WIA TRAINING PROVIDER APPLICATION

A. Please check the appropriate category and provide written documentation to be attached to this application. In order to be considered for certification as a provider of a program of training services under WIA, at least one of the following criteria must be documented.

A program of training services is one or more courses or classes that, upon successful completion, leads to a certificate, an associate degree, or baccalaureate degree; a competency or skill recognized by employers; or a training regimen that provides individuals with additional skills or competencies.

	1. The provider is a postsecondary educational institution approved to operate in Virginia, whose programs are approved by an accrediting agency that is recognized by the Federal Department of Education as being eligible under Title IV of the Higher Education Act.
	2. The provider is an entity that carries out programs registered under the National Apprenticeship Act.
	3. The program of training services for which certification is being sought has been recognized by the industry as meeting the standards necessary for approval or accreditation, such as Microsoft Certified Engineer, CISCO Certification, ASE or auto mechanics, etc. Also, the provider of the program is approved to operate in Virginia under applicable provisions of the Code of Virginia.
	4. The program is a credit or non-credit program of customized training provided by Virginia community colleges or other local vocational technical schools in partnership with area employers for their emerging and incumbent worker needs.
	5. If a provider cannot meet any of the above criteria, it must demonstrate to the local WIB that the program for which it is seeking certification is germane to local workforce development needs and provides quality training. NOTE: If category 5 is selected, items 1-9 on the next two pages must be completed.

The application must specifically address the following:

1. Describe how the program of training services meets local employer demand or meets a need in workforce development for the local labor market.

2. If applicable, provide all information pertaining to approval by the State to operate, or to endorse, certify or license completers of the training (be sure to send all copies of such).

3. Provide letters of support from local employers.

4. Submit a description of the training curriculum and skills that the trainee will learn.

5. Describe the jobs or level of job readiness that this training will lead to.

6. If applicable, describe the targeted population served by the training program and how it will meet the special needs of that population.

7. Describe the competency of the training staff.

8. If applicable, provide past program completion rates and other performance data.

9. If this is a new training program, describe the enrollment goals and anticipated completion outcomes.

B. Please provide the following information for each program of training services requested to be approved.

Name of provider:					
Mailing Address:					
Street Address:					
City:		State:		ZIP:	
Area to be served:					
Phone:		Fax:			
Contact E-mail:		Web site:			
Contact Name:					
Number of years school has been in operation:					
Course title and code:					
Location of class/how to access the class/course:					
Course description:					
Certification License Type: ☐ National Certification or License ☐ State Certification or License ☐ Regional Certification or License ☐ Certification or License Does Not Apply		Certification(s) Title(s):			
Accrediting Organization:					
Occupations and typical pay scales:					
Green Job? YES NO		Year Program Established:			

Exams required:	
Program Length (# of weeks/hrs/months, etc)	
Semester/Terms: Weeks Hrs Months	Day Classes Night Classes Both

Class Time in hours:	Class Frequency:
# of Instructors:	☐ Daily
Minimum Class Size:	☐ Bi-weekly
Maximum Class Size	☐ Weekly
Class Cost:	☐ Monthly
Tuition:$_____	☐ Quarterly
Books/Other:$_____	☐ Semester
	☐ Tri-semester
	☐ Annual
	☐ Bi-Annual
	☐ Bi-Monthly
	☐ Weekly

Exam costs:	
Financial aid available (if so what?):	
Financial aid office phone number:	
Admission requirements or prerequisites:	
Target population:	
Admissions office phone number:	
Federal Tax ID number:	

Please provide the following completion rates for the previous year for this program:

# of Students enrolled in the program:

# of Students completed the program:

# of Students that dropped out of the program:

C. By singing this application, I certify that the Program Description and Program Costs listed in the previous pages are currently listed in my catalog/brochure. The programs offered are available to the general public on a tuition basis.

D. By signing this application, I agree to collect the following performance outcomes information over the course of the first year for each program of training services approved.

1. The program completion rates for all individuals participating in the training program;

2. The percentage of all individuals participating in the program who obtain unsubsidized employment and unsubsidized employment that is related to training;

3. The wages at placement in employment of all individuals participating in the program;

4. Where appropriate, the rates of licensure or certification of all individuals who complete the program;

E. By signing this application, I am certifying that this organization does not discriminate in either employment practices or services on the basis of gender, age, race, color, creed, religion, national origin, disability or veteran's status, or on the basis of any other classification protected under State or Federal law. I herby certify that this organization has in place policies and procedures to address these issues, and that such policies and procedures have been disseminated to our employees and otherwise posted as required by law. I further certify that this organization is currently in compliance with all applicable State and Federal laws and regulations regarding these issues and that I am unaware of any claims currently pending against them before any court or administrative body relative to alleged violations of such laws.

Pursuant to Federal regulations promulgated under the authority of the Americans With Disabilities Act, including but not limited to 28 CFR Part 35, I understand and agree that no individual with a disability will, on the basis of the disability, be excluded from participation in activities or programs provided for in this application.

I certify that the information being submitted is complete and accurate to the best of my knowledge. If approved, information outlined in (C) above will be collected and provided to the WIB as required. I further certify that I am legally authorized by my agency/organization to submit this application.

Name/Title

Date