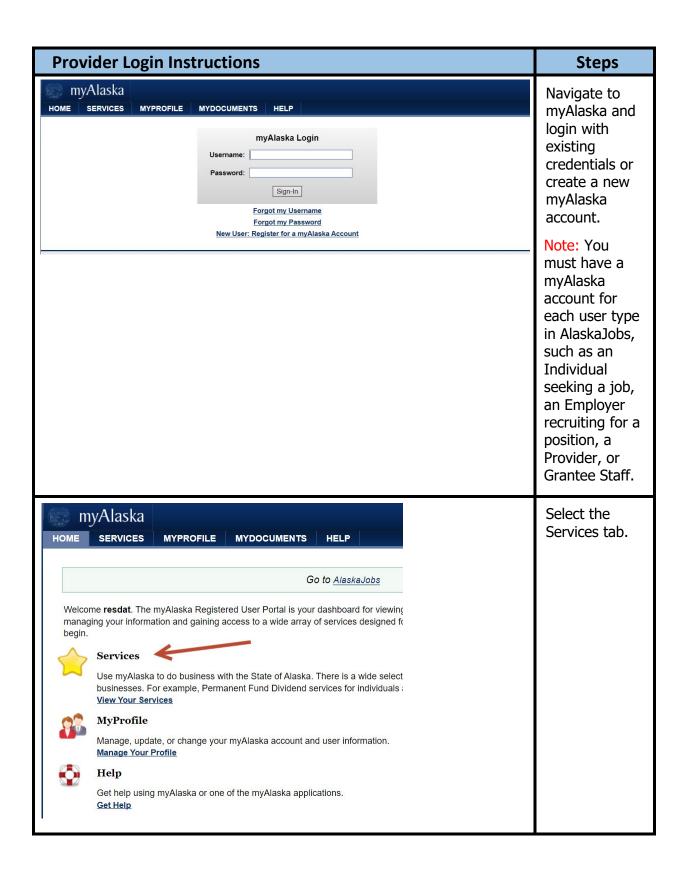


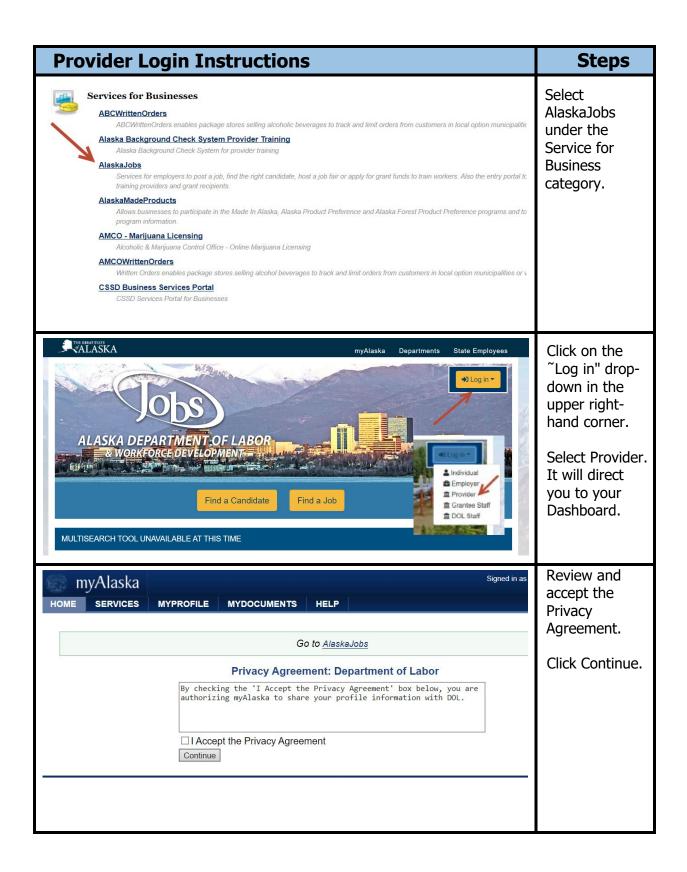
Provider Guide for the Alaska Eligible Training Provider List (ETPL)

