



### TRS Recertification Agreement Form – Early Assessment

Provider name: \_\_\_\_\_

Site address: \_\_\_\_\_

License number: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand and agree for my center/home to have a recertification assessment completed prior to the program’s official certification end date. Once the recertification assessment has been conducted, the program’s verified certification date and star level will be effective the first of the month after the recertification assessment is completed, with all benefits beginning on that date. The new TRS certification will expire 3 years from this new certification date.

**Please initial below:**

\_\_\_\_\_ I request and agree to have a recertification assessment conducted prior to my program’s current certification end date (\_\_\_\_\_).

Month requesting early assessment: \_\_\_\_\_ (Note: this does not guarantee that the assessment will occur on the requested month, but every effort will be made to accommodate the request.)

**Signatures:**

Provider Director/Owner name (Print): \_\_\_\_\_

Provider Director/Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRS Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRS Mentor Manager Initials: \_\_\_\_\_ Date: \_\_\_\_\_

TRS Assessor Manager Initials: \_\_\_\_\_ Date: \_\_\_\_\_