**START Coordinator**

**Certification Renewal Application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |
| **Mailing Address:** |  | | |
| **Email:** |  | **Phone:** |  |
| **Personal Email:** |  | | |
|  | | | |
| **START Program:** |  | | |
| **Supervisor:** |  | | |
| **Supervisor Email:** |  | | |
| **Certification Date:** |  | | |
|  | | | |
| [Supervisor Endorsement Survey](https://unh.az1.qualtrics.com/SE/?SID=SV_ef9QaSY7sLVI2eV) | | | |

By signing below, I certify that all information submitted within this document and its attachments is to the best of my knowledge, true and correct. I understand that falsification of any document or claim within this document could result in revocation of my certification.

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

**For Internal Use Only:**

This applicant has met the criteria needed for Certification Renewal:  Yes No

If no, additional information needed:

Initials: Date:

**Training Submission Form**

Review the “**START Coordinator Certification Renewal Information**” document and attach ALL required documentation for Trainings Attended.

**Trainings Attended (24 hrs minimum- Proof of Attendance Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Name** | **Date(s)** | **Location** | **Hours** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  | **TOTAL:** |

**Trainings Provided (3 trainings minimum- Supervisor initials required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Name** | **Date(s)** | **Location** | **Hours** | **Supervisor Initials** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL:** |  |

**START Immersion Statement**

State your current position and how you incorporate the START model into your daily work. 500-word max.

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| --- |
|  |

Submit completed application and required documentation to the Training Department:

**Email:** [ncss.training.iod@unh.edu](mailto:ncss.training.iod@unh.edu)

Applications will be processed and reviewed within 30 days of receipt by the START Certification Review Board. Certificates and letters of certification renewal will be emailed to the address provided on your application.

The START Certification Review Board reserves the right to request additional information from any applicant.

**Training Confirmation Form- SINGLE TRAINING**

The purpose of this form is to provide proof of attendance when a Certificate of Attendance/Completion is unavailable. By signing this form, both you and your supervisor acknowledge and verify a) That you successfully completed the training below on the date provided and b) that the content of the training was relevant to your ongoing learning as a START Coordinator in the context of the START model.

***If you have multiple trainings to document***, please complete the grid on the next page of this form. A sample grid is provided within the Certification Renewal Information Sheet.

|  |  |
| --- | --- |
| **Your Name:** |  |
| **Supervisor’s Name:** |  |
| **Training Name:** |  |
| **Training Date** |  |
| **Training Hours:** |  |
| **Trainer’s Name:** |  |

Please provide a brief description of the training:

|  |
| --- |
|  |

Coordinator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

By signing above, I certify that all information included is to the best of my knowledge, true and correct.

I understand that falsification of any claim within this document could result in revocation of my certification.

**Training Confirmation Form Attachment- MULTIPLE TRAININGS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Name** | **Date(s)** | **Hours** | **Trainer’s Name** | **Description of Training** |
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|  |  |  |  |  |
|  |  | TOTAL: |  |  |