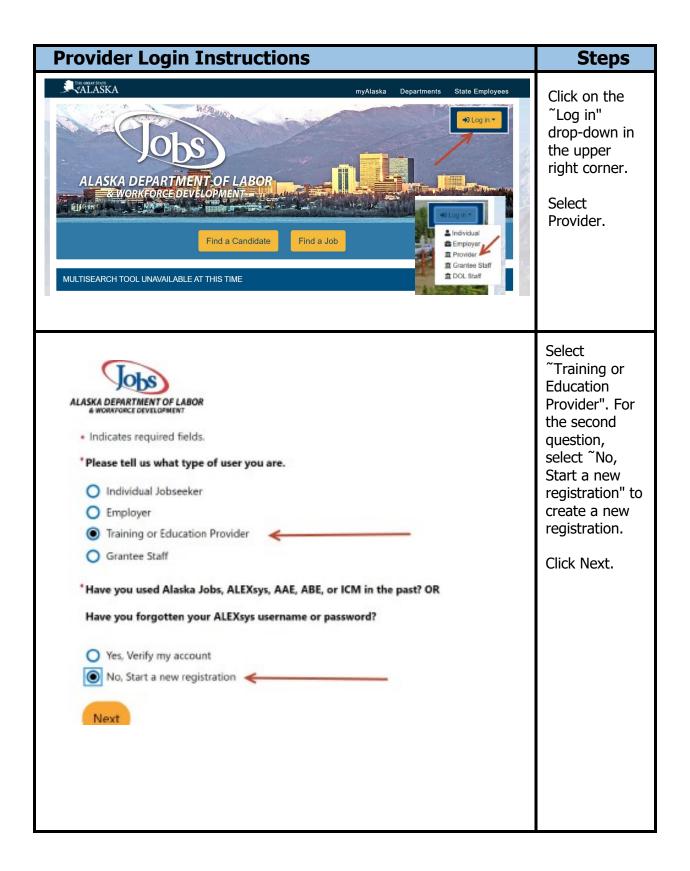
Revised June 2023

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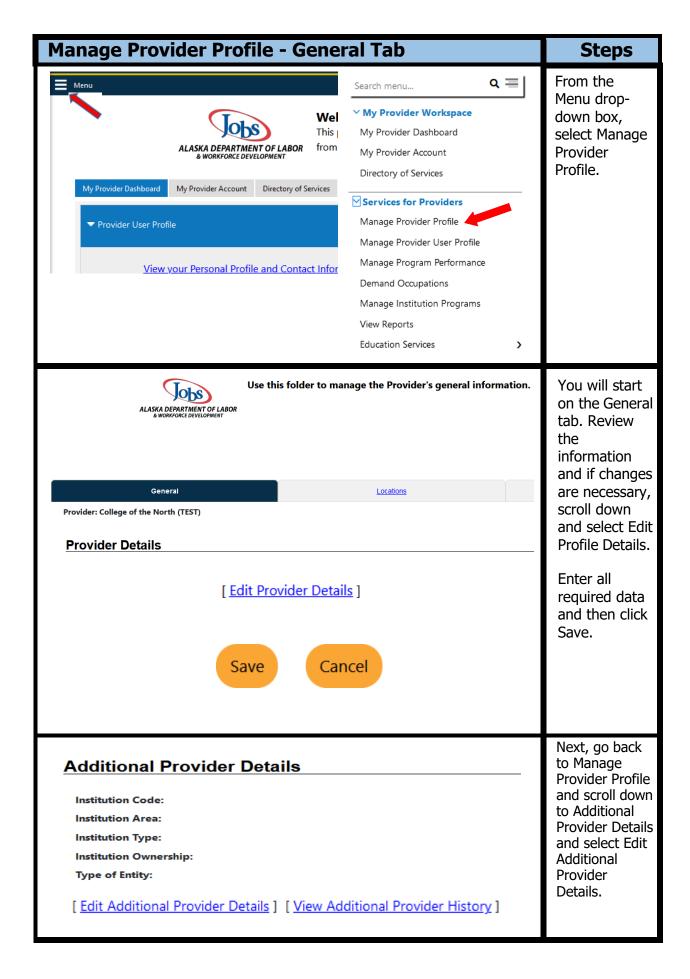




