



# Workforce Innovation and Opportunity Act

## ETPL APPLICATION

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

Name of Training Provider \_\_\_\_\_

Legal Name \_\_\_\_\_

Tax Registration Number \_\_\_\_\_

Federal Employment Identification Number (FEIN) \_\_\_\_\_

Administrative Contact Person \_\_\_\_\_  
Name Title

Address \_\_\_\_\_  
City State Zip

Internet Address http:// \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

**Please return completed application to:** \_\_\_\_\_  
(Guam Workforce Development Board) \_\_\_\_\_  
\_\_\_\_\_

**Is your institution Title IV (Federal Financial Aid) eligible?**

Yes (If yes, please attach a photocopy of your Certificate of Eligibility to participate in Title IV funding.)

No

**Institutional Accreditation:** (Please attach a photocopy 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:

**Overview 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 by 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 policies.**

**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.**

Name \_\_\_\_\_ (Please Print) \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_  
Signature of Authorized Representative \_\_\_\_\_ 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 responsibility for administrative control and academic affairs at the training site

Training Site/Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Admissions Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

**List all the programs that you wish to offer on the ETPL associated with this application.**

**Please attach the following documents by checking the appropriate box(es) below:**

On File	Filed on (Date)
Occupancy Permit	
Insurance Certificate	
Affidavit of Non-Discrimination	

**If certificate(s) is/are pending, please indicate in the chart above the date filed.**

## PROGRAM INFORMATION

*(Please copy pages 4-7 of the application and complete for each of the programs you wish to offer on the ETPL)*

**Program ID#** \_\_\_\_\_

For Internal Use Only

**Program Name** \_\_\_\_\_

**Training Site/Facility Name** \_\_\_\_\_

**Town** \_\_\_\_\_

**Program Contact Person** \_\_\_\_\_

**Title** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Fax** \_\_\_\_\_

**e-mail address** \_\_\_\_\_

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***Type of Training:***

<input type="checkbox"/>	Classroom Training
<input type="checkbox"/>	On-Site Computer Based Training
<input type="checkbox"/>	Distance Learning/Internet/Web Based
<input type="checkbox"/>	CT DOL-Registered Apprenticeship Program
<input type="checkbox"/>	Other: Please Specify Below

***List all courses that make up the program:***

***Please describe any PROGRAM admission requirements:***

**Are there any program pre-requisites:**  Yes  No  
**If yes, please list:**

**Classification of Instructional Program (CIP) Code:** \_\_\_\_\_ \*

**Indicate Type of Award Issued to Program Graduate by Training Provider:** (select only one)

Degree Institutions		Non-Degree Institutions	
<input type="checkbox"/>	Associates Degree	<input type="checkbox"/>	Diploma (Post-Secondary)
<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Certificate (Post-Secondary) Please describe:
<input type="checkbox"/>	Certificate (< 15 Credits)		
<input type="checkbox"/>	Certificate (15-30 Credits)		
<input type="checkbox"/>	Certificate (31 or more Credits)		
<input type="checkbox"/>	Certificate (Post-Secondary)		

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)?

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 photocopy of most recent letter of approval.

License/Certificate/Credential	Issued By (please use full agency name)	Category (for internal use only)

**Occupation(s) for which this program prepares a student:**

**Program Course Information**

Please attach a catalog or brochure if you have one.

**Enter the \*Total Clock Hours for each component listed below:**

Classroom/Lecture: \_\_\_\_\_  
 Lab: \_\_\_\_\_  
 Shop: \_\_\_\_\_  
 Internship: \_\_\_\_\_  
 Externship: \_\_\_\_\_

\*Total Clock Hours: \_\_\_\_\_ = Clock Hours per Week: \_\_\_\_\_ X Number of Weeks: \_\_\_\_\_

**If applicable, please also list Total Credit Hours:**

**Total Number of Weeks it takes to complete Program:** (the # of weeks it takes to complete the program including any breaks)

Day Schedule(s) =	Weeks
Evening Schedule(s) =	Weeks
Weekend Schedule(s) =	Weeks

**Is there a minimum class size requirement?**  Yes  No

If yes, indicate the minimum number of students required: \_\_\_\_\_

**Program Cost per Student:** (round all figures to the nearest dollar, do not include cents)

<b>Tuition/Fees Included In Program</b>	
Tuition:	\$
Application Fee:	\$
Registration Fee:	\$
Books:	\$
Testing:	\$
Exam Fee:	\$
Uniforms:	\$
Licensing Fees:	\$
Lab Fees:	\$
Supplies/Equipment Fee:	\$
*Other Costs:	\$
<b>Total Program Fees:</b>	<b>\$</b>
*Please specify any costs designated as "other":	

<b>Fees Not Included In Program Fees</b> (Estimate highest cost to the student)	
Tuition:	\$
Application Fee:	\$
Registration Fee:	\$
Books:	\$
Books:	\$
Exam Fee:	\$
Uniforms:	\$
Licensing Fees:	\$
Lab Fees:	\$
Supplies/Equipment Fee:	\$
*Other Costs:	\$
<b>Total Estimated Student Cost:</b>	<b>\$</b>
<b>Combined Program Cost:</b>	<b>\$</b>

**Do you offer Placement/Other Support Services?**  Yes  No

If yes, please explain:

**Is Financial Aid Available?**  Yes  No

Please indicate types of financial aid available:

	Loans	What type(s)?
	Pell Grant	
	Scholarship	What type(s)/Which one(s)?
	Other	Explain:

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**Additional Comments:** (please provide any other program details that may be worth noting)