



As a WV STARS Credentialed Professional Development Provider, I recognize that I am responsible for the following things:

- ___ Maintaining confidentiality regarding any information that may be viewable for attendees of training
- ___ Registering training at least 3 weeks prior to scheduled training
- ___ Submitting a Location Request form to add any location that is not listed in the drop down list on the training calendar
- ___ Scheduling training to the training calendar and providing all required information for participants to make an educated decision regarding a training.
- ___ Adding /completing attendance within 5 business days of a training and mark the training as closed and completed.

- ___ Making available a Guide to Completing the Online Training Evaluation
- ___ Maintain a copy of the sign-in sheet/class roster for 5 years (either electronically or on paper)
- ___ Provide a copy of requested sign-in sheet/class roster to WV STARS within 5 business days when requested.

- ___ Renew WV STARS Professional Development Provider Credential every two years by completing the mandated Update and necessary renewal requirements

- ___ I understand that if I fail to meet the above listed expectations, my Professional Development Provider Credential may be revoked or I may be asked to attend additional training to address said issues depending on the severity of the issue. Please note that permissions may be removed until the requested training is completed.

Signature of WV STARS Professional
Development Provider

Date



WV STARS Professional Development (PD) Provider Acknowledgement of Provider Information Sharing

I, _____, understand that the below information will be used by West Virginia State Training and Registry System as the Provider Information listed on courses that I provide or register that are registered with WV STARS. This information is viewable by participants on their Professional Development Record/Transcript at any time.

PD Provider Name _____

Address Line 1 _____

Address Line 2 _____

City

State _____

Zipcode _____

Phone _____

Extension _____

Signature of WV STARS PD Provider _____

Date _____

West Virginia State Training and Registry System

611 7th Ave, Suite 322 Huntington, WV 25701

Phone: (304) 522-7827 or (855) 822-STAR

www.wvstars.org Email: wvstars@rvcds.org



WV STARS Instructor Form

I, _____, understand that the following information is required for any Presenter/Instructor for a training.

Information required to be submitted includes the following:

Instructor/Presenter First Name _____

Instructor/Presenter Last Name _____

*Instructor/Presenter Display Name _____

*Email Address _____

*Biography: (Brief description of professional qualifications)

*These items will be viewable to Participants from any course/training that they are associated to.

Signature of Instructor/Presenter _____

Date _____



WV STARS Location Request Form

I, _____, understand that the below information will be used by West Virginia State Training and Registry System as the Location Information listed on the Training Calendar and is viewable to participants.

Location Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zipcode _____

County _____

Phone _____

Extension _____

Signature of WV STARS PD Provider _____

Date _____

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