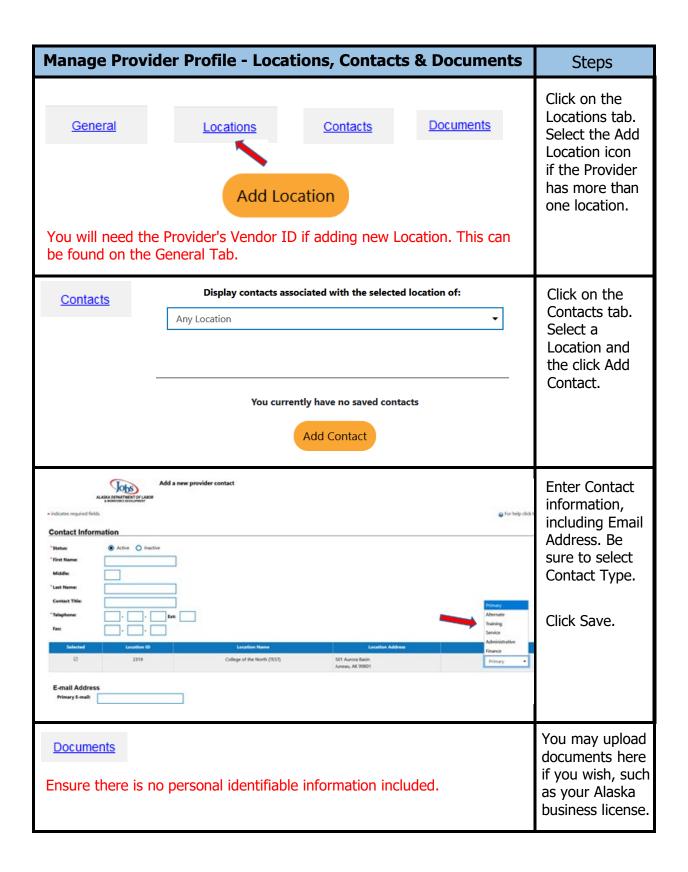


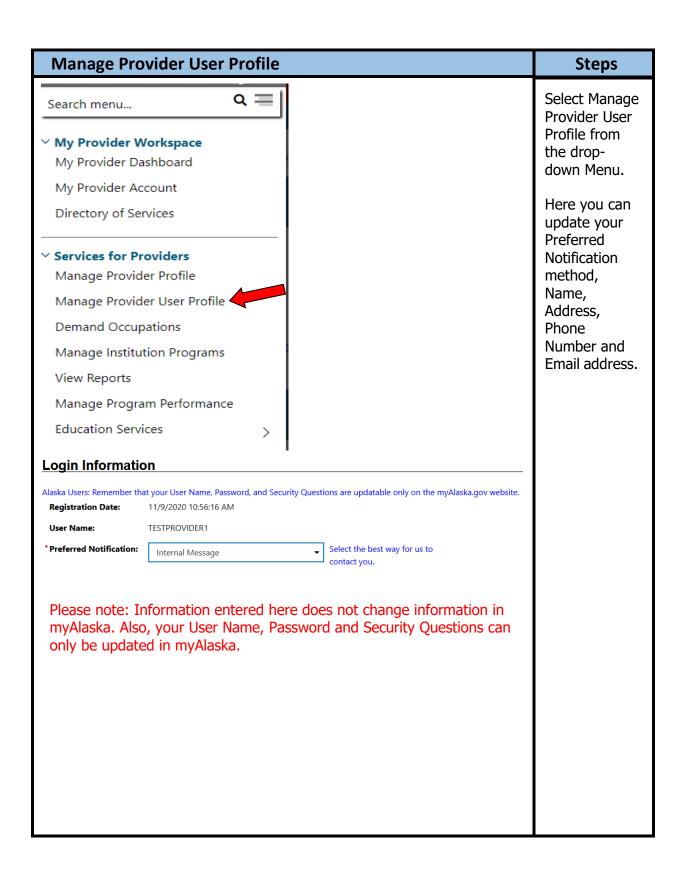
| Provider Logi | n Instructions | Steps |
|---|---|--|
| Provider User Registration | CALASKA myAlaska Departments Dashboard Accessbility Sign In | Enter your organization's EIN to determine if you are already |
| Organization Info | y in our system. Please enter the name of your organization If it appears in the list of suggestions, please click to select it: Found in List Not Found TA Provider 32-5698741 | in the AlaskaJobs system. If your organization is listed, select it and continue entering Your Information. |
| Institution Type: | Community College Private for profit institution | This registers you as a Provider User. You will enter your myAlaska User Name and |
| Enter Your Inform Title: *First Name: Middle Initial: | nation B | select your Preferred Notification method in the next screen. |
| New Organization Information It appears that your Organization doesn't Cancel to exit Registration): Name: EIN: Enter Your Information | ation t currently exist in our system. Please enter the following information for your Organization and click Save (or Up to 60 characters (12-3456789 or 123456789) | If your organization is not listed, that is rare and it could be that your EIN is just missing from the account. |
| Title: First Name: Middle Initial: Last Name: Address 1: | | Please email the Help Desk to search for it before creating a new account. |
| This registers you as a | alaskajobs.helpdesk@alaska.gov Provider User. You will enter your myAlaska User Name ed Notification method in the next screen. | Complete the New Organization registration form and Enter Your Information. |

