WEST VIRGINIA
Child Care Credential

Renewal Application

Please Type or Print:

Name _____

Address _____

City/State/Zip Code _____

Email Address _____

WV STARS Number _____ Phone Number _____

Specialization expiration date: _____

I am renewing my:

_____ WV Director Specialization

_____ WV Infant/Toddler Specialization

_____ WV Preschool Specialization

_____ WV Family Child Care Specialization

_____ WV School Age Specialization

Initial Renewal Requirements

- ☐ I have completed 54 hours of professional development over 3 years, documented on the included WV STARS transcript.
- ☐ At least 18 of the required hours are in my specialization area.
- ☐ I have included reflections to show learning for all the trainings in my interest areas, showing at least 18 hours.
- ☐ I have attended a statewide, regional, and/or national conference of at least 6 documented training hours. This conference focuses on my specialization area and I have attended it within the past three years.
  Name of Conference _____
  Date of Conference _____
- ☐ I have included an Individual Professional Development Plan using the guide below. I understand this will be used for subsequent renewals. See pages 83-93 in the WV STARS Core Knowledge and Competences document for guidance on professional development planning.

Specialization Reflections

Use this page to document the professional development completed in the specialization area. Copy this page as many times as needed to show 18 hours of training. A reflection should show what you learned from the training and how you will use it in your work, it is not a synopsis of the training. Module series only require one reflection.

Training title: _____

Trainings hours:_____

Reflection: _____

_____

_____

_____

_____

Training title: _____

Trainings hours:_____

Reflection: _____

_____

_____

_____

_____

Training title: _____

Trainings hours:_____

Reflection: _____

_____

_____

_____

_____

Training title: _____

Trainings hours:_____

Reflection: _____

_____

_____

_____

_____

Training title: _____

Trainings hours:_____

Reflection: _____

_____

_____

_____

_____

Training title: _____

Trainings hours:_____

Reflection: _____

_____

_____

_____

_____

Training title: _____

Trainings hours:_____

Reflection: _____

_____

_____

_____

_____

Training title: _____

Trainings hours:_____

Reflection: _____

_____

_____

_____

_____

Training title: _____

Trainings hours:_____

Reflection: _____

_____

_____

_____

_____

Individual Professional Development Plan	
What are my areas of strength?	
In what areas do I see an opportunity for growth?	
Based on the areas for growth identified above, what goal can I set for myself to achieve over the next 3 years?	
What resources do I need to complete these goals?	
What professional development topics would help me to meet this goal?	
What formats of professional development work best for me? (training, TA, project, etc)	
How do I find the support or content I need?	
How will I know if I am making progress towards my goals?	
How will my practice change once the goal is complete?	

I am submitting this application and portfolio for review. I assure that all information submitted is true and accurate to the best of my knowledge. Any fraudulent information will be grounds for immediate denial and exclusion from the program for one year.

Signature _____ Date _____

For Office Use Only

Date renewal application received _____ Date reviewed_____

Date denied _____ Reason for denial _____

Date approved _____

Authorized signature _____

Amount to be awarded to participant _____

Date email sent for bonus and WV STARS notification _____

Date email sent for updated certificate _____