



State of Alaska
 Department of Labor and Workforce Development
 Division of Business Partnerships
Eligible Training Provider List Application*

Workforce Investment Act Title IB Programs
 Adult and Dislocated Worker Job Training Services

* This application is for "initial eligibility" for training providers and programs that are **NOT** eligible and certified under Title IV of the Higher Education Act to participate in federal student aid programs.

Part A – Provider Information

1. Name of Training Provider/Educational Institution:

Mailing Address: _____

Physical Address: _____

Website: _____

2. Contact person for this application:

Name: _____ Title: _____

Telephone: _____ Email: _____

3. Expiration date of Alaska Commission on Postsecondary Education (ACPE) authorization:

_____ **OR**

Date Exemption was granted: _____ AND the statutory citation for the exemption:

___ 20 AAC 17.015(a) (1) Name of organization granted the exemption:

___ 20 AAC 17.015(a) (2)

___ 20 AAC 17.015(a) (3) Name of the regulating agency or political subdivision of the State:

___ 20 AAC 17.015(a) (4)

___ 20 AAC 17.015(a) (5) State authorized in: _____

___ 20 AAC 17.015(a) (6) Name of religious organization: _____

___ 20 AAC 17.015(a) (7)

4. Alaska Business License Number: _____ Expiration Date: _____

5. Federal Employer Identification Number: _____

Part B –Training Program Information

Complete this section for each program for which you are seeking ETP eligibility. Make copies as necessary.

1. Name of program or program of training services*: _____

2. Is the program _____new or _____currently in existence? If an existing program, performance data must be submitted with this application. Please see Part C of this application.

3. Is this program included in the current ACPE authorization or exemption? ___Yes ___No

4. Sites at which this program is delivered: (if a different curriculum is used, then a separate application must be completed for each site with a different curriculum.)

Site address: _____

Delivery method: ___ Classroom ___ Distance ___ Both

Site address: _____

Delivery method: ___ Classroom ___ Distance ___ Both

5. Contact person for **program information** if different than in Part A:

Name: _____ Title: _____

Telephone: _____ Email: _____

Contact person for **financial information** if different than in Part A:

Name: _____ Title: _____

Telephone: _____ Email: _____

6. Does this program result in:

_____ an Associate degree?

_____ a Bachelor degree?

_____ a Credential*, such as a industry recognized certificate or endorsement?

Name of organization certifying the credential: _____

Name/type of credential to be attained: _____

_____ Something other than a degree or credential? Please describe:

And provide the following:

a) Documentation of the minimum performance standards of skills or competencies for successful completion of the training program; **AND**

b) Documentation that the minimum performance standards are needed for a specific job or jobs, an occupation, occupational group or generally, for many types of jobs or occupations. Such documentation might include statements from local employers affirming that the minimum performance standards attained by successful completers will meet their minimum standards of employment or evidence that the minimum performance standards for training meets the minimum qualifications for recent recruitments in Alaska; **AND**

c. Attach copies of the attendance and grading policy for the program.

7. Is this program accredited? _____ Name of Accrediting Agency _____

8. Program length for full-time enrollment: _____

Is part-time enrollment permitted? ____ Yes ____ No

9. Program Cost: Tuition: _____ Books & Supplies: _____

Fees: _____ Other required costs: _____

9. Please provide a narrative that describes the program. You may attach the narrative to this application or provide it electronically through a web link.

11. Classification of Instructional Programs (CIP) Code: _____

Refer to [US Department of Education web site](#)

* Definitions:

Program or Program of Training Services is one or more courses or classes, or a structured regimen, that upon completion,

- i) leads to a *certificate, an associate degree or baccalaureate degree*, or
- ii) skills or competencies needed for a specific job or jobs, an occupation, occupational group, or generally, for many types of jobs or occupations, as recognized by industries and determined prior to training.

Credential in this context is an industry-recognized certification awarded in recognition of an individual's attainment of measurable technical or occupational skills necessary to obtain employment or advance within an occupation. The Division adheres to the definitions and examples given in the [USDOL – ETA TEGL 15-10, Credential Resource Guide](#).

Part C – Participant Information

Pertinent Dates:

The Alaska Department of Labor and Workforce Development, Research and Analysis (R&A) Section will use specific client data to determine eligibility. If this training program is new, and if your training institution meets the requirements for eligibility, this program will receive *initial eligibility* for inclusion on the Eligible Training Provider List (ETPL).

