

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: Anchorage Fairbanks 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: _____

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: <https://labor.alaska.gov/dets/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

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 New **OR** Currently in existence?

Existing program – UA Institutional Research will provide three calendar years' of student data on behalf of the applicant to the Department of Labor for evaluation.

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 Locations at which this program is delivered: _____

Delivery method: Classroom/In-Person Online, E-learning, or Distance Learning
 Hybrid or Blended Program

4. Will the training program result in a:

- Associate degree. Name of degree: _____
- Baccalaureate degree. Name of 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. Name of license: _____
- Other: Please explain: _____

5. Program length for full-time enrollment in clock hours _____ and weeks _____ .

Is part-time enrollment permitted? Days of the week?

6. Program Cost: Tuition: _____ Books/Supplies: _____
Fees: _____
Other required costs (e.g. tools, housing/meals): _____

7. Completion Expectations: Number of credits earned: Semester Quarter

8. Please provide a narrative that describes the program. Also enter 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.

Authorized Signature

Date

Printed Name