WORKFORCE INNOVATION AND OPPURTUNITY ACT ETPL APPLICATION

For Organizations Applying for Eligible Training Provider Status and the Eligible Training Provider List Initial Eligibility: One Year Approval

PLEASE RETURN COMPLETED APPLICATION TO:
(Guam Workforce Development Board)

_____
_____
_____

PROVIDER INFORMATION			
NAME OF TRAINING PROVIDER:			
LEGAL NAME:			
TAX REGISTRATION NUMBER:	**FEDERAL EMPLOYMENT IDENTIFICATION NUMBER (FEIN):**		
ADDMINISTRATIVE CONTACT PERSON:		**TITLE:**	
PHYSICAL ADDRESS:	**CITY**	**STATE**	**ZIP CODE**
MAILING ADDRESS:	**CITY**	**STATE**	**ZIP CODE**
PHONE NUMBER:	**FAX:**	**EMAIL:**	
PROVIDER WEBSITE ADDRESS:			
TYPE OF ENTITY: [ ] Private Non-Profit [ ] Private For-Profit [ ] Public [ ] Other:_____			
IS YOUR INSTITUTION TITLE IV (FEDERAL FINANCIAL AID) ELIGIBLE? [ ] YES [ ] NO (If yes, please attach a copy of your Certificate of Eligibility to participate in Title IV funding.)			
IS YOUR INSTITUTION RECOGNIZED WITH INSTITUTIONAL ACCREDITATION? [ ] YES [ ] NO (If yes, please attach a copy of the most recent letter of approval.)			
NAME OF ACCREDITING ORGANIZATION:		**DATE ACCREDITATION EXPIRES:**	

The Workforce Innovation and Opportunity Act include certain performance and reporting requirements. Providers are required to submit the following information upon request:

Over of verifiable program-specific performance information consisting of program information, including:

- The program completion rates for **all** individuals participating in the applicable program conducted by the provider;
- The number of **all** individuals participating in the applicable program who obtain unsubsidized employment, which may also include information specifying the number of individuals who obtain unsubsidized employment in an occupation related to the program conducted; and
- The wages at placement in employment of **all** individuals participating in the applicable program.

Agreement to release all student information for relevant placement and past performance in other areas.

Training services information for all participants who received assistance under Section 122 (b) of the Workforce Innovation and Opportunity Act to participate in the applicable program, including:

- The number of participants who have completed the applicable program and who are placed in unsubsidized employment;
- The retention rates in unsubsidized employment of participants who have completed the applicable program, 6 months after the first day of employment;
- The wages received by participants who have completed the applicable program, 6 months after the first day of employment, and all participants, including those entering unrelated employment;
- Where appropriate, the rates of licensure or certification attainment of academic degrees or equivalents, or attainment of other measures of skills of the graduates of the applicable program; and
- Information on program costs (such as tuition and fees) for participants in the applicable program.

Applicant organizations will be subject to review for compliance with applicable state and federal laws.

COMPLAINT/INQUIRY POLICIES

Attach a copy of your complaint/inquiry policy and procedures and your anti-discrimination policy. These policies and procedures must be displayed in a clearly visible location at all training sites. Each student must be provided with a copy of these polices.

This organization understands and agrees to the following:

- This application will be reviewed by the Guam Workforce Development Board.
- Any outstanding issues of fraud, non-payment of funds, or record of employment non-compliance may result in delay or denial of this application
- Failure to comply with any of the requirements listed above may result in denial of this application or subsequent removal from the Eligible Training Provider List.