If this training program has been offered over the past few years, please provide the most recent three years of program participant records (if available – see below for required data). You may attach a hardcopy with this application or send an electronic copy.

The R&A Section will contact approved training providers annually to obtain updated participant records. These records are due July 1 of each year. This data will be used to determine *subsequent eligibility*. Subsequent eligibility is based upon participant completion rates, employment retention and earnings. Failure to provide the required data, or the intentional submission of inaccurate data, may result in program ineligibility. Changes to program name, content, or applicable policies require submission of a revised “Part B – Training Program Information”.

Training Participant Information:

You may provide the participant data via an electronic file, with one record per training program participant exiting the program. You may request a standard Excel spreadsheet if you wish.

Please note: This information is only for programs already in existence, or when R&A contacts you annually for updated participant records.

Required Data:

1. Campus or city location of training
2. Social Security Number and name of student (name is optional)
3. Classification of Instruction Programs (CIP) 6-digit code
4. Name of training, degree or certificate program pursued by participant
5. Student start date in the program: YYYYMMDD
6. Student exit date from the program: YYYYMMDD
7. Indicate the completion status of the student:
 - 1 = Degree or certificate awarded or program completed
 - 2 = Student enrolled but didn't complete the program
8. For those that did not complete the program, reason for exit:
 - 1 = Withdrew with full refund
 - 2 = Entered active duty military
 - 3 = Entered religious program or mission
 - 4 = Entered Peace Corps or AmeriCorps
 - 5 = Transferred to another educational program
 - 6 = Withdrew for medical reasons
 - 7 = Incarcerated
 - 8 = Died
 - 9 = Other

Part D - Statement of Provider Viability

Name of Training Institution: _____

- (a) Is a legal entity, registered to do business in the State of Alaska
- (b) Has current status with ACPE and a copy of the status notification letter is included with this application
- (c) Is eligible to receive Federal funds, and is (✓ check one):
 - (1) a postsecondary institution eligible to receive Federal funds under the Higher Education Act, or
 - (2) apprenticeship program recognized under the National Apprenticeship Act, or
 - (3) a public or private provider of training programs.
- (d) Does not discriminate against nor deny employment or services to any person on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I--financially assisted program or activity as specified in Title 29, Code of Federal Regulations Sections 37.20 through 37.22.
- (e) Is in compliance with the 1990 Americans with Disabilities Act (ADA)
- (f) Demonstrates effectiveness in operating occupational classroom training programs(s) including provision of placement assistance
- (g) Agrees to allow provider facilities, classroom instruction, relevant financial and insurance records, and attendance records to be reviewed by state, federal and/or local monitors or auditors to ensure compliance with funding requirements
- (h) Agrees to annually provide Department of Labor and Workforce Development, Research and Analysis with key participant data needed to conduct an annual program performance review
- (i) Agrees to submit a revised application if program name, curriculum, or policies change

I hereby certify, as an authorized representative of the said training institution, that the above statements and all information included in this application are accurate and true.

Authorized Signature

Date

Printed Name

Research and Analysis (R&A) uses the information in this application to determine provider and program eligibility. R&A will calculate performance outcomes based on the participant data submitted. A determination on eligibility status will be provided to the training provider and annotated on the Alaska State Eligible Training Provider List.

Part E – Alaska Workforce Investment Board (AWIB) Verification

Section I. Eligibility Status

When the institution meets eligibility requirements the AWIB ETP Representative will send an approval letter to the provider. Calculation of performance data collected in Part C of this application determines subsequent eligibility of the program.

Please refer to the statewide Eligible Training Provider and Program WEB site at: <http://www.labor.alaska.gov/bp/etpl.htm> for further details.

Section II. Contact Information

Mary Deitz, Research Analyst III
Department of Labor and Workforce Development
Division of Business Partnerships
PO Box 115509
Juneau, Alaska 98811-5509
Telephone: (907) 465-2792
Email: mary.deitz@alaska.gov

Section III. Verification

The authorized representative of the Alaska Workforce Investment Board hereby verifies that the program(s) specified in this application appear to satisfy initial - or subsequent eligibility criteria.

Representative

Date

Printed Name



The Workforce Investment Act is an equal opportunity employer/program and will make auxiliary aids available upon request to individuals with disabilities.

Internal Use Only:

Part A _____

Part B _____

Part C: Data Available: _____ Not Available: _____

Part D: _____

Part E: _____

Alaska Business License #: _____

Refund Policy attached or on file _____

Other policies attached or on file _____

ACPE verification: _____