | |
|--|---|--|
| <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 Entity Managers who are on the Registry

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

Entity Manager Signature: _____

Date: _____

Please complete one section between V – VII only if the credential renewal applies to you.

V. Renewal Criteria for Professional Development Providers

All 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 registered 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.**
- I have attended and completed a PD Provider Update Session with WV STARS.**
- I have included a check or money order for \$20 made payable to River Valley Child Development Services.**

VI. Renewal Criteria for Specialty Professional Development Providers

- I have submitted a copy of my active Professional License or have documentation for 10 hours of Professional Development related to my specialty.**
- I do not need to renew my Career Pathway Certificate at this time/I am a Registry Participant (if yes, please move to IX)**

OR

- I need to renew my Career Pathway Certificate**

All requirements must be fulfilled to have your Career Pathway Certificate and Specialty 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 I am using up to 30 of the Professional Development hours in my specialty submitted in place of a Professional License.

- I have completed 15 hours of WV STARS registered 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 attended and completed a PD Provider Update Session with WV STARS.
- I have completed my individualized professional development plan based on the WV Specialized Knowledge/Competencies for Early Childhood Training and Technical Assistance Professionals.
- I have included a check or money order for \$20 made payable to River Valley Child Development Services.

VII. Renewal Criteria for Entity Professional Development Providers

All requirements must be fulfilled to have your Career Pathway Certificate and Specialty Professional Development Provider Credential renewed.

- I have completed 30 contact hours of training in the past three years that can be linked to either of the WV CKC documents.
To verify this statement, I have attached Certificates of Training Attendance unless the hours are tracked in the WV STARS Registry.
- I have completed 15 hours of WV STARS registered 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 attended and completed a PD Provider Update Session with WV STARS.
- I have completed the required professional development set forth by the entity that I am training under.

Do you have a Professional Development Plan based on the WV Specialized Core Knowledge and Competencies for Early Childhood Training and Technical Assistance Professionals? Yes No

Entity Manager Signature _____

Date _____

VIII. Renewal Criteria for Entity Specialty Professional Development Providers

- I have submitted a copy of my active Professional License or have documentation for 10 hours of Professional Development related to my specialty.
- I have completed the required professional development set forth by the entity that I am training under.
- I do not need to renew my Career Pathway Certificate at this time (if yes, please move to IX)

OR

- I need to renew my Career Pathway Certificate

All requirements must be fulfilled to have your Career Pathway Certificate and Entity Specialty Professional Development Provider Credential renewed.

- I have completed 30 contact hours of training in the past three years that can be linked to either of the WV CKC documents.
To verify this statement, I have attached Certificates of Training Attendance unless I am using up to 30 of the Professional Development hours in my specialty submitted in place of a Professional License.
- I have completed 15 hours of WV STARS registered 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 attended and completed a PD Provider Update Session with WV STARS.

Do you have a Professional Development Plan based on the WV Specialized Core Knowledge and Competencies for Early Childhood Training and Technical Assistance Professionals? Yes No

Entity Manager Signature _____

Date _____

IX. 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

X. Entity Information (this information will appear on training transcripts)			
Name of Entity:			
Mailing Address:			
City:	State:	Zip Code:	County:
Primary Phone Number:		Primary Email Address:	

XI. Professional Development Roles
<i>Please list each position inside your organization that provides professional development:</i>

XII. State Level Contact for each position if applicable (name & phone number):

XIII. Entity Agreement and Assurances
As an approved entity, you are required to adhere to the following:
<ul style="list-style-type: none"> ★ Follow WV STARS Policy including, but not limited to, confidentiality and fraud. ★ The trainings provided and registered under this entity will meet the minimum standards of the West Virginia Core Knowledge and Competencies for Early Care and Education Professionals. ★ Sponsored trainings will be scheduled to the training calendar and attendance added within 5 business days. I understand that a paper or electronic copy of the sign-in sheet must be maintained for 5 years. ★ Technology requirements must be communicated to participants prior to a webinar or self-paced course. ★ Technology assistance must be available to participants.
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 renewal of your Entity Manager Credential, and/or Career Pathway Renewal and/or Professional Development Provider 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
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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 Services.