PRINT NAME OF APPLICANT	TITLE
SIGNATURE OF APPLICANT	DATE

TRAINING SITE INFORMATION
(Please make as many copies as necessary, and complete this page for **each** training site)

Complete this form for each training site requiring approval, including those training sites that are defined as a subdivision of a school located at a different facility and geographic site, which:

1) Offers one or more complete programs leading to a training certificate
2) Operates under the school's certificate of authorization
3) Has the ability to meet the same conditions or authorization as the school, and
4) Has the responsibility for administrative control and academic affairs at the training site

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TRAINING SITE/FACILITY NAME:

PHYSICAL ADDRESS OF TRAINING SITE: **CITY** **STATE** **ZIP CODE**

ADMISSIONS CONTACT PERSON:	**TITLE:**

PHONE NUMBER:	**FAX:**	**EMAIL:**

LIST ALL THE PROGRAMS THAT YOU WISH TO OFFER ON THE ETPL ASSOCIATED WITH THIS APPLICATION:

1) _____ 11) _____
2) _____ 12) _____
3) _____ 13) _____
4) _____ 14) _____
5) _____ 15) _____
6) _____ 16) _____
7) _____ 17) _____
8) _____ 18) _____
9) _____ 19) _____
10) _____ 20) _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS BY CHECKING THE APPROPRIATE BOX(ES) BELOW:
(If certificate(s) is/are pending, please indicate the date filed)

☐ **Occupancy Permit** Filed On (Date): _____ ☐ **Insurance Certificate** Filed On (Date): _____

☐ **Affidavit of Non-Discrimination** Filed On (Date): _____

PROGRAM ID #: ___ ___ ___ ___ ___
For Internal Use Only

TRAINING PROGRAM GENERAL INFORMATION

(Please copy pages 4-6 of the application and complete for **each** of the programs you wish to offer on the ETPL)

TRAINING PROGRAM/COURSE NAME:

DESCRIPTION OF TRAINING PROGRAM/COURSE: (Please attach a catalog or brochure if you have one)

_____

_____

_____

TRAINING SITE/FACILITY NAME:

PHYSICAL ADDRESS OF TRAINING SITE: **CITY** **STATE** **ZIP CODE**

NAME OF PRIMARY PROGRAM CONTACT:	**TITLE:**

PHONE NUMBER:	**FAX:**	**EMAIL:**

COURSE INFORMATION:

TYPE OF TRAINING: [ ] In-Person [ ] Online, E-Learning, or Distance Learning [ ] Hybrid or Blended Program

PLEASE PROVIDE THE URL ADDRESS OF THE ONLINE LEARNING PLATFORM:_____

THIS PROGRAM OF STUDY OR TRAINING SERVICES HAS THE FOLLOWING POTENTIAL OUTCOME(S):

[ ] Industry-recognized certificate or certification [ ] Institution of Higher Education certificate of completion

[ ] Certificate of completion of an apprenticeship [ ] Secondary school diploma or its equivalent [ ] Associate degree

[ ] Measurable skills gain leading to employment [ ] Measurable skills gain leading to a credential [ ] Baccalaureate degree

[ ] License recognized by the State involved or the Federal Government Employment [ ] Employment

CLASSIFICATION OF INSTRUCTIONAL PROGRAM (CIP) CODE: ____ ____ ____ ____ ____ ____
(Click here to access CIP Code)

OCCUPATION(S) FOR WHICH THIS PROGRAM PREPARES STUDENTS, AS DEFINED BY THE STANDARD OCCUPATIONAL CLASSIFICATION (SOC) CODE: (Click here to access SOC Code)

(1) ____ ____ - ____ ____ ____ ____ . ____ ____ **(2)** ____ ____ - ____ ____ ____ ____ . ____ ____

(3) ____ ____ - ____ ____ ____ ____ . ____ ____ **(4)** ____ ____ - ____ ____ ____ ____ . ____ ____

IS THIS A GREEN JOB TRAINING? [ ] YES [ ] NO

LIST ALL COURSES THAT MAKE UP THE PROGRAM:

_____

_____

_____

PLEASE DESCRIBE ANY PROGRAM/COURSE ADMISSION REQUIREMENTS:

_____

_____

_____

ARE THERE ANY PROGRAM/COURSE PRE-REQUISITES: [ ] YES [ ] NO
(If yes, please list)

_____

_____

_____

DOES THIS PROGRAM PREPARE THE PARTICIPANT TO TAKE AN EXAMINATION OR LICENSING? [ ] YES [ ] NO

WHAT IS THE MECHANISM TO ENSURE PARTICIPANTS ARE SCHEDULED FOR THE LICENSING EXAM(S)?

