

# Professional Development System (PDS) Registry Anniversary, Pathway Level Move and Essential Training Award Application

*\*All IdahoSTARS Professional Development Awards are subject to availability of funds\**

## **ELIGIBILITY**

### **To Be Eligible For an Anniversary or Career Pathway Level Move Award You Must:**

- Be enrolled in IdahoSTARS Professional Development System Registry
- Work in a child care program in Idaho designed to care for children while parents work or attend school
- Work in a child care program with operating hours that extend beyond a preschool only or academic (K - 6th grade) school day
- Work with children, staff and parents a minimum of 15 hours a week or 780 hours a year

### **To Receive an Anniversary Award You Must:**

- Complete a minimum of 15 hours of IdahoSTARS approved training or 1 college semester credit in early childhood education or related field within your anniversary cycle
- Training must be completed by the 1st of your anniversary month and postmarked by the last day of your Anniversary month

### **To Receive a Pathway Level Move Award You Must:**

- Complete a CDA, 12 Early Childhood Education college credits OR an Early Childhood Education or related degree while a participant in the Professional Development System

### **To Receive an Essential Training Award You Must:**

- Complete all training within an Essential Training Series

**\*\* ALL TRAINING HOURS MUST APPEAR ON YOUR TRAINING LOG AT TIME OF APPLICATION. \*\***

If you have any questions please dial 2-1-1 or 1-800-926-2588 and ask for the IdahoSTARS Training Office.

## **SUBMITTING AN AWARD APPLICATION**

### **SEND APPLICATION AND SUPPORTING DOCUMENTATION TO:**

**IdahoSTARS**  
**Attn: PDS Registry**  
**4355 W Emerald St., Ste 250**  
**Boise, ID 83706**  
**FAX: 208-345-6569**  
**EMAIL: pds@idahoaeyc.org**

### **Remember to Attach copies of the following Supporting Documentation:**

- Documentation of highest diploma/degree and transcripts for any continuing education.  
**(Providers need only to attach a new degree or transcript documentation not previously submitted.)**
  - Must show graduation date and major
  - Can be Official or unofficial transcripts
  - Must show declared major
- Current Pediatric First Aid Card
- Current Infant/Child or Pediatric CPR card
- Current child care Facility License (if applicable)
- Current child care Worker License (if applicable)

If your name has changed, please attach copies of:

- Social Security Card in your current legal name
- W-9 form signed and dated in your current legal name

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### SECTION A: AWARD APPLYING FOR

**Check the Type of Award you are requesting (you may check more than one):**

Anniversary Award       Level Move Award       Essential Training Award

### SECTION B: APPLICANT

Name: *(As printed on your social security card)*: \_\_\_\_\_

Change of Name:  Yes  No      Previous Name: \_\_\_\_\_

*Note: If name has changed you must mail or fax a copy of your **social security card in your current legal name and W9 form.***

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Change of Address:  Yes  No

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Language:

Is your primary language English?  Yes  No      If no, what is your primary language? \_\_\_\_\_

Do you have a secondary language?  Yes  No      If yes, what is it? \_\_\_\_\_

Are you a member of the Idaho Association for the Education of Young Children (Idaho AEYC)?  Yes  No  
If no, would you like information on becoming a member?  Yes  No

### SECTION C: CURRENT EMPLOYMENT

Current Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Hourly Wage: \_\_\_\_\_ or Salary: \_\_\_\_\_

How many hours do you work directly with children, staff and parents? Week: \_\_\_\_\_ or Year: \_\_\_\_\_

### Change of Employment

Is this a change of employment since last request for incentives?  Yes  No

**If yes, please fill out the previous employment information below.**

Previous Facility Name: \_\_\_\_\_

End Date for Previous Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start Date for Current Facility Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Please indicate the category that best describes your place of employment:

- Center Facility (13 or more children)  Family Child Care (1 - 6 children)  
 Group Child Care (7 - 12 children)  Relative Provider

### Your Job Title (check the box that best describes your job title):

- Director  Assistant Teacher  Relative Provider  
 Assistant Director  Group Provider  Other  
 Lead Teacher  Family Provider

### Age Range(s) of Children you work with (check all that apply):

- Birth to 12 months  Toddlers (13 - 30 months)  Preschool (31 months - 5 years)  
 School Age (5 - 6 years)  School Age (6 - 12 years)

Are you the owner of the child care program?  Yes  No

*If yes, please complete section E. You may skip section D.*

### SECTION D: APPLICANT CONSENT

**I certify that the information I have given on this application is true and correct to the best of my knowledge. I further understand that this information may be used for the following purposes: IdahoSTARS may generate and collect data from this application to be used in an anonymous manner to compile and publish group data and reports. IdahoSTARS will keep all personal information and records confidential.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### SECTION E: EMPLOYMENT VERIFICATION (To be completed by Director or Owner)

I have reviewed the applicant and employer information on this form and certify this information to be true and correct to the best of my knowledge.

**Supervisor Name:** \_\_\_\_\_

**Supervisor Title:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- ICCP Facility  NAEYC Accredited  NAFCC Accredited  Verified Steps to Quality Facility