| **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): [ ]  PSAV (Post-Secondary Adult Vocational certificate) [ ]  Certificate [ ]  Diploma [ ]  Associates Degree [ ]  Occupational A.S. Degree [ ]  Bachelor’s Degree [ ]  Stackable Credential:      Please describe:      [ ]  Other:       Please describe:       | TABE score required for successful completion of this course:Reading Level:    Language Level:    Math Level:   **(This is NOT applicable to Bachelor’s Degree Program Applications) (If your institution does not TABE students as a requirement to start the program please put N/A)** |
| What is the Grade level at which course texts are normed for each course of training proposed?    (i.e. 8th, 9th, 10th,11th, 12th) |
| Course includes: Lab [ ]  Internship [ ]  Externship [ ]   |
| Program delivered: [ ]  100% Online [ ]  100% Classroom [ ]  Blended - # of courses available online; # of courses required in classroom |
| 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? [x]  |
| Course Schedule:  | When is this course offered?Day: [ ]  *List times offered*.      Evening: [ ]  *List times offered*.      Weekend: [ ]  *List times offered*.       | When does this class meet each week? Monday [ ]  Thursday [ ] Tuesday [ ]  Friday [ ] Wednesday [ ]  Saturday [ ]  |
| **Training Course Placement Information** **Enrollment Reporting Period (July 1st – June 30th)** |
| 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 |
| 2018 |       |       |       | $   .   |
| 2019 |       |       |       | $   .   |
| **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: [ ]  Yes: [ ] If Yes, select all that apply: | [ ]  AP/CLEP Exam[ ]  Challenge Exam[ ]  DSST (DANTES)[ ]  Apprenticeships[ ]  Military Credit (ACE)[ ]  Work Experience[ ]  Industry Certifications or Professional Licenses[ ]  Portfolio Review: Experiential Learning, Life Experience, Work History |
| Would Institution be willing to provide a scholarship for only those courses applicable to Youth for any amount above PELL and CSBD ITA cap? | No: [ ]  Yes: [ ]  |
| **Support Documentation** |
| The following support documentation must be provided: | [ ]  School Catalog or Program Description from School Catalog Link:      [ ]  Itemized Book and Supply List[ ]  Itemized list of costs/fees by category[ ]  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 6/12/2020