



# Career Pathway Renewal Application

## WV STARS

West Virginia State Training and Registry System

Office Use Only-2012

Date Received:

PO/Inv  Ck  MO  CC  
#

Personal  Business  
\$

Date Processed:

Registry ID #:

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

- \$10 check, money order or credit card transaction form for non-refundable application processing fee (payable to WVECTCR)
- Documentation supporting renewal criteria met indicated in Section IV
- 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.**

### 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) <u> X </u> <u> X </u> <u> X </u> - <u> X </u> - ____ - ____ - ____
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Mailing Address:

City:	State:	Zip Code:	County:
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Primary Phone Number:	Secondary Phone Number:
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E-mail Address (Personal):	E-mail Address (Work):
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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 self-employed as a Family Child Care Home Provider (*If selected, proceed to Section III*)
- 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:
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Work Phone Number:	Work Fax Number:
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### III. Current Employment Information

Hire/Start Date (mm/dd/yyyy): \_\_\_\_\_

On average, how many hours are you paid to work per week? _____	On average, how many months are you paid to work per year? _____
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Indicate your current position (Check the appropriate box):

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

If you provide direct services to children in your current position, indicate the group(s):		<input type="checkbox"/> N/A (I do not work directly with children)
<input type="checkbox"/> Infant (0-12 months)	<input type="checkbox"/> Preschool (37 months-PreK)	<input type="checkbox"/> Secondary (11 years and up)
<input type="checkbox"/> Toddler (13-36 months)	<input type="checkbox"/> Primary (K-13 years)	<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 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 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.**

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 have completed and/or taught at least one semester of the Apprenticeship for Child Development Specialists (ACDS) program in the past three years.**

To verify this statement, I have either (please indicate one):

- attached a certificate of completion for the ACDS semester or  
 I am a WV STARS Credentialed Trainer and WV STARS has record of providing ACDS instruction.

***If you meet criteria to advance your Career Pathway Level, please only submit a Career Pathway Level Advancement Application.***

#### V. Optional Information

*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.*

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

How much are you paid before taxes? Select one  Hourly wage: \_\_\_\_\_/hour  Salary \_\_\_\_\_/year  N/A (Owner)

Is this income the sole source of income for your household?  Yes  No

What was the date of your last wage increase (pay raise)? (mm/dd/yyyy)

#### VI. 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. 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 \_\_\_\_\_

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 the required fee and documentation 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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