



Apprenticeship for Child Development Specialist

Instructor and Mentor Registration

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ONLY

Date:		Registering as (circle one): Mentor or Instructor			
I. Personal Information (required)					
SSN (Last 5 digits) XXX-X _ - _ _ _		Date of Birth (MM/DD/YYYY): _ _ / _ _ / _ _ _ _		Maiden Name:	
First Name:		MI:	Last Name:		
Mailing Address:					
City:		State:	Zip:	County:	
Home Phone:		Cell Phone:		E-mail:	
II. Employment Information (required)					
Current Employer:					
Mailing Address:					
City:		State:	Zip:	County:	
Phone:		Fax:		E-mail:	
Job Title (<i>choose one</i>):					
Teacher <small>(Lead teacher, Co-teacher, Head teacher)</small>		Administrator <small>(Director, Assistant Director, Owner)</small>		Family Child Care/Facility Provider	
Assistant Teacher <small>(Teacher Aide/Assistant)</small>		Adult Educator <small>(Professor, Trainer, Extension)</small>		Substitute <small>(Teacher, Aide, Assistant)</small>	
Home Visitor		Other			
Years of paid experience in early childhood to date:					
<input type="checkbox"/> 1 – 5		<input type="checkbox"/> 6 – 10		<input type="checkbox"/> 11+	
Work Site (Choose the one that best fits your program):					
Family Provider		Head Start		Public School	
Child Care Center		Pre-K		Private Preschool	
				Facility	
				Higher Education	
Ages of children/adults you work with (check one or more):					
<input type="checkbox"/> Infants/Toddlers		<input type="checkbox"/> Preschool		<input type="checkbox"/> School-Age	
				<input type="checkbox"/> High School or above	
III. Educational Information (required)					
Are you registered on the WV STARS Career Pathway?			What Level?		STARS #:
Highest degree you have obtained					
<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Doctorate	
Are you an ACDS Journey person					
<input type="checkbox"/> Yes			<input type="checkbox"/> No		
IV. ACDS Information (required as applicable)					
Year completed ACDS Instructor or Mentor Training:			Last Semester Taught or Mentored		STARS #:
			Fall _____ year		Spring _____ year
Semesters taught (check one or more):					
<input type="checkbox"/> First		<input type="checkbox"/> Second		<input type="checkbox"/> Third	
				<input type="checkbox"/> Fourth	
Counties in which you are willing to instruct or mentor:					
1.		2.		3.	
				4.	
V. Other Information (optional)					
Race (Check One or More):					
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White	

I understand that information provided on this registration may be used for group data reports and aid community and state planning to increase the quality and services of the early care and education community.

Instructor/Mentor Signature

Date

Submit completed form to:
ACDS Statewide Coordinator
611 7th Avenue Suite 208
Huntington, WV 25701
Fax: 304-697-6613
Email: wvacds@rvcds.org



This program is being presented with financial assistance as a grant from the West Virginia Department of Health and Human Resources and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.