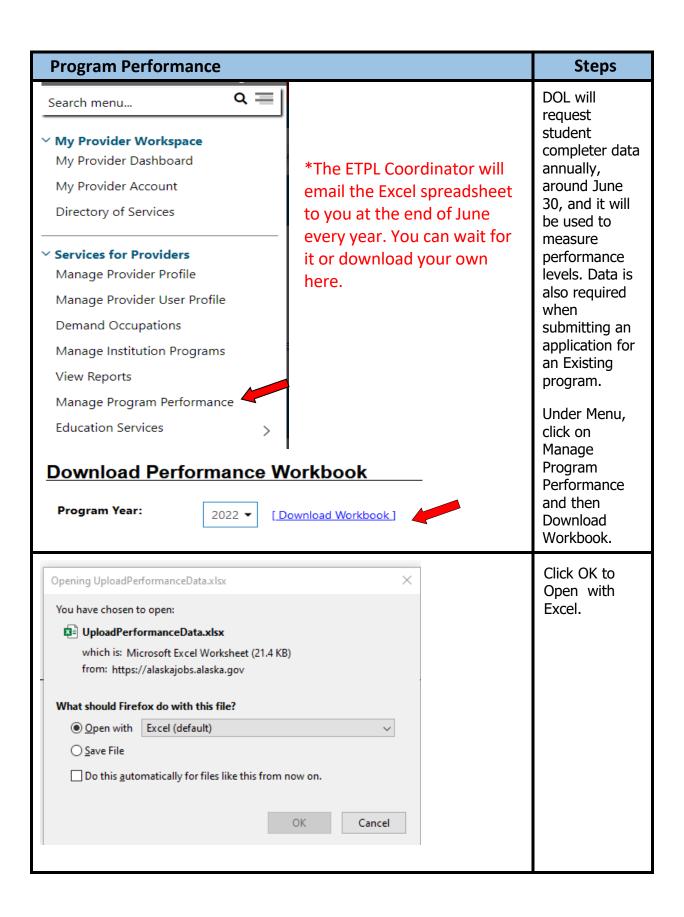
Provider Login Instructions Steps Welcome A message will appear stating Thank you for registering. Your access request will be reviewed and you will be contacted once that the account your information has been verified. Once your access is approved you will be able to add and maintain will be reviewed, your institution's programs and active provide profile. If you have any questions, please contact: and if approved, access will be granted to the Provider User. You will be able to add and maintain your Dawn Duval, Employment Training Technical Unit: (907) 465-1805 institution's Dawn.Duval@alaska.gov programs. You have Return to My Dashboard successfully registered. To ♣ Services 🛊 Page Preferences 📢 Feedback 🕢 Assistance go to your AlaskaJobs Dashboard, select the Welcome to My Provider Workspace 'Return to My This page allows you to customize the content yo Dashboard' select another function from the menu on the left ALASKA DEPARTMENT OF LABOR button. & WORKFORCE DEVELOPMENT Your Dashboard ■ Provider User Profile ■ My Messages looks like this. 0 Unread View your Personal Profile and Contact You must be Information Approved as a **Demand Occupations** Provider User O Read I before you can Reports access certain Manage Institution Programs Enter screens. This happens overnight, so if you need access ■ Need help or more information immediately, email: Assistance Center dol.etpl@alaska Find the answers to your questions or issues. .gov

