



## Instructor Request for Class Preparation Credit

Name: \_\_\_\_\_ STARS Trainer ID # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Contact phone number \_\_\_\_\_ Email address \_\_\_\_\_

**Certification:**

I have written or adapted the following training curriculum and certify that the following information is accurate.

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

Name of Training (curriculum): \_\_\_\_\_

STARS Ref # \_\_\_\_\_

Name any co-authors or collaborators on this curriculum \_\_\_\_\_

List references and sources for this class curriculum:

Length of class: (rounded down to the next half hour) \_\_\_\_\_ Hours and \_\_\_\_\_ Minutes

For the topic, you are offering is this class focused on: **(Choose only one category)**

- \_\_\_ Those at entry level to the topic
- \_\_\_ Those who have some basic knowledge of the topic
- \_\_\_ Those who have knowledge of the topic and are advancing their knowledge or skill

Attach **ONE** of the following items to your request:

1. Your lesson plan for the class
2. Learning outcomes page submitted in STARS Class Approval form
3. Your syllabus or course outline if this course is a college course

For Staff Use Only:

| Instructor Level<br>(Entry-1, Journey-2,<br>Master-3) | Target level for class<br>(Entry-1, Journey-2,<br>Master-3) | Length of Class in<br>hours | Strength of Learning<br>outcome as stated in class<br>approval application. (1 to<br>3) (College course is 3.) | AxBxCxDx3=number of<br>preparation hours |
|---|---|-----------------------------|--|--|
| Example 1   | 1   | 1                           | 1  | (1x1x1x1=1) 1x3=3                        |
|   |   |                             |  |  |