



**State of Alaska**  
Department of Labor and Workforce Development  
Division of Business Partnerships

**Application**  
**For the Eligible Training Provider List**  
**(ETPL)**

Workforce Investment Act Title IB Programs  
Adult and Dislocated Worker Job Training Services

**Part A – Provider Information**

1. Name and address of training institution:

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2. School website: \_\_\_\_\_

3. Contact person and title: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ 5. Fax: \_\_\_\_\_ 6. Email: \_\_\_\_\_

7. Federal Employer Identification Number (EIN): \_\_\_\_\_

8. Attach a copy of Alaska Business License.

9. Date training institution was established: \_\_\_\_\_

10. Does a state or local government administer the training institution?  Yes  No

11. A. Is the cost for WIA participants the same as the general public?  Yes  No

B. If “No”, do you charge WIA participants more or less than the general public?  
 More  Less Why? \_\_\_\_\_

12. Attach a copy of the Alaska Commission on Postsecondary Education's exemption letter or the Certificate of Institutional Authorization to Operate.

13. Accrediting Agency, if applicable: \_\_\_\_\_

14. Attach a copy of the institutions refund policy which is mandatory for ETPL eligibility.

15. Attach a copy of grading and attendance policies.

## Part B – Training Program Information

*Complete this form for each program offered by your school for which you are seeking ETP status. Make copies as necessary.*

1. Name of job specific training program or degree program: \_\_\_\_\_
2. Program length: \_\_\_\_\_
3. Is part-time enrollment permitted? \_\_\_\_ Yes \_\_\_\_ No
4. Occupation objective: \_\_\_\_\_
5. Is certification or licensure required to work in this occupation? \_\_\_\_ Yes \_\_\_\_ No
6. Alaska Commission on Postsecondary Education (ACPE) status: \_\_\_\_ Exempt or \_\_\_\_ Authorized  
Please attach a copy of their authorization or exemption letter with this application.
7. Please provide a narrative that describes your institution's training, degree or certificate program(s).  
You may attach the narrative to this application or provide it electronically. Please include:
  - a. Delivery method: \_\_\_\_ Distance \_\_\_\_ Classroom \_\_\_\_ Both
  - b. Type of credential earned by program completers: \_\_\_\_\_
  - c. Admission requirements specific to this program: \_\_\_\_\_
  - d. Tuition for a full-time student: \_\_\_\_\_
8. Classification of Instructional Programs (CIP) Code: \_\_\_\_\_  
Refer to web site: <http://nces.ed.gov/ipeds/web2000/cip2000.asp>

## Part C – Participant Information

### *Pertinent Dates:*

The Alaska Department of Labor and Workforce Development, Research and Analysis (R&A) Section will use specific client data to determine eligibility. If this training program is new, and if your training institution meets the requirements for eligibility, this program will receive *initial eligibility* for inclusion on the Eligible Training Provider List (ETPL).

If this training program has been offered over the past few years, please provide the most recent three years of program participant records (if available – see below for required data). You may attach a hardcopy with this application or send an electronic copy.

The R&A Section will contact approved training providers annually to obtain updated participant records. These records are due July 1 of each year. This data will be used to determine *subsequent eligibility*. Subsequent eligibility is based upon participant completion rates, employment retention and earnings. Failure to provide the required data, or the intentional submission of inaccurate data, may result in program ineligibility. Changes to program name, content, or applicable policies require submission of a revised “Part B – Training Program Information”.

### *Training Participant Information:*

You may provide the participant data via an electronic file, with one record per training program participant exiting the program. You may request a standard Excel spreadsheet if you wish.

*Please note:* This information is only for programs already in existence, or when R&A contacts you annually for updated participant records.

### *Required Data:*

1. Campus or city location of training
2. Social Security Number and name of student (name is optional)
3. Classification of Instruction Programs (CIP) 6-digit code
4. Name of training, degree or certificate program pursued by participant
5. Student start date in the program: YYYYMMDD
6. Student exit date from the program: YYYYMMDD
7. Indicate the completion status of the student:
  - 1 = Degree or certificate awarded or program completed
  - 2 = Student enrolled but didn't complete the program
8. For those that did not complete the program, reason for exit:
  - 1 = Withdrew with full refund
  - 2 = Entered active duty military
  - 3 = Entered religious program or mission
  - 4 = Entered Peace Corps or AmeriCorps
  - 5 = Transferred to another educational program
  - 6 = Withdrew for medical reasons
  - 7 = Incarcerated
  - 8 = Died
  - 9 = Other

## Part D - Statement of Provider Viability

Name of Training Institution: \_\_\_\_\_

- (a) Is a legal entity, registered to do business in the State of Alaska
- (b) Has current status with ACPE and a copy of the status notification letter is included with this application
- (c) Is eligible to receive Federal funds, and is (✓ check one):
  - (1) a postsecondary institution eligible to receive Federal funds under the Higher Education Act, or
  - (2) apprenticeship program recognized under the National Apprenticeship Act, or
  - (3) a public or private provider of training programs.
- (d) Does not discriminate against nor deny employment or services to any person on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I--financially assisted program or activity as specified in Title 29, Code of Federal Regulations Sections 37.20 through 37.22.
- (e) Is in compliance with the 1990 Americans with Disabilities Act (ADA)
- (f) Demonstrates effectiveness in operating occupational classroom training programs(s) including provision of placement assistance
- (g) Agrees to allow provider facilities, classroom instruction, relevant financial and insurance records, and attendance records to be reviewed by state, federal and/or local monitors or auditors to ensure compliance with funding requirements
- (h) Agrees to annually provide Department of Labor and Workforce Development, Research and Analysis with key participant data needed to conduct an annual program performance review
- (i) Agrees to submit a revised application if program name, curriculum, or policies change

I hereby certify, as an authorized representative of the said training institution, that the above statements and all information included in this application are accurate and true.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Research and Analysis (R&A) uses the information in this application to determine provider and program eligibility. R&A will calculate performance outcomes based on the participant data submitted. A determination on eligibility status will be provided to the training provider and annotated on the Alaska State Eligible Training Provider List.

## Part E – Alaska Workforce Investment Board (AWIB) Verification

### Section I. Eligibility Status

When the institution meets eligibility requirements the AWIB ETP Representative will send an approval letter to the provider. Calculation of performance data collected in Part C of this application determines subsequent eligibility of the program.

Please refer to the statewide Eligible Training Provider and Program WEB site at: <http://www.labor.state.ak.us/research/training/etplist.pdf> for further details.

### Section II. Contact Information

#### Mary Deitz

Research Analyst III

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Division of Business Partnerships

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### Section III. Verification

The authorized representative of the Alaska Workforce Investment Board hereby verifies that the program(s) specified in this application appear to satisfy initial - or subsequent eligibility criteria.

\_\_\_\_\_  
*Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*



*The Workforce Investment Act is an equal opportunity employer/program and will make auxiliary aids available upon request to individuals with disabilities.*

#### **Internal Use Only:**

Part A \_\_\_\_\_

Part B \_\_\_\_\_

Part C: Data Available: \_\_\_\_\_ Not Available: \_\_\_\_\_

Part D: \_\_\_\_\_

Part E: \_\_\_\_\_

Alaska Business License #: \_\_\_\_\_

Refund Policy attached or on file \_\_\_\_\_

Other policies attached or on file \_\_\_\_\_

ACPE verification: \_\_\_\_\_