



# Career Pathway Renewal or Level Advancement Application WV STARS

*West Virginia State Training and Registry System*

**Office Use Only-2018**

Date Received:

Date Processed:

Level:

Previous Renewal:

**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)

**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, 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: ( <i>Last 5 digits</i> ) <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"/>
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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<br>(Owner, Director, Coordinator)                       | <input type="checkbox"/> Family Child Care Provider<br>(Provide care for children in your home) | <input type="checkbox"/> Non-teaching Support Staff<br>(Office Staff, Cook, Transportation Aide) |
| <input type="checkbox"/> Assistant Teacher of Children<br>(Teacher's Aide, Teaching Assistant) | <input type="checkbox"/> Home Visitor   | <input type="checkbox"/> Teacher of Children<br>(Lead Teacher, Co-Teacher, Head Teacher)         |
| <input type="checkbox"/> Early Intervention Specialist/Service<br>Coordinator (Birth to 3)     | <input type="checkbox"/> Non-teaching Professional<br>(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<br>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<br>benefits) | <input type="checkbox"/> Paid Sick Leave                | <input type="checkbox"/> Vision Insurance           |
| <input type="checkbox"/> Flexible Spending<br>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. Career Pathway Renewal Criteria

Please indicate **one** of the following:

- I have completed and/or taught at least three college credit semester hours in the past three years that can be linked to WV Core Knowledge and Core Competencies.**

To verify this statement, I have attached either a copy of an official college transcript showing completed coursework or a statement from the institution indicating that I have provided one complete semester of instruction. I understand that it is my responsibility to demonstrate that coursework links to the WV Core Knowledge and Core Competencies and provide course description if the course title is not sufficient. I understand that any course used for renewal consideration must be received from or accepted by a regionally accredited institution of higher education.

- I have completed and/or provided 45 contact hours of training in the past three years that can be linked to WV Core Knowledge and Core Competencies.** (Please note one semester of ACDS is worth 45 contact hours.)

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 WV STARS Registered Training must account for a minimum of 30 of the 45 required hours, and WV STARS can consider a maximum of 15 hours of training that is not WV STARS Registered towards renewal. I understand that any training used for consideration that is not registered must be linked to WV Core Knowledge/Core Competencies. Participants that are unsure about the hours tracked by WV STARS are encouraged to access the WV STARS Professional Development Record.

- I am eligible to advance my Career Pathway Level**

To verify this statement, please attach the following:

- a resume indicating years of experience in the field of early childhood
- verification of formal education (i.e. copy of official transcript, high school diploma) or Professional Development such as U.S. Department of Labor Certificate

### V. 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

Thank you for applying for renewal of a WV STARS Career Pathway Certificate. Submitting this application with the required information will allow you to apply for renewal of a Career Pathway Certificate and update your WV STARS information. 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 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

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