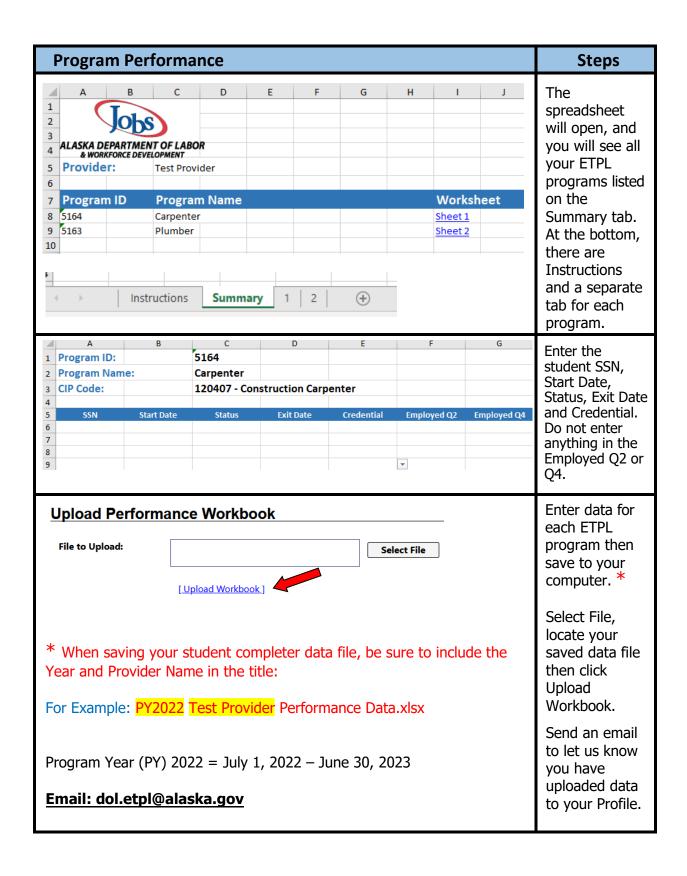


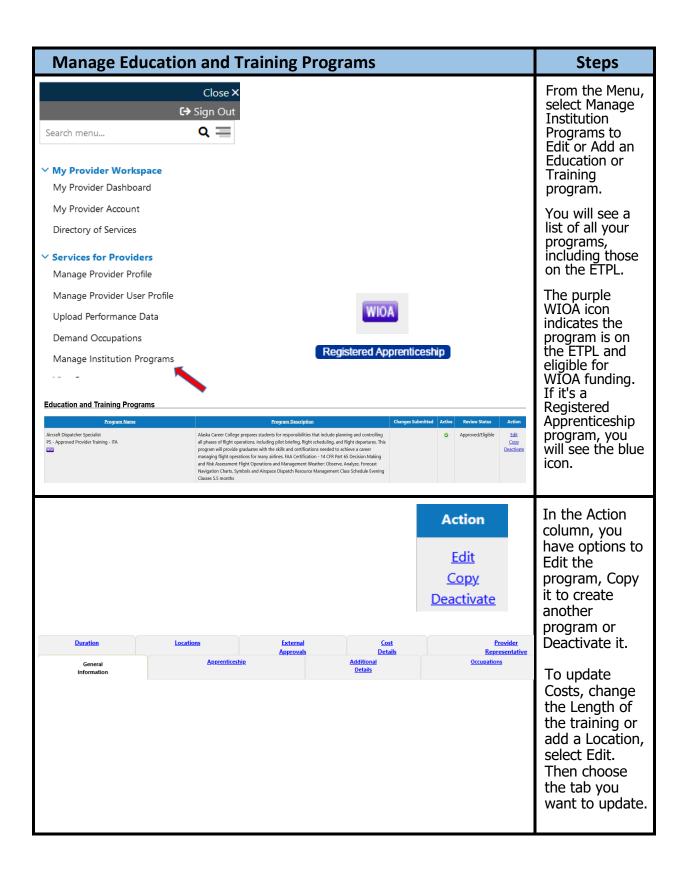
| Manage Provider Profile - Gene | ral Tab | Steps |
|--|---|--------------------------------------|
| Additional Provider Information | | Select the |
| Institution Name: | College of the North (TEST) | appropriate option for |
| Institution Code: | AK1574 | Institution |
| *Institution Area: | Juneau Borough | Type, Institution |
| *Institution Type: | Community College | Ownership and |
| *Institution Ownership: | Public Institution ▼ | Type of Entity. Enter the |
| *Type of Entity: | Private For-Profit ▼ | Institution |
| *Institution Description: | Community College | Description, Main |
| | | Telephone |
| | | Number and Main Email |
| | (2000 characters max.) | Address. |
| * Main Telephone Number: | 907 - 500 - 1212 | |
| Main Email Address: | | |
| | | |
| | | |
| *Is this a Community College? | Yes No | If Yes to |
| *Display Online to the public? | ● Yes ○ No | Accreditation, select |
| *Accreditation / Approval | Yes No | appropriate Approving |
| Accrediting / Approving Body: | North Central Association of Colleges and Schools | Body. State |
| *State Approving Agency Exemption Certificate on File | Yes No | Approving Agency is the |
| *State Approving Agency Receipt Letter on File | Yes No | Alaska Commission on |
| Financial Aid Available | Yes No | Postsecondary |
| Eligible Provider of Youth Workforce Investment Activities: | Yes No | Education (ACPE). Answer |
| Pell Grant Eligible: | Yes, Pell Grant Eligible. | Yes to either Exempt or |
| | No, not Pell Grant Eligible. | Receipt Letter on File |
| | Pell Grant Not Applicable | (Approved) and |
| State Pusiness License | | No to the other. |
| State Business License | | |
| Upload State Business License: | <u>Upload Document</u> | Upload a copy of your |
| State Business License Expiration Date: | (mm/dd/yyyy) | business license if available. |
| Save | Cancel | Click Save. |

