

## WV Birth to Three Documentation of Annual Professional Development Hours

In order to maintain enrollment as a WV Birth to Three Early Intervention Specialist, Associate, or Service Coordinator an individual is responsible for completing all enrollment requirements, including obtaining and documenting contact hours related to the WV Birth to Three Core Competency areas. Contact hours that relate to the core competency areas and are obtained through the following organizations are acceptable to meet WV Birth to Three enrollment requirements: Accredited Institutions of Higher Education (a credit hour equals 10 contact hours), Early Head Start/Head Start, Local County Boards of Education, Regional Administrative Units (RAU), State or National Professional Associations, WV Department of Education, WV STARS, WV Birth to Three or West Virginia Department of Health and Human Resources.

**List title of training session attended and number of contact hours earned related to each competency area.**

Date	Session Title	Core Competency Area(s) Addressed	Total Contact Hours for Session	List Entity From Above that Issued Contact Hour Credit For This Session

WV Birth to Three Core Competency Areas: 1) Early Intervention Foundations, 2) Family Centered Practice, 3) Effective Team Practices, 4) Infant and Toddler Development, 5) Evaluation and Assessment, 6) IFSP, 7) Early Intervention Service Delivery, and 8) Supporting Transition. For details of the core competency areas, please refer to the Personnel Guide issued at Orientation, or available online at <http://wv.eikids.com>.

**In signing this form I certify that I have attended and completed the continuing education contact hours indicated above. I also understand that continuing education hours must be earned in order to maintain my credential and enrollment status as a WV Birth to Three service coordinator/practitioner. I agree to maintain the required supporting documentation of attendance and understand that knowingly falsifying records could result in disciplinary action including possible dis-enrollment.**

Name (Printed): \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Signature: \_\_\_\_\_ For Enrollment Period:  First Annual  Second Annual  Ongoing