



**State of Alaska**  
Department of Labor and Workforce Development  
Division of Business Partnerships

**Postsecondary Education Institutions  
&  
Apprenticeship Programs  
Application  
For the Eligible Training Provider List (ETPL)**  
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 have been deemed eligible and certified under Title IV of the Higher Education Act to participate in federal student aid programs (other than the University of Alaska) **OR**
- Apprenticeship programs registered under the National Apprenticeship Act (NAA) to be placed on the Eligible Training Provider list.

It also explains potential requirements for subsequent eligibility (Part C) once the initial eligibility ends.

**Part A – Provider Information**

1. Name of Provider: \_\_\_\_\_

2. Contact person for this application:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3. Federal Domestic School Code: \_\_\_\_\_

Expiration date of Alaska Commission on Postsecondary Education authorization: \_\_\_\_\_ OR

Date Exemption was granted: \_\_\_\_\_ AND

the exemption statutory citation: 20 AAC 17.015(a) (\_\_\_\_)

OR

NAA Program Sponsor Name: \_\_\_\_\_ AND

Sponsorship 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 this program included in the current ACPE authorization or exemption? \_\_\_ Yes \_\_\_ No  
(not required for apprenticeship programs)

3. Sites at which this program is delivered:

Site address: \_\_\_\_\_

Delivery method: \_\_\_ Classroom \_\_\_ Distance \_\_\_ Both

Site address: \_\_\_\_\_

Delivery method: \_\_\_ Classroom \_\_\_ Distance \_\_\_ Both

Site address: \_\_\_\_\_

Delivery method: \_\_\_ Classroom \_\_\_ Distance \_\_\_ Both

3. 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: \_\_\_\_\_

4. Does this program result in:

\_\_\_ An Associate degree? Name of degree: \_\_\_\_\_

\_\_\_ A Baccalaureate degree? Name of degree: \_\_\_\_\_

\_\_\_ a Credential\*, such as a industry recognized certificate or endorsement

Name of organization certifying the credential: \_\_\_\_\_

Name/type of credential to be attained: \_\_\_\_\_

\_\_\_ Other Please describe: \_\_\_\_\_

5. Program length for full-time enrollment: \_\_\_\_\_

Is part-time enrollment permitted? \_\_\_ Yes \_\_\_ No

6. Program Cost: Tuition: \_\_\_\_\_ Books & Supplies: \_\_\_\_\_

Fees: \_\_\_\_\_ Other required costs: \_\_\_\_\_

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

8. If the program of training services results in "Other" as described in 4. above, please provide:

- a) Documentation of the minimum performance standards of skills or competencies for successful completion of the training program AND
- b) Documentation that those 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.

9. 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](mailto: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: \_\_\_\_\_