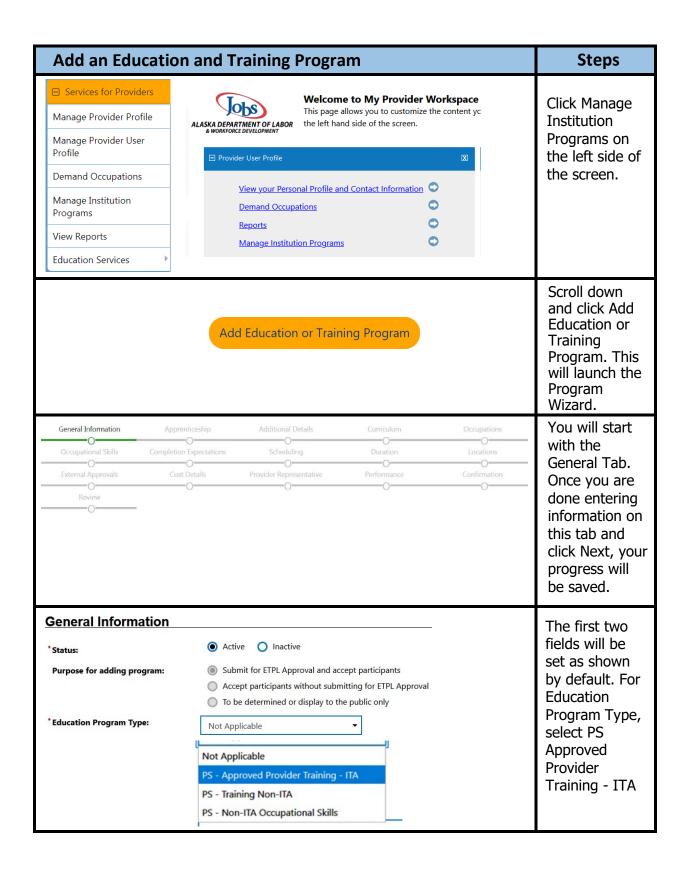




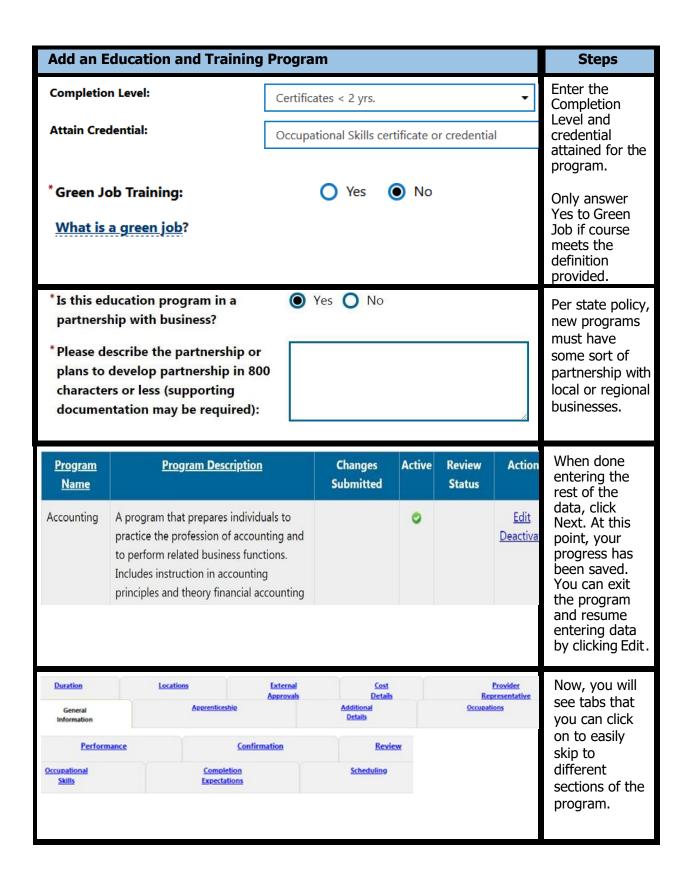






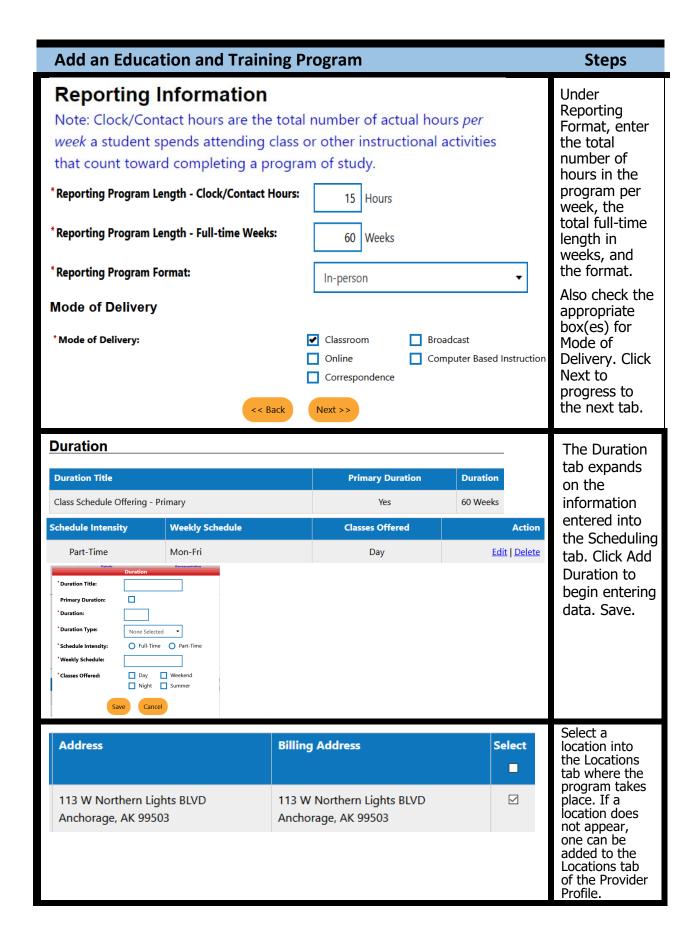


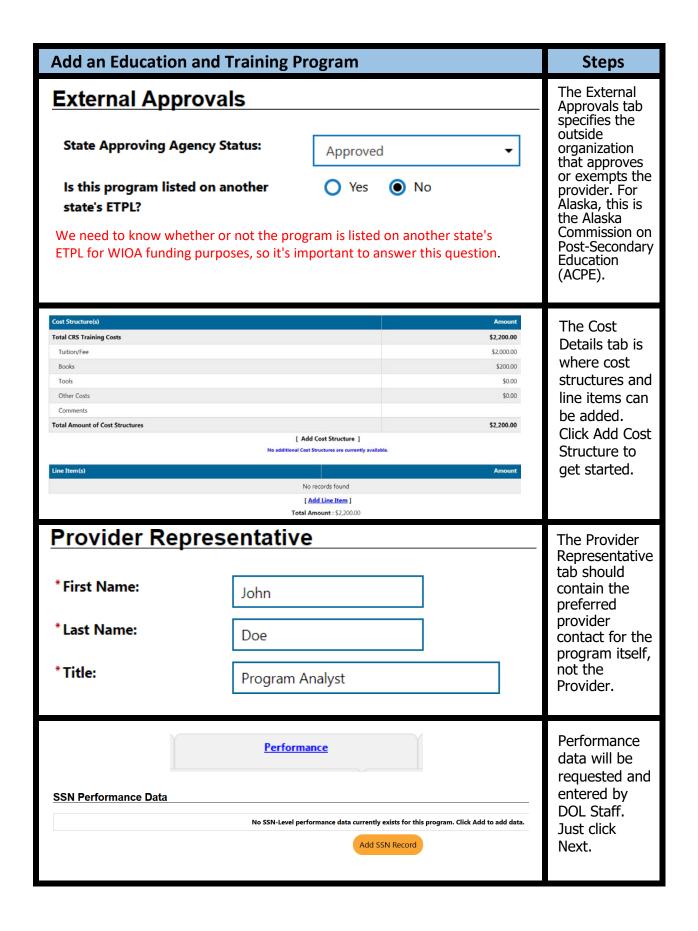
| Add an Education and Training Prog | gram | Steps |
|---|---|--|
| *This program is an Apprenti | iceship: O Yes O No | If this program is an apprenticeship, mark Yes and go to Entering an Apprenticeship Program. |
| *CIP Code: | None Selected [<u>Search for CIP Code</u>] | Click Search for a CIP Code. |
| Type your keywords in the Search button. | Search Options] | Type in a keyword for the CIP Code. You can also search by Program Area, Listing, Occupation, Career Cluster, or Program Code. Select one. |
| * Education Program Name: Education Program Description: | A program that prepares individuals to practice the profession of accounting and to perform related business functions. Includes | Enter a name for the program. Note that the CIP code populates the program description but may be edited. |
| *This program of study or training services has the following potential outcome(s) (please select all that apply): An industry-recognized certificate or certification A certificate of completion of an apprenticeship A license recognized by the State involved or the Federal Gov An associate degree A baccalaureate degree | A community college certificate of completion A secondary school diploma or its equivalent Employment A measurable skills gain leading to a credential A measurable skills gain leading to employment | Select at least one potential program outcome. |
