

Date of application: \_\_\_\_\_  
 (Application deadline is 14 days prior to the class.)

## Instructor Approval Form

**1. Instructor Information:**

Name: \_\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_

**2. Instruction Availability:**

I will only be doing classes at my facility.  Yes  No,

If you are training in more than one child care facility, may we place your name on the instructor registry?  Yes  No

**3. Instructor Types:** STARS recognizes two types of instructors. Choose your instructor type and complete that section of this form. Attach the required supporting documentation, sign page four and submit this form.

**Type A:** The first type is that of specifically certified instructors. These instructors must have specific qualifications to teach a particular course. If you are specifically qualified as an instructor in one of the following areas **and** it is an area in which you are applying for approval check the appropriate box or boxes.

Check the box that represents your instructional specialty:

Specific Instruction Certified	✓
West Ed Instructor	
CDA Instructor	
Blood Borne Pathogens	
Sanitation (authorized inspector)	
Fire Safety (authorized inspector)	
Medication Administration (Restricted to those with an RN, MD, or pharmacist license)	
First Aid/CPR	
<i>Attach a copy of your certificate, license, or instructor card to this application.</i>	

Other Specific Trainings	✓
Child Abuse and Neglect	
CACFP	
Other (please list)	
<i>For Staff Orientation, please use the Staff Orientation approval form.</i>	

**Type B:** The second type of instructor is a knowledge area instructor with topic expertise. These instructors typically have experience as instructors in their area of expertise. They are qualified because they are knowledgeable in the area and have experience facilitating learning for other adults. Complete the educational grid below and provide your history as an instructor on page three. Sign page four and attach a copy of your resume and college transcript. Your transcript must indicate the date and type of degree awarded.

**Education Background** (Check all that apply. List College major and college name or name of certification entity.)

	High School Diploma or GED	Child Development Associate (CDA)	Certificate or License (specify)	Associate's Degree in	Bachelor's Degree in	Master's Degree in	Doctorate Degree in
✓							
Major		Infant ___ Preschool ___ Family home ___					
College or Entity issuing certificate or degree							
		Year first awarded	Year issued	Year Awarded	Year Awarded	Year Awarded	Year Awarded
Date							
		Year Certificate or License expires	Year Certificate or License expires				
Date							

**Remember attach copies of the following items:**

1. Resume to demonstrate work and training background
2. Copy of college transcript with title of degree and date degree was issued

**Instruction Experience:** Please list the number of times you have instructed others in the areas listed below. (Hint: Instructors already in the STARS system may check their on-line instruction record for their previous class information.)

<b>Area of Knowledge</b>  (Hint: A complete copy of the core areas of knowledge document is available for review at <a href="http://www.wyostars.org">www.wyostars.org</a> .)	<b>Number of times you have instructed in this area.</b>  (Provide the total number of events to reflect your experience.)	<b>Title of Class</b>  (List at least three of your recent classes.)  If you wish to provide additional information please attach it to this form.	<b>Date of Class</b>	<b>Provide STARS reference number &amp; event identification number.</b>  (N/A if class was not STARS approved.)	<b>List the Sponsor Agency for this class.</b>
Health Nutrition and Safety					
Active Learning Environment					
Child Growth & Development					
Guidance & Disciple					
Family, Community and Cultural Relationships					
Program and Business Management					
Professionalism and Leadership					

**Remember to attach documentation of your qualifications:**

- If instructing in the areas of sanitation, fire safety, first aide and CPR and medication administration attach a copy of your applicable certificate or license (i.e. nursing license, firefighter’s certification, etc.)
- If providing West ED attach a copy of your instructor certification.
- If presenting CACFP classes simply check the appropriate box and attach your resume and educational qualifications.
- For all other categories, include a resume that provides both educational and work background including names of educational institutions and/or employers with dates and addresses.

I certify that the information provided is true: \_\_\_\_\_

Date: \_\_\_\_\_

*Signature of Applicant*

**Note: Instructor information updates every two years.**

Upon approval, you will receive a trainer identification number and pass word. These tools will allow you to check your instructor status on-line, complete any updates such as address, and phone number changes. Copies of new degrees, licenses or certificates maybe provided mail or fax.

**Internal Use Only:**  
Instructor classified as:

Entry Level Instructor  
 Journey Level Instructor  
 Master Level Instructor  
 Specialty Instructor

Staff Initial \_\_\_\_\_