

Application for Training Provider Certification

**Part I: Organizational Information.** Please complete the following information concerning your organization and please use N/A for items not applicable to your organization when completing all parts of the application:

<b>A.1. Provider Name:</b>	
2. Federal Tax ID: _____	Application Date: _____
3. Mailing Address: _____	
City: _____	State: _____ Zip: _____
4. Street Address/ Location: _____	
5. Internet Address/Web Site: _____	
6. WIA Contact (if applicable):	
Primary Contact: _____	Title: _____
Phone: _____	Fax: _____
Email: _____	
Admissions Contact: _____	Title: _____
Phone: _____	Fax: _____
Email: _____	
7. Do you offer <b>financial aid</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give information below:	
Financial Aid Contact: _____	Title: _____
Phone: _____	Fax: _____
Email: _____	
<b>B. Basis for Eligibility</b> (VEC-WIA Policy No. 00-7; WVVWDB Policy 03-112) (Check one)	
<input type="checkbox"/> Post-secondary, approved to operate in Virginia <b>and</b> accredited by federally recognized agency	
<input type="checkbox"/> National Apprenticeship Act program	
<input type="checkbox"/> Provider of training leading to industry-recognized credential	
<input type="checkbox"/> Customized training provided by community colleges, public schools, public vocational-technical schools in partnership with employers (not eligible for statewide list)	
<input type="checkbox"/> Provider of quality training program germane to local workforce development needs. Attach documentation identifying need and how program is responsive.	
<b>C. Type of Training Provider</b> (✓ Check most appropriate)	
<input type="checkbox"/> Community-based Organization	<input type="checkbox"/> Labor Organization <input type="checkbox"/> Government Agency <input type="checkbox"/> Employer
<input type="checkbox"/> Charitable Organization	<input type="checkbox"/> Private Corporation <input type="checkbox"/> Private Career School <input type="checkbox"/> Other (specify): _____
<b>D. Type of Organization</b> (✓ Check most appropriate)	
Provide state documentation on operation endorsement, certification or licensing.	
<input type="checkbox"/> Proprietary/Business School	<input type="checkbox"/> Community College <input type="checkbox"/> College/University <input type="checkbox"/> Apprenticeship
<input type="checkbox"/> Adult Ed/VocTech Ctr/Skill Ctr	<input type="checkbox"/> Private Non-profit <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> CBO
<b>E. Organizational Details</b>	
Year organization began operations? _____	Is the provider a <b>state-approved entity</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the provider <b>accredited</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	By whom? _____

<p><b>F.1.</b> Does the provider have any <b>business partner(s)</b>? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>If so, provide the names of the partner(s).</p>
<p><b>2.</b> Are all facilities <b>ADA compliant</b>? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p><b>3.</b> Does the organization have a written <b>Non-Discrimination Statement</b>? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Please attach copy.</p> <p><b>4.</b> Attach copy of organization's class cancellation and refund policies.</p> <p><b>5.</b> List dates for previous certification as WIA training provider _____ through _____</p> <p><b>6.</b> If you operate in other Workforce Investment Areas besides Area III, please note which one(s):</p>
<p><b>G.</b> List the name of all <b>programs</b> of study for which you are applying for certification. You also must complete Part IIA for each program listed. (For purposes of this application, "program" is defined as involving multiple courses and leading to certification or licensure or completion of a degree or certificate.) Attach additional pages as necessary.</p> <p>1. 2. 3. 4.</p>
<p><b>H.</b> List the names of all <b>stand-alone courses</b> for which you are applying for certification. You also must complete Part IIB for each stand-alone course listed. (For purposes of this application a "stand-alone course" is one that leads to a specific skill attainment but is not part of a program as defined above.) Attach additional pages as necessary.</p> <p>1. 2. 3. 4.</p>
<p><b>I.</b> List any programs or courses of <b>study not yet offered</b> but expected to begin between July 1, 2007 – June 30, 2008. Before WIA participants may enroll in any new courses not currently offered, the program provider must complete Part IIA or IIB as appropriate and receive approval.</p> <p>1. 2. 3.</p>

Please note: Collection of data to determine performance is required by law and must be submitted annually. By signing this application, the training provider agrees to supply this information at the conclusion as requested (see Parts IIIA and IIIB).