| *This program leads to a cre degree | dential or Yes No | The program must lead to a credential or degree to be on the ETPL. |



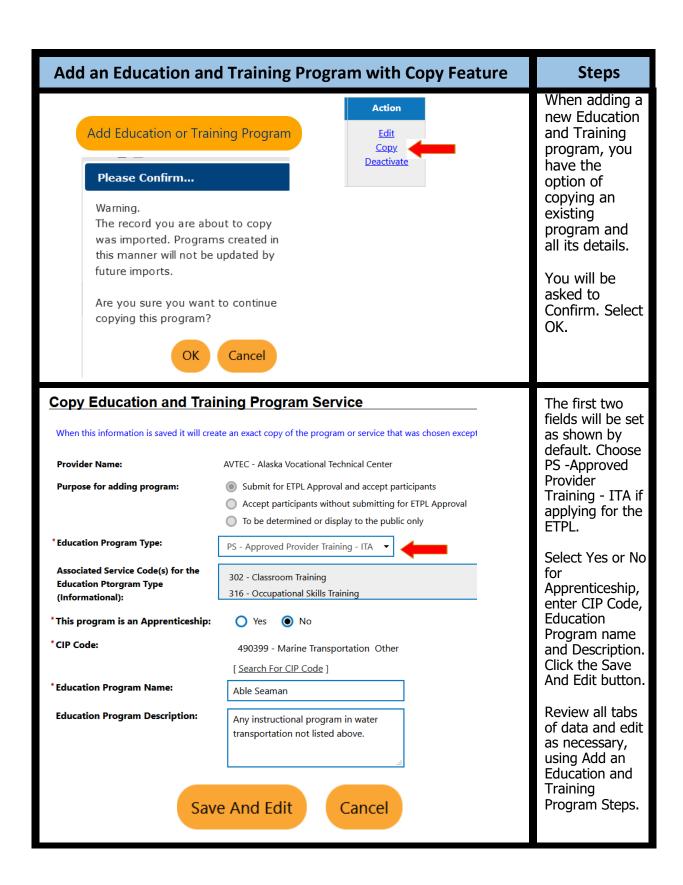
| Add an Education and | Training Program | Steps |
|---|---|---|
| Additional Details Financial Aid Available: URL of Training Program (Example: http://site.com): *Program Prerequisites: Date Edu. Program First Offered | Pell Grant Institutional Scholarship Federal Loan Other None Selected Today. | The Additional Details tab asks for information on prerequisites, class size, and any equipment used in the program. Enter as much information as you can. This is what students will see, so more details are better. |
| Code Occupation Title 13201100 Accountants and Auditors • 13201101 Accountants • | Provider's Alternate Occupation Title CIP Code Related ■ OU OU OU OU OU OU OU OU OU | The Occupations tab will let you view ONET codes related to the program. These usually populate from the CIP code in the General Tab. |
| 25101100 Business Teachers, Postsecondary BRIGHT OUTLOOK NATIONALLY ** BRIGHT OUTLOOK LOCALLY [Select | # GREEN OCCUPATIONS It Occupation From ONET Table] | If no ONET codes appear, you can click Select Occupation from ONET Table. |
| BRIGHT OUTLOOK NATIONALLY BENGHT OUTLOOK LOCALLY GREEN If any selected occupation is not noted as in local by This is a high demand occupation in Alaska. | [Select Occupation From ONET Table] ight outlook above, provide evidence that it is in demand. | If a program is not marked as locally indemand with a blue icon, provide evidence to show that it is in-demand. |

