| **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:  enter text | | | | | | | School Location (Address where program is offered):  enter text | | | | | | | | |
| School Telephone Number:  enter number with area code | | | | | | | School Website: enter URL | | | | | | | | |
| **Training Course Information** | | | | | | | | | | | | | | | |
| Training Course Name:  **enter text** | | | | | | | Is TABE test required for entry in this course?  No  Yes  If your institution does TABE students as a requirement to start the program, please put score for each level:  Reading Level: score Language Level: score Math Level: score | | | | | | | | |
| 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: enter text  Please describe: enter text  Other: enter text  Please describe: enter text  Current Course Enrollment: # of students  Course Capacity: # of students that can be accommodated | | | | | | |
| What is the Grade level at which course texts are normed for this course? choose an item | | | | | | | | |
| Course includes:  Lab  Internship  Externship | | | | | | | | |
| Program delivered:  100% Online  100% Classroom  Blended  If Blended,  percent % of course available online  percent % of course required in classroom | | | | | | | | |
| Prerequisites to enter program: enter text  **(High School Diploma or equivalent, Background Check, etc.)** | | | | | | | Classification of Instructional Programs (CIP) Code: enter code  CIP Name: enter text  <https://nces.ed.gov/ipeds/cipcode/browse.aspx?y=56> | | | | | | | | |
| Total Credit Hours: enter text  Total Clock/Contact hours to complete: enter text  Total Weeks to complete: enter text | | | | | | | Standard Occupational Code (SOC) Code: enter code  SOC Name: enter text  <https://www.bls.gov/soc/2018/major_groups.htm> | | | | | | | | |
| Course Schedule: | When does this class meet each week?  Monday  Thursday  Tuesday  Friday  Wednesday  Weekend | | | | | | When is this course offered?  Day list times offered  Evening list times offered  Weekend list times offered | | | | | | | On current TOL? | |
| **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 | | |
| 2021-2022 | enter number | | | enter number | | | | enter number | | | $ wage amount | | |
| 2022-2023 | enter number | | | enter number | | | | enter number | | | $ wage amount | | |
| **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)**  =  **$ cost** |
| $ cost | | $ cost | | | $ cost | $ cost | | $ cost | | | | $ cost | | |
| Total Tuition and Fees  (A) + (B) = $ cost | | | | | Total Other Costs  (C)+(D)+(E)+(F) = $ cost | | | | | | | | | |
| **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  Apprenticeships  Challenge Exam  DSST (DANTES)  Industry Certifications or Professional Licenses  Military Credit (ACE)  Portfolio Review: Experiential Learning, Life Experience, Work History  Work Experience | | | | | | | | | | |
| Would your 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.** Checking the boxes signifies that you have included these items. | | | | | School Catalog or Program Description from School Catalog  Link: enter URL  Itemized book and supply List (if not included in catalog)  Itemized list of costs/fees (if not included in catalog)  List of Certifications with Name of Issuing Entity (separate attachment)  Supporting evidence of program placement rate (separate attachment) | | | | | | | | | | |
| **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:  enter text | | | | Title:  enter text | | | | | Date: select date | | Signature:  insert signature | | | | |

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