| **PROVIDER 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:  | What is the highest Grade level at which course texts are normed for each course of training proposed?    |
| Type of Credential Earned (select one): [ ]  PSAV (Post-Secondary Adult Vocational certificate) [ ]  Certificate [ ]  Diploma [ ]  A.S. Degree [ ]  Occupational A.S. Degree [ ]  B.S. Degree [ ]  Stackable Credential:      Please describe:      [ ]  Other:       Please describe:       | Classification of Instructional Programs (CIP) Code:      Standard Occupational Code (SOC) Name(s):       SOC Code(s):        |
| Total Credit Hours:     Total Clock/Contact Hours to complete:     Total Months to complete:      |
| Course includes: Lab [ ]  Internship [ ]  Externship [ ]   |
| Course offered: Online [ ]  Classroom [ ]  Combination [ ]  |
| **Training Course Placement Information** **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 |
| 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) = $**.** |  |
| **Prior Learning Assessments** |
| 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 |
| **Support Documentation** |
| The following support documentation must be provided: | [ ]  Course Catalog or Course Description from Course Catalog[ ]  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:       |  |
| Signature: |  |

Revised 5/29/2019