

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at <http://www.iwd.state.ia.us/wia/regioninfo.html>.

PART I - GENERAL INFORMATION

Date Of Application _____

Name of Institution _____

Address _____

Telephone Number _____ Fax _____

Location of Training Facility _____

Name of Chief Executive Officer _____

Program Contact Information _____

Telephone Number _____ Email Address _____

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name _____

B. A brief program description _____

C. Length of Program _____ Total Credit Hours Required _____

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) _____

1b. Tuition (Out-of-State, per credit hour) _____

2. Supplies, including tools, uniforms, etc. _____

3. Fees, including laboratory, student rentals, deposits _____

4. Miscellaneous charges _____

5. Average cost per year for program _____

6. Total cost to complete this program _____

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA

Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I _____ certify that I am the _____ of the training

Name

Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature

Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____

Application Date _____ Date RWIB Submitted to IWD _____

Region #: _____

Authorized RWIB Signature _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: _____
2. Number of years the insitution has been in continuous operation: _____
3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board? _____ Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: _____

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the intitution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: _____

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.
A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:
*how the information was obtained
*what percentage of all student's data was collected
*what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____