| **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