



West Virginia STARS
Early Care and Education
Professional Development System

For office use only:	
Date Received	_____
Date Entered	_____
Registry ID#	_____

Non STARS Training Submission Form

Name: _____ Registry Identification # _____

Name of Training: _____

Date of Training: _____ Number of Hours: _____

Name of Trainer: _____

Signature of Trainer/Supervisor: _____

- I have attached documentation of verifying attendance (*Examples: First Aid or CPR card, Food Handlers Permit, National Conference Attendance Certificate*)

Below please list the WV Core Knowledge and Competencies that this training focused on.
(*Example: 1.4 Helps children achieve self-regulation and develop coping skills*)

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 of Participant

Date