



QRIS Education & Professional Development Summary

for family or group child care owners

Complete the following grid with information from your IdahoSTARS training transcript, documentation of business training, and college transcript(s) if applicable.

Your IdahoSTARS PDS Registry level: _____

<p>Total IdahoSTARS approved training hours in the 12 months prior to application. This total <u>includes</u> training in Components 9 & 10 taken in the 12 months prior to application</p>	Hours/Credits:
<p>Total IdahoSTARS approved training hours in Component 9 (Special Needs) <u>in the 12 months prior to the application:</u></p>	
<p>Total IdahoSTARS approved training hours in Component 10 (Protective Factors) <u>over the entire course of career:</u></p>	
<p>Total training hours in business (IdahoSTARS Component 6 or other) <u>in the last five years:</u></p>	
<p>Total ECE semester credits earned <u>in the 12 months prior to the application:</u></p>	
<p>Total business semester credits earned <u>in the last five years:</u></p>	