



611 Seventh Avenue, Suite 322, Huntington, WV 25701
Phone (888)WVETCR • Fax (304)529-2535
Email: tcr@wvcds.org

**QUALITY SUPPORT SERVICES
REQUEST FOR ACCREDITATION MENTORING APPLICATION**

Name _____

Center _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email Address _____

Are you a new director at your center? _____ Yes _____ No

Have you applied for accreditation in the past? _____ Yes _____ No

Do you have a particular mentor that you would like to request? _____ Yes _____ No
If yes, please provide their name and phone number _____

How far along are you in the accreditation process? Please check all that apply.

- _____ Have not started yet
- _____ Submitted enrollment form to NAEYC
- _____ Introduced concept of accreditation to staff and families
- _____ Received self-study materials
- _____ Engaged in self-study using the self-study kit
- _____ Chosen candidacy due date; If chosen, what is the due date? _____
- _____ Completed a formal self-assessment using the tools in TORCH Resource Library

How do you anticipate a mentor helping with the accreditation process?

(Mentors are assigned on a first-come, first-serve basis.)

Please return this application to:

Elizabeth Teel
Division of Early Care and Education
350 Capitol Street, Room B-18
Charleston, WV 25301
Phone: (304) 356-4605
Fax: (304) 558-8800