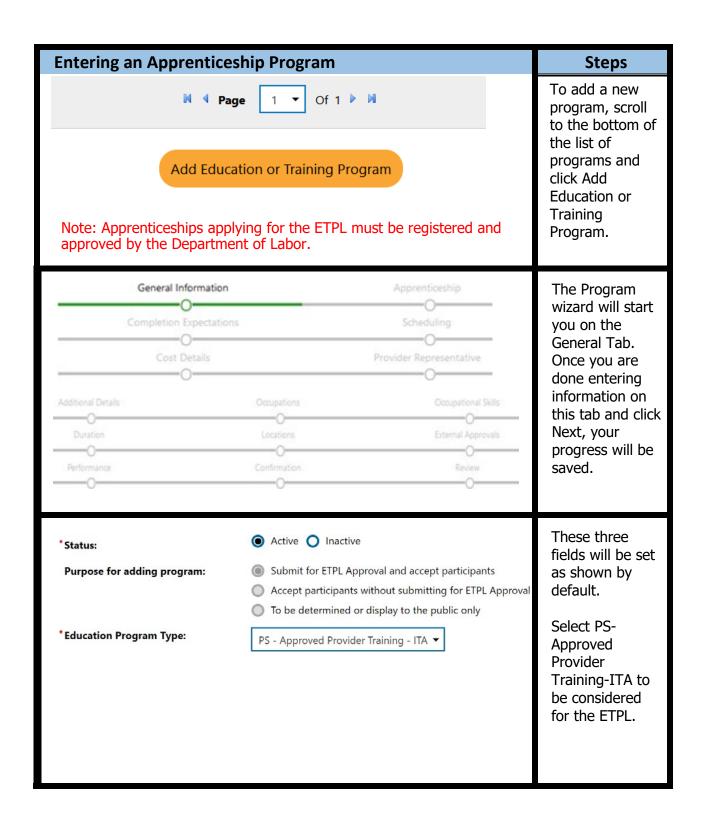
| Add an Education and Training Program | Steps |
|---|--|
| [Add new occupational skill(s) Delete selected occupational skill(s)] Select a category for additional skills: Financial Services Skill Description | The Occupational Skills tab lets providers choose skills most relevant to the program. Click Add new occupational skills and select a skills category. Check all that apply. |
| Continuing Education Units (CEU): CEU Granting Institution: * Credit Earned Program: | The Completion Expectations tab is where the provider identifies expectations for completing the program. |
| Scheduling Course Times Class Time: 15 Hours Lab Time: Hours Other Time: Hours *Class Frequency: Weekly ▼ | In the Scheduling tab, enter the total amount of program time in class, lab, or other. Also, select the Class Frequency. For Example, this program has 15 total hours per week in class. |





| Add an Education | and Training Program | Steps |
|--|---|---|
| Edu. Program Application Confirmation * Providers requesting approval or re-approval of a training program must agree to the statement below. | | In the Confirmation |
| | | tab, select Yes, I agree |
| The Program Description and Pr | ogram Costs I am Posting on the website are currently listed in n | ny catalog/brochure. T to the above |
| I agree to complete the information required on the web site at the time of my approval request. This includes the com- | | Jubilit |
| Yes, I agree to | o the above statement. Please submit this educational program f | or WIOA Approval. changes for Review and |
| O No, do not so | ubmit this educational program for WIOA Approval at this time. | Approval. |
| | ew and Approval. | |
| Review Type | Status | Your program is now in Review status The ETPL |
| <u>Review Type</u> | <u>Status</u> | is now in Review status The ETPL Coordinator |
| | | is now in Review status The ETPL Coordinator will receive a Notification in AlaskaJobs, |
| <u>Review Type</u> | <u>Status</u> | is now in Review statu The ETPL Coordinator will receive a Notification in |





| Entering an Apprenticeship Program | | Steps |
|--|--|---|
| *This Education Program is a Registered Apprenticeship: Note: By entering Yes to this question, you are and/or State Approved Apprenticeship. *This is an Industry Recognized Apprenticeship Program (IRAP): | eship: Yes No Yes No e stating that this program is a DOL Registered Yes No | Since this program is an apprenticeship, mark Yes. Do the same for the following field if apprenticeship is registered with either the Department of Labor. Answer No to IRAP. |
| *CIP Code: | None Selected [<u>Search for CIP Code</u>] | Click Search for CIP Code. |
| Type your keywords in to Search button. | the box and click the | Type in a keyword for the CIP Code. You can also search by Program Area, Listing, Occupation, Career Cluster, or Program Code. |
| * Education Program Name: Education Program Description: | A program that prepares individuals to practice the profession of accounting and to perform related business functions. Includes | Enter a name for the program. Note that the CIP code populates the program description. |
| *This program of study or training services has the following potential outcome(s) (please select all that apply): An industry-recognized certificate or certification A certificate of completion of an apprenticeship A license recognized by the State involved or the Federal Go An associate degree A baccalaureate degree | A community college certificate of completion | Select at least one potential program outcome. |

