

# Employment and Training Services

## National Apprenticeship Program Information

### For the Eligible Training Provider List (ETPL)

Workforce Innovation and Opportunity Act (WIOA)

Adult and Dislocated Worker and Youth Programs

Registered Apprenticeships may be placed on the eligible training provider list (ETPL) until the program sponsor notifies the State that it no longer wants to be included on the list. The ETPL is utilized by individuals seeking training opportunities funded by WIOA. To be listed on the ETPL, please complete the following information:

Registered Training Provider/Sponsor: \_\_\_\_\_

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

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

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

Website: \_\_\_\_\_ Federal EIN: \_\_\_\_\_

Registered Apprenticeship Program(s): \_\_\_\_\_

Program Registration Number(s): \_\_\_\_\_

Program Description: \_\_\_\_\_

Name of Related Technical Instruction provider(s) if different, and Cost of Instruction:  
\_\_\_\_\_ \$ \_\_\_\_\_

Address and location where program(s) are delivered, **if different** from sponsor's address:  
\_\_\_\_\_

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

Program length for full-time enrollment in clock hours \_\_\_\_\_ and in weeks \_\_\_\_\_

Number of active apprentices: \_\_\_\_\_ Occupational Code/RAPIDS Code: \_\_\_\_\_

Industry recognized certificate or endorsement obtained upon completion of the program:  
\_\_\_\_\_

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Submit completed applications and Standards via email to: [DOL.ETPL@alaska.gov](mailto:DOL.ETPL@alaska.gov)  
Additional information can be located at: <https://labor.alaska.gov/dets/etpl.htm>

