



Clearinghouse Report Form – BOOK

Directions: This report form is for clearinghouse materials. In order to receive training hours through Wyoming STARS, this form **must be filled out completely**. Return form to WCAA within thirty (30) days, or training hours **will not** be awarded.

PERSONAL INFORMATION

Name: _____ STARS ID#: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Business Name: _____ Business Phone: _____

Business Address: _____

BOOK INFORMATION

Book Title _____ Reference # _____

Date of Completion _____

Describe the content from each chapter that is relevant to your program. If more than five chapters please attach an additional form.

Chapter _____ : _____

Chapter _____ : _____

Chapter _____ : _____

Chapter _____ : _____

Chapter _____ : _____

How would you rate	poor				excellent
1. The content of this book	1	2	3	4	5
2. The format of this book	1	2	3	4	5