

West Virginia STARS Early Care and Education Professional Development System

WV STARS Credentialed Professional Development Provider Acknowledgment and Agreement

I,	
Signature of Participant	Date
and agree to abide by the policies	, acknowledge that I understand and procedures as explained to me while
Provider Orientation. I understand procedures may result in the susp	that noncompliance off these policies and bension or revocations of my WV STARS
Professional Development Provider Crassian Signature of Participant	edential. Date