

# Employment and Training Services

## Eligible Training Provider and Program Application

Workforce Innovation and Opportunity Act (WIOA)

Adult and Dislocated Worker and Youth Programs

This change form is for training providers who are submitting changes to their current training programs listed on Alaska's Eligible Training Provider and Program list (ETPL).

### A. Training Provider Information

1. Name of Training Provider/Educational Institution: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Website: \_\_\_\_\_

2. Contact person for these changes:

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

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

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

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

Submit completed applications and attachments to:

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

**Scanned copies of the changes are acceptable.**

## B. Training Program Changes

Complete this section for **each training program** that is being changed.

1. Name of training program listed on the ETPL: \_\_\_\_\_

2. State each program change that is to occur:

Program Name Change: \_\_\_\_\_

Location Change: \_\_\_\_\_ Add New Training Location: \_\_\_\_\_

Delivery method Change: \_\_\_\_\_

Contact Change: \_\_\_\_\_

Credential Change: \_\_\_\_\_

Program Length Change: \_\_\_\_\_

Training Cost: Tuition: \_\_\_\_\_ Books & Supplies: \_\_\_\_\_ Fees: \_\_\_\_\_

Other Costs: \_\_\_\_\_

Program Narrative Change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Change: \_\_\_\_\_

**NOTE:** Significant change to the program may result in a new application being requested and evaluated according to ETPL criteria.

**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