



Apprenticeship for Child Development Specialist
Change of Status

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ONLY.

I. Changes To Be Made

Please write specifically what information you want to be updated in the ACDS and/or DOL databases (i.e. last name, address, employer, telephone number). Then provide the updated information in the appropriate section(s) below. You only need to complete the section(s) pertaining to what you want to update.

II. Identifying Information

First Name:	Maiden:	Last Name:	
Mailing Address:			
City:	State:	Zip:	County:
Home Phone:	Cell Phone:	E-mail:	

III. Employment Information

Work Site:	Supervisor/Mentor:		
Work Site Mailing Address:			
City:	State:	Zip:	County:

IV. Emergency Contact Information

Name:	Relationship to You:
Primary Phone:	Secondary Phone:

V. Withdrawal

If you are withdrawing from the ACDS program please state the reason why.

Printed Name

Signature

Date

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



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