| **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 [ ]  YesIf 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 textPlease describe: enter text[ ]  Other: enter textPlease describe: enter textCurrent Course Enrollment: # of studentsCourse 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 [ ]  BlendedIf 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 codeCIP Name: enter text <https://nces.ed.gov/ipeds/cipcode/browse.aspx?y=56> |
| Total Credit Hours: enter textTotal Clock/Contact hours to complete: enter textTotal 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 |

Revised 2/14/2024