

## TRAINING PROGRAM APPLICATION

Complete a separate worksheet for each training course.

**The Workforce Innovation and Opportunity Act of 2014 (WIOA) requires that performance and cost information be given to prospective students funded by WIOA to assist them in making a choice about training.**

### School/Institution Information

School Name: _____	School Location (Address): _____
-----------------------	-------------------------------------

### Training Course Information

Training Course Name: _____	Current Course Enrollment (# of students): _____ Course Capacity (# students that can be accommodated): _____
Type of Credential Earned (select one): <input type="checkbox"/> PSAV (Post-Secondary Adult Vocational certificate) <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Occupational A.S. Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Stackable Credential: _____ Please describe: _____ <input type="checkbox"/> Other: _____ Please describe: _____	TABE score required for successful completion of this course: Reading Level: __ Language Level: __ Math Level: __ <small>(This is NOT applicable to Bachelor's Degree Program Applications)</small>
	What is the Grade level at which course texts are normed for each course of training proposed? __
	Course includes: Lab <input type="checkbox"/> Internship <input type="checkbox"/> Externship <input type="checkbox"/>
Total Credit Hours: _____ Total Clock/Contact hours to complete: _____ Total Weeks to complete: _____	Classification of Instructional Programs (CIP) Code: _____ Standard Occupational Code (SOC) SOC Code(s): _____ SOC Name(s): _____ Current TOL? <input checked="" type="checkbox"/>
Course Schedule: When is this course offered? Day: <input type="checkbox"/> List times offered. _____ Evening: <input type="checkbox"/> List times offered. _____ Weekend: <input type="checkbox"/> List times offered. _____	When does this class meet each week? Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/>

### Training Course Placement Information Enrollment Reporting Period (July 1<sup>st</sup> – June 30<sup>th</sup>)

Training Course Placement Information:	School Year	# Completing Training during reporting period	# of graduates who passed the licensing or certification examinations	# Training Related Placements within 180 days of completing training	Average Entry Wage (per hour) based on student placement data for school
	2017				\$ .
	2018				\$ .

### Training Course Costs by Category

(Bachelor's Degree programs should identify applicable costs within last 24 months of entire Program)

(A) Tuition	(B) Fees	(C) Books	(D) Uniforms	(E) Tools, Supplies, Equipment	(F) Certification/ Licensure Exams	TOTAL COURSE COST (ALL COSTS) =
\$_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Total Tuition and Fees (A) + (B) = \$_____		Total Other Costs (C)+(D)+(E)+(F) = \$_____				

**Credit for Prior Learning**

Does this Course utilize any of the following to award credit for prior learning? No: <input type="checkbox"/>  Yes: <input type="checkbox"/> If Yes, select all that apply:	<input type="checkbox"/> AP/CLEP Exam <input type="checkbox"/> Challenge Exam <input type="checkbox"/> DSST (DANTES) <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Military Credit (ACE) <input type="checkbox"/> Work Experience <input type="checkbox"/> Industry Certifications or Professional Licenses <input type="checkbox"/> Portfolio Review: Experiential Learning, Life Experience, Work History
--	--

**Support Documentation**

The following support documentation must be provided:	<input type="checkbox"/> School Catalog or Program Description from School Catalog Link: _____ <input type="checkbox"/> Itemized Book and Supply List <input type="checkbox"/> Itemized list of costs/fees by category <input type="checkbox"/> List of Certifications and Entity/Occupational Completion Points attained during course
---	---

**Certification and Acknowledgement**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration as an ITA Training Provider and may be considered justification for dismissal if discovered at a later date.

Print Name:	Title:
Signature:	Date:

Revised 6/24/2019