

Instructor Request for Class Preparation Credit

Date of application: _____

In order to earn training hours through Wyoming STARS, this form must be completed accurately. Return the form to STARS within thirty (30) days of the class or training hours will not be awarded.

Name: STARS Trainer ID # _____
 Street Address _____
 City, State, County, Zip _____
 Contact phone number Email address _____

Certification:

I have written or adapted the following training curriculum and certify that the following information is accurate.

Signature Date _____

Name of Training (curriculum): _____

The class will be/was held for the first time on this date: STARS Ref # _____

Name any co-authors or collaborators on this curriculum:

List references and sources for this class curriculum:

Length of class: (rounded down to the next half hour) Hours and Minutes _____

For the topic, you are offering is this class focused on: **(Choose only one category)**

- Those at entry level to the topic
- Those who have some basic knowledge of the topic
- Those who have knowledge of the topic and are advancing their knowledge or skill

Attach ONE of the following items to your request:

1. Your lesson plan for the class
2. Learning outcomes page submitted in STARS Class Approval form

For Staff Use Only: Instructor Level (Entry-1, Journey-2, Master-3)	Target level for class (Entry-1, Journey-2, Master-3)	Length of Class in hours	Strength of Learning outcome as stated in class approval application. (1 to 3)	Preparation Time: AxBxCxDx3= number of preparation hours
Example 1	1	1	1	(1x1x1x1=1) 1x3=3

If you have questions, call 1.800.400.3999 or 1.307.772.9099
 Email: info@wyostars.org Website: www.wyostars.org Fax: 307-463-9959
 STARS 1401 Airport Parkway Ste 300, Cheyenne, WY 82001