

## IdahoSTARS Professional Development System Registry

### Initial Application Checklist

Please use this checklist to gather all materials required to complete your application packet. You must complete the PDS Online Orientation at [www.idahostars.org](http://www.idahostars.org) to receive your packet. If you need help, please dial the 2-1-1 Idaho CareLine and ask for your local Child Care Resource Center.

#### ☐ VIEWED THE PROFESSIONAL DEVELOPMENT SYSTEM ONLINE ORIENTATION

#### REQUIRED FORMS

<input type="checkbox"/> Application Form	Initial Application Form emailed to you once PDS Online Orientation is completed. Fill out sections A, B, C and D. Your supervisor will need fill out section E. <b><i>*Unemployed providers need only fill out sections A and D.</i></b>
<input type="checkbox"/> Parental Consent Form	The Parental Consent Form must be included in the application packet for applicants who are 16 or 17 years old.
<input type="checkbox"/> W-9 Form	Please print your name exactly as it appears on your social security card. Please do not fill out the business portion.

#### REQUIRED DOCUMENTATION

<input type="checkbox"/> Social Security Card	Provide a copy of your social security card for the PDS Office to verify your name and Social Security Number. Call 1-800-772-1213 for a new card if your name has changed. <b><i>** SS Card will be used for verification purposes only and then shredded**</i></b>
<input type="checkbox"/> Pediatric CPR & Pediatric First Aid Training	Provide a copy of current cards with your application. Please copy front and back. Online only cards are <b>NOT</b> accepted.

#### IF APPLICABLE

<input type="checkbox"/> Education Documentation	Provide a copy of any diplomas or degrees you have earned <u>and/or</u> a copy of all college transcripts with graduation date and declared major for consideration towards Pathway Level placement. Unofficial transcripts are accepted.
<input type="checkbox"/> Child Care Facility License	Provide a copy of your current Facility License (City or State) (If applicable)
<input type="checkbox"/> Child Care Worker License	Provide a copy of your current Child Care Worker License (if applicable)

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**\*Unemployed providers need only fill out sections A and D.**

- ☐ **Parental Consent Form** The Parental Consent Form must be included in the application packet for applicants who are 16 or 17 years old.

- ☐ **W-9 Form** Please print your name exactly as it appears on your social security card. Please do not print the business portion.

#### REQUIRED DOCUMENTATION

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**\*\* SS Card will be used for verification purposes only and then shredded.**

- ☐ **Pediatric CPR & Pediatric First Aid Training** Provide a copy of current cards with your application. Please copy front and back. Online only cards are **NOT** accepted.

#### IF APPLICABLE

- ☐ **Education Documentation** Provide a copy of any diplomas or degrees you have earned and/or a copy of all transcripts with graduation date and declared major for consideration towards PDS Level placement. Unofficial transcripts are accepted.

- ☐ **Child Care Facility License** Provide a copy of your current Facility License (City or State) (if applicable)

- ☐ **Child Care Worker License** Provide a copy of your current Child Care Worker License (if applicable)

4355 W. Emerald St., Ste 250  
Boise, ID 83706  
[www.idahostars.org](http://www.idahostars.org)



2-1-1 Idaho CareLine  
1-800-926-2588  
Fax: 208-345-6569



Includes the following objectives and is consistent with national consensus 2010 ECC/LCOR and American Heart Association® Guidelines.

- Adult, Child, Infant CPR
- AED
- Bleeding Control
- Musculoskeletal Injuries
- Poisoning
- Shock Management
- Breathing Emergencies
- Heart Attack
- Choking, Conscious and Unconscious
- Universal Precautions
- Diabetic Emergencies
- Stroke
- Burns
- Bites and Stings
- Allergic Reactions
- Seizures
- Heat and Cold Emergencies

Instructor: **ROY W. SHAW**  
1-888-406-7487 [www.profirstaid.com](http://www.profirstaid.com) [support@protrainings.com](mailto:support@protrainings.com)

**Form W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) in the space below the box.  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3).  
 Exempt payee code (if any): \_\_\_\_\_  
 Exemption from FATCA reporting code (if any): \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) \_\_\_\_\_

6 City, state, and ZIP code \_\_\_\_\_

7 List account number(s) here (optional): \_\_\_\_\_

Requester's name and address (optional): \_\_\_\_\_

**Part I Taxpayer Identification Number (TIN)**  
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.  
**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**  
 Under penalties of perjury, I certify that:  
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and  
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and  
 3. I am a U.S. citizen or other U.S. person (defined below); and  
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  
**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶

1 Name (as shown on your income tax return).

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

Social security number

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting the Form W-9 (such as legislation enacted after its release) is at [www.irs.gov/form990](http://www.irs.gov/form990).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain from the person or entity providing the information the correct taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), to the you, or other amount reportable returns include, but are not limited to:  
 • Form 1099-INT (interest earned)  
 • Form 1099-DIV (dividends, income)  
 • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)  
 • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)  
 • Form 1099-S (proceeds from real estate transactions)  
 • Form 1099-K (merchant card and third party network transactions)

• Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)  
 • Form 1099-C (canceled debt)  
 • Form 1099-A (acquisition or abandonment of secured property)  
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
 If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding on payments of interest and dividends.

Sign Here

Signature of U.S. person ▶

Date ▶

## Professional Development System (PDS) Registry Initial Application

### SECTION A: APPLICANT

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

Alternate, Nickname or Previous Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Female ☐ Male

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

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

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

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? \_\_\_\_\_

#### Race/Ethnic Group: (Optional)

☐ American Indian or Alaska Native

☐ Hispanic or Latino Ethnicity

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ Black or African American

☐ Other \_\_\_\_\_

☐ Caucasian

### SECTION B: EDUCATION

Please indicate your highest completed level of education:

☐ High School Diploma or Equivalent (GED) ☐ Bachelor's Degree

☐ Child Development Associate (CDA) ☐ Master's Degree

☐ Technical Certificate ☐ Doctorate Degree

☐ Associate Degree ☐ N/A

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: EMPLOYMENT

Current Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

**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 to the age you work with):**

- ☐ 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 filled out by supervisor)**

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

**How many hours do you work directly with children, staff and parents?**  
(Minimum 15 hours/week or 750 hours/year to be eligible for incentives.) **Week** \_\_\_\_ or **Year** \_\_\_\_

***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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECTION F: TO BE COMPLETED BY IdahoSTARS PDS REGISTRY OFFICE STAFF****ACCREDITATIONS:**

- ☐ NAEYC Accredited
- ☐ NAFCC Accredited
- ☐ Verified Steps to Quality Site

**PROCESSING INFORMATION:**

- ☐ ICCP Facility
- ☐ Verified Social Security Card on W-9 and Application
- ☐ Process Application without Education

**PDS Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
				-				-		
<b>or</b>										
<b>Employer identification number</b>										
				-						

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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### General Instructions

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**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## Parental Consent Form

(Complete only if applicant is 16 or 17 years old)

I, *Parent's Name* \_\_\_\_\_ hereby certify that I am  
the parent and/or lawful guardian of *Minor Child's Name*  
\_\_\_\_\_.

I understand and agree that when my minor child registers in the **IdahoSTARS Professional Development Registry, IdahoSTARS** or its authorized agents may collect and maintain certain personal data as outlined in the Professional Development Registry Application.

I further consent to the on-line publication of the following information about my child on the IdahoSTARS website [www.idahostars.org](http://www.idahostars.org) :

- Name
- Place of employment

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Minor Child's Printed Name**

\_\_\_\_\_  
**Date**