**Training Provider Authorization**

<p><b>Name:</b> _____</p> <p><b>Signature</b> _____</p>	<p><b>Title:</b> _____</p> <p><b>Date:</b> _____</p>
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Submit completed application with original signature to:

Western Virginia Workforce Development Board  
 108 N. Jefferson St., Suite 809  
 Roanoke VA 24016  
 540-767-6149  
 540-767-6084 (fax)  
 info@westernvaworkforce.com

Those applying by fax or email must also mail or deliver an application *with original signature* to the workforce office.

**Part IIA: Program Details.** Complete this section for **each program** of study involving multiple courses and leading to certification or licensure or completion of a degree or certificate.

For **each stand-alone course**, leading to a skill attainment but not included as part of a program of study, please complete Part IIB.

**A.1. Program Name:** \_\_\_\_\_ **A.2. Prerequisites:** \_\_\_\_\_

**A.3. CIP Code** <http://nces.ed.gov/pubs2002/cip2000/ciplist.asp>: \_\_\_\_\_

**A.4. Program Description:**

**A.5. Program completion leads to:**

- Associate's     Certificate  
 Bachelor'     Other  
 Master's    Specify: \_\_\_\_\_

**A.6. Primary targeted population for this program:**

- Recent High School Graduate  
 Career Switcher  
 Adult returning to the workforce  
 Other: \_\_\_\_\_

**A.7. Primary targeted WIA participant population for this program:**

- Adult  
 Dislocated Worker  
 Older Youth

**A.8. Program Annual Enrollment Goals:** Total: \_\_\_\_\_

WIA participants: \_\_\_\_\_

**B.1. Occupations** in which the acquired skill sets are a primary interest by SOC Code and typical pay scale upon successful completion of the program. (Codes can be accessed at the Bureau of Labor Statistics' website page at <http://stats.bls.gov/soc/home.htm>)

Occupation	SOC Code	Typical pay scale	Hourly or annually?

**B.2. Source for pay-scale information provided above** (i.e., Virginia Employee Commission, Salary.com, alumni survey, etc.):

**C.1. Is this program** a post-secondary educational program eligible to receive federal funds under Title IV of the Higher Education Act of 1965? **Yes**  **No**

**C.2. Is this program** registered under the National Apprenticeship Act of 1937? **Yes**  **No**

**C.3. Primary location** for instruction (OR how to access online): \_\_\_\_\_

**C.4. Program length** (credit hours, clock hours, weeks, semesters etc. to complete program of study):

<b>D. Cost</b>	Tuition \$ _____	Tools & Equipment \$ _____
<input type="checkbox"/> Per course	Books \$ _____	Licensing or certification exam \$ _____
<input type="checkbox"/> Complete program	Uniforms \$ _____	Other (Specify) \$ _____
		<b>Total \$ _____</b>

**E.1.** Describe how the program **meets local employer demand** as described in the Western Virginia Workforce Development Board Strategic Plan and the Virginia Local Workforce Investment Area III (VLWIA III) Growth Occupation List. If this program provides training for an occupation **not** included in the VLWIA III Growth Occupation List, also complete Questions **E.2.** and **E.3.**

**E.2.** (If related occupation is on VLWIA III Growth Occupation List, skip to Question E.4.) Describe the **need for such a program** in WIA III. Include documentation of available employment, description of required skills, and information forecasting a need for employees with these skills in the future.

**E.3.** (If related occupation is on VLWIA III Growth Occupation List, skip to Question E.4.) The following local **employers support** the need for this program and have provided letters of support on the organization's behalf. (Include at least letters from local employers indicating need for this training):

- 1.
- 2.
- 3.

**E.4.** Describe **qualifications** of training staff, including applicable certification, education level and career experience:

**E.5.** Student-to-staff ratio:

**E.6.** Have you applied for **certification** of this program in any other Virginia Local Workforce Investment Area? **Yes**  **No**

If so, which ones?

**E.7.** List all **required and elective courses** included in this program. In lieu of listing courses you may attach copy of current catalog reference.

Course No.	Course Name	CIP Code

**Part IIIA: Recertification.** Complete the following if this **program** was certified for Program Year 2007

In addition to confirming information for initial certification, the provider must provide the following data and meet performance, customer satisfaction and outcome levels as established by the board. Applicants for recertification may submit additional information to explain mitigating circumstances regarding any level not met. *Performance information is required by law to be submitted on an annual basis.* If provider cannot provide any of the requested information, please indicate a reason for the omission and submit whatever performance data is available. Please call the WDB office (540-767-6149) if you need assistance.

