

Alaska Department of Labor and Workforce Development  
**Employment and Training Services**

**Eligible Training Provider and Program Application  
University of Alaska**

Workforce Innovation and Opportunity Act (WIOA)  
Adult, Dislocated Worker and Youth Programs

This application is for "initial eligibility" for programs provided by the University of Alaska to be listed on Alaska's Eligible Training Provider (ETP) List.

**Training Provider Information**

1. University Branch affiliation:  Fairbanks  Anchorage  Southeast

2. Contact person for this application:

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

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

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

3. Contact person for **Completer Data** (Completer Date definition resides in the ETPL Procedural Guide):

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

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

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**Submittal Information**

***Important:*** Please refer to the Department of Labor and Workforce Development (DOLWD), Division of Employment and Training Services (DETS) website, Eligible Training Provider and Program List (ETPL) page for provider responsibilities and information such as regulations and definitions at: <http://www.labor.alaska.gov/bp/etpl.htm>.

Submit completed applications and attachments to:

Eligible Training Provider and Program List  
DOLWD/DETS  
PO Box 115509  
Juneau, AK 99811-5509  
Email: [DOL.ETPL@alaska.gov](mailto:DOL.ETPL@alaska.gov)

**Scanned copies of the completed application are acceptable.**

## Training Program Information

Complete this section for **each training program** for which you are seeking ETP status.

1. Name of training program or training services: \_\_\_\_\_

2. Is the program:

- Existing programs** - Has UAA submitted the required three calendar years of student data including student birth name, date or social security number, training start date, training end date, and indicate if training was completed or not to the Department of Labor?
- New program** - Please attach an explanation of the partnership with business i.e training is required by an employer(s). This may be done by producing letters of support from business or other information showing a partnership between the training provider and business.

3. University Campus(es) at which this program is delivered: \_\_\_\_\_

Delivery method:     Classroom     Distance     Both

4. Will the training program result in:

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

Baccalaureate degree Name of degree: \_\_\_\_\_

*(If either of these degrees is a program developed under the Statewide Branch of the University, please list which local branch of the University is a partner for issuing the degree: \_\_\_\_\_)*

Credential, such as an industry recognized certificate or endorsement

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

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

University of Alaska "Occupational Endorsement", not issued by a third party

University of Alaska "Workforce Development Certificate", not issued by a third party

Professional Licensure

Other Please explain: \_\_\_\_\_

5. Program length for full-time enrollment: \_\_\_\_\_ Is part-time enrollment permitted?

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

Fees: \_\_\_\_\_

Other required costs (e.g. tools.housing/meals)\_\_\_\_\_

7. Please provide a narrative that describes the program, attendance, grading policy and costs. You may attach the narrative to this application or provide it electronically through a web link.

## Training Provider Statement of Assurances

**The Division of Employment and Training Services will not approve Eligible Training Provider status if the training provider fails to accept the Standard Assurances contained in this section.**

**In performing its responsibilities as an Eligible Training Provider, the training provider hereby assures that it will fully comply with the following:**

1. The University of Alaska 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 WIOA--financially assisted program or activity as specified in 29 CFR 37.20 -.22.
2. The University of Alaska is in compliance with the 1990 Americans with Disabilities Act (ADA)
3. The University of Alaska agrees to provide access to relevant financial and WIOA participant's attendance records to be reviewed by state or federal monitoring staff to ensure compliance with funding requirements.
4. The University of Alaska agrees to annually provide Department of Labor and Workforce Development, Research & Analysis (R&A) key data on **ALL** training program participants. This key data includes the participant **Social Security Number and Date of Birth**. This information is needed to conduct an annual program performance review
5. The University of Alaska assures the State that it has a complaint policy, grievance policy and refund policy.
6. The University of Alaska agrees to submit a revised application if program name, curriculum, or policies change.
7. The University of Alaska agrees to retain all ETPL related student records for a period of six years.

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

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Authorized Signature

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Date

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Printed Name