

WV Birth to Three Documentation of Annual Professional Development Hours

To maintain enrollment as a WV Birth to Three Early Intervention Specialist, Associate, or Service Coordinator an individual is responsible for completing all enrollment requirements, including obtaining and documenting contact hours related to the **WV Core Knowledge and Competencies for Early Childhood Professionals**. Contact hours must relate to the core competency areas and be obtained through one of the following organizations: Higher Education Institutions accredited by the Higher Learning Commission (a credit hour equals 10 contact hours), Early Head Start/Head Start, Local County Boards of Education, Regional Administrative Units (RAU), State or National Professional Associations, WV Department of Education, WV STARS, WV Birth to Three or West Virginia Department of Health and Human Resources. On-line training will be accepted from National or State Professional Associations, U.S. Department of Health and Human Services and the U.S. Department of Education.

List title of training session attended and the number of contact hours earned related to each competency area.

Date	Session Title	Core Competency Area(s) Addressed	Total Contact Hours for Session	List Entity from Above that Issued Contact Hour Credit For This Session

WV Core Knowledge and Competency Areas: 1) Child Growth and Development, 2) Family and Community Relationships, 3) Child Observation and Assessment, 4) Environment and Curriculum, 5) Health, Safety and Nutrition 6) Professionalism and Leadership, 7) Administration and Management. **For details on the WV Core Knowledge and Competencies for Early Childhood Professionals, please go to:**

<http://earlylearning.wv.gov/CoreKnowledgeandCompetencies/Pages/default.aspx>

In signing this form, I certify that I have attended and completed the continuing education contact hours indicated above. I also understand that continuing education hours must be earned to maintain my credential and enrollment status as a WV Birth to Three service coordinator/practitioner. I agree to maintain the required supporting documentation of attendance and understand that knowingly falsifying records could result in disciplinary action including possible dis-enrollment.

Name (Printed): _____ Date Submitted: _____

Signature: _____ For Enrollment Period: First Annual Second Annual Ongoing