



Application Form

Please Print

Name _____

Address _____

City/State/Zip Code _____

Email Address _____

WV STARS Number _____ Phone Number _____

Employer Name _____

Employer Address _____

City/State/Zip Code _____ Phone Number _____

If you are a center director or facility owner or family child care provider, do you have a Provider Service Agreement in good standing? _____ Yes _____ No

I am applying for:

_____ WV Child Care General Credential

Having obtained the WV Child Care General Credential on (date) _____, I am now applying for:

_____ WV Child Care Director Specialization

_____ WV Child Care Infant/Toddler Specialization

_____ WV Preschool Specialization

_____ WV Child Care Family Child Care Specialization (appropriate for facility sites and family child care)



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 Application Received _____ Date Application 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 Certificate _____