_____

_____

_____

OUTCOME INFORMATION:

INDICATE TYPE OF AWARD ISSUED TO PROGRAM GRADUATE BY TRAINING PROVIDER: (SELECT ONLY ONE)

[ ] High School Diploma or GED or High School Equivalency Diploma [ ] AA/AS Degree [ ] BA/BS Degree

[ ] Occupational Skills License [ ] Occupational Skills Certificate or Credential [ ] Post Graduate Degree

[ ] No Credential Received, Individual Received Training [ ] N/A, Individual Did Not Receive Training

CERTIFICATE/LICENSE TITLE: _____

LIST ANY ADDITIONAL LICENSES, CERTIFICATES OR CREDENTIALS AWARDED TO PROGRAM GRADUATES BY OTHER ENTITIES (STATE AGENCY, EMPLOYER ASSOCIATION, INDUSTRY CERTIFICATION, ETC.). FOR EACH, INDICATE THE ISSUING ENTITY. FOR EXAMPLE, COSMETOLOGY LICENSE, GUAM DEPARTMENT OF PUBLIC HEALTH. (Please attach a copy of most recent letter of approval)

	License/Certificate/Credential	**Issued by (Please use full agency name)**
1)	_____	_____
2)	_____	_____
3)	_____	_____

SERVICE INFORMATION:

ENTER THE TOTAL CLOCK HOURS FOR EACH COMPONENT LISTED BELOW:

Classroom/Lecture: _____ Lab: _____

Shop: _____ Internship: _____

Externship: _____

_____ _____
Total Clock Hours = Clock Hours per Week

IF APPLICABLE, PLEASE ALSO LIST TOTAL CREDIT HOURS:

_____

PROGRAM LENGTH: (Please indicate the estimated duration of the program, including breaks, in weeks.)

_____
X Number of Weeks

IS THERE A MINIMUM OR MAXIMUM CLASS REQUIREMENT? [ ] YES; MIN.: _____ [ ] NO
(If yes, indicate the minimum or maximum number of students required) MAX: _____

PROGRAM COST PER STUDENT: (Round all figures to the nearest dollar, do not include cents)

TUITION/FEES INCLUDED IN PROGRAM		**FEES NOT INCLUDED IN PROOGRAM FEES** (estimate highest cost to the student)	
Tuition:	$	Tuition:	$
Application Fee:	$	Application Fee:	$
Registration Fee:	$	Registration Fee:	$
Books:	$	Books:	$
Testing:	$	Testing:	$
Exam Fees:	$	Exam Fees:	$
Unifroms:	$	Unifroms:	$
Licensing Fees:	$	Licensing Fees:	$
Lab Fees:	$	Lab Fees:	$
Supplies/Equipment Fees:	$	Supplies/Equipment Fees:	$
*Other Costs:	$	*Other Costs:	$
TOTAL PROGRAM FEES:	$ 0.00	**TOTAL ESTIMATED STUDENT COST:**	$ 0.00
*Please specify any costs designated as "other": _____		**COMBINED PROGRAM COST:**	**$** 0.00

DO YOU OFFER PLACEMENT/OTHER SUPPORT SERVICES? [ ] YES [ ] NO
(If yes, please explain:)

_____

_____

_____

FINANCIAL AID

IS FINANCIAL AID AVAILABLE? [ ] YES [ ] NO
(If yes, please indicate types of financial aid available:)

[ ] Loans; What type(s)? _____ [ ] Pell Grant

[ ] Scholarship: Scholarship name and description: _____

[ ] Other: Explain: _____

ADDITIONAL COMMENTS: (Please provide any other program details that may be worth noting)

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_____

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_____