

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: _____

Is TABE test required for entry in this course? (Y/N) __

Reading Level: __ Language Level: __ Math Level: __

(If your institution does TABE students as a requirement to start the program please put score for each level)

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

Prerequisites to enter program: _____
(i.e. High school diploma or equivalent, Background check, etc.)

Classification of Instructional Programs (CIP) Code: _____

Total Credit Hours: _____
Total Clock/Contact hours to complete: _____
Total Weeks to complete: _____

Standard Occupational Code (SOC)
SOC Code(s): _____ SOC Name(s): _____ On current TOL?

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
	2020				\$.
	2021				\$.

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	
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: <input type="checkbox"/> Yes: <input type="checkbox"/>	
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 name of issuing Entity/Occupational Completion Points <input type="checkbox"/> Florida Department of Education Curriculum Framework <input type="checkbox"/> Supporting Evidence of program placement rate	
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 8/01/2021