	7/1/06 – 6/30/07		7/1/07– 1/31/08		Initial Certification through 1/31/08	
	Total	WIA participants	Total	WIA participants	Total	WIA participants
1. Total program participants						
2. How many completed the program?						
3. How many completed program and were placed in any unsubsidized employment?						
4. How many completed program and were placed in <b>training-related</b> unsubsidized employment?						
5. How many completed program and were in unsubsidized employment after six months?						
6. Number who attained the intended certification, degree or certificate.						
7. Average wages at placement for all individuals.						

**Part IIB: Course Details.** Complete this section for **each stand-alone course** leading to a skill attainment but not included as part of a larger program of study.

**A.1. Course Name:** \_\_\_\_\_ **A.2. Prerequisites:** \_\_\_\_\_

**A.3. CIP Code** <http://nces.ed.gov/pubs2002/cip2000/ciplist.asp>: \_\_\_\_\_

**A.4. Course Description:**

**A.5. Upon successful completion of this course** the participant will have gained the following skills:

**A.6. Primary targeted population for this course:**

- Recent High School Graduate
- Career Switcher
- Adult returning to the workforce
- Other: \_\_\_\_\_

**A.7. Primary targeted WIA participant population for this course**

- Adult
- Dislocated Worker
- Older Youth

**A.8. Expected Course Session Enrollment:**

Total:

WIA participants:

**B.1. Occupations** in which the acquired skill sets are a primary interest by SOC Code and typical pay scale upon successful completion of the program. (Codes can be accessed at the Bureau of Labor Statistics' website page at <http://stats.bls.gov/soc/home.htm>)

Occupation	SOC Code	Typical Pay scale	Hourly or annually?

**B.2. Source for pay scale information provided above** (i.e., Virginia Employee Commission, Salary.com, alumni survey etc.):

**C.1. Is this course** part of a post-secondary educational program eligible to receive federal funds under Title IV of the Higher Education Act of 1965? Yes  No

**C.2. Is this course** registered under the National Apprenticeship Act of 1937? Yes  No

**C.3. Primary location** for instruction (OR how to access online):

**C.4. Program length** (credit hours, clock hours, weeks, months etc. ) to complete course of study:

<b>D. Cost</b>	Tuition \$ _____	Tools & Equipment \$ _____
<input type="checkbox"/> Per meeting	Books \$ _____	Licensing or certification exam \$ _____
<input type="checkbox"/> Complete course	Uniforms \$ _____	Other (Specify) \$ _____
		<b>Total \$ _____</b>

**E.1.** Describe how the course **meets local employer demand** as described in the Western Virginia Workforce Development Board Strategic Plan and the Virginia Local Workforce Investment Area III (VLWIA III) Growth Occupation List. If this program provides training for an occupation **not** included in the VLWIA III Growth Occupation List, also complete Questions **E.2.** and **E.3.**

**E.2.** (If related occupation is on VLWIA III Growth Occupation List, skip to Question E.4.) Describe the **need for such a course** in WIA III. Include documentation of available employment, description of required skills, and information forecasting a need for employees with these skills in the future.

**E.3.** (If related occupation is on VLWIA III Growth Occupation List, skip to Question E.4.) The following local **employers support** the need for this course and have provided letters of support on the organization's behalf. (Include at least letters from local employers indicating need for this training):

- 1.
- 2.
- 3.

**E.4.** Describe qualifications of training staff, including applicable certification, education level and career experience:

**E.5.** Student-to-staff ratio:

**E.6.** Have you applied for certification of this course in any other Virginia Local Workforce Investment Area? **Yes**  **No**

If so, which ones?

**Part IIIB: Recertification.** Complete the following if this **course** was certified for the current program year.

In addition to confirming information for initial certification, the provider must provide the following data and meet performance, customer satisfaction and outcome levels as established by the board. Applicants for recertification may submit additional information to explain mitigating circumstances regarding any level not met. *Performance information is required by law to be submitted on an annual basis.* If provider cannot provide any of the requested information, please indicate a reason for the omission and submit whatever performance data is available. Please call the WDB office (540-767-6149) if you need assistance.

	7/1/06 – 6/30/07		7/1/07– 1/31/08		Initial Certification through 1/31/08	
	Total	WIA participants	Total	WIA participants	Total	WIA participants
1. Total program participants						
2. How many completed the program?						
3. How many completed program and were placed in any unsubsidized employment?						
4. How many completed program and were placed in <b>training-related</b> unsubsidized employment?						
5. How many completed program and were in unsubsidized employment after six months?						
6. Number who attained the intended certification, degree or certificate.						
7. Average wages at placement for all individuals.						