EDD Employment
Development
Department
State of California

Workforce Investment Act Eligible Training Provider List Policy and Procedures

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Workforce Services Division
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Workforce Investment Act
Eligible Training Provider List
Policy and Procedures

Table of Contents

POLICY AND PROCEDURES

I.   PURPOSE

These policy and procedures govern the operation of the statewide Eligible Training Provider List (ETPL) in California. They address the activities of the Governor, Local Workforce Investment Boards (local board) and their One-Stop centers, and those training providers who wish to offer services to individuals whose training is funded under the Workforce Investment Act (WIA).

The WIA emphasizes informed customer choice, performance accountability, and continuous improvement. One of the primary means that WIA employs to achieve these goals is the ETPL. The State is required to develop and operate the ETPL in partnership with local boards. The ETPL is designed to gather and display useful information on training providers, their services, and the quality of their programs.

A One-Stop center may issue an Individual Training Account (ITA) to an adult to fund training after it has determined that core and intensive services are insufficient for that customer's needs. The individual can then compare the offerings on the ETPL, and, with the advice of One-Stop staff, select the most appropriate training program. In this way, the ETPL helps to provide customer choice, while also supporting quality training programs.

II.   BACKGROUND

A. WIA Requirements

1. Local boards determine the method and application content for postsecondary educational institutions that are eligible to receive federal funds under the Higher Education Act (HEA) of 1965 for programs that lead to an associate degree, baccalaureate degree, or certificate. Local boards also determine the method and application content for any entity that carries out programs under the National Apprenticeship Act (NAA) of 1937 and wishes to list their programs on the ETPL [WIA Section 122(b)(1)].

2. The Governor must establish procedures for use by local boards in determining the initial eligibility of other public or private providers of training services to be included in the statewide ETPL [WIA Section 122(b)(2)].

3. The local boards accept applications from training providers for listing, determine if the applicant meets State criteria (or in the case of HEA and NAA programs, has submitted an application in compliance with local requirements) for listing, and forward to the State information on those providers who meet these criteria [WIA Section 122(e)(1), (2), and (3)].

4. The State will accept the information forwarded by local boards on training providers, compile a single state list (the ETPL), and disseminate the ETPL with cost information to the One-Stop delivery system [WIA Section 122(e)(4)(A)].

B. State Approach – Guiding principles for the development of the ETPL Policy and Procedures

In cooperation with stakeholders, the State has adopted the following guiding principles for implementation of the ETPL.

1. <u>Simplicity</u>: Avoid imposing burdens that would inhibit the participation of quality training providers.

2. <u>Customer Focus</u>: The purpose of ETPL is to assist customers in selecting quality-training programs.

3. <u>Inclusiveness</u>: The intent is to list on the ETPL the widest range of quality training programs.

4. <u>Focus on the End User</u>: The policies and procedures being developed must support individuals who seek career and occupational training information; counselors who assist customers eligible for training services.

5. <u>Respect for Local Autonomy</u>: The State ETPL policy should remain supportive of the autonomy that the WIA has otherwise granted to the local boards.

III. GENERAL PROVISIONS

A. Types of Training to Which These Procedures Apply [WIA Section 134(d)(4)(D); 20CFR 663.300]

In order for a provider to receive Title I-B WIA ITA funds, its program(s) must be listed on the ETPL, and these programs may provide training services, such as:

1. Occupational skills training, including training for non-traditional employment;

2. Programs that combine workplace training with related instruction, which may include cooperative education programs;

3. Training programs operated by the private sector;

4. Skill upgrading and retraining;

5. Entrepreneurial training;

6. Job readiness skills; and

7. Adult education and literacy activities provided in combination with any other training service outlined above.

There are some training programs that are exempt from direct application to the ETPL or are subject to special ETPL policy provisions. On-the-Job Training and Customized Training (as defined by the WIA) are exempt from the ETPL. Contract training providers that do not charge clients directly for their services must be listed on the ETPL, but are subject to different criteria specified in their contract with the local board.

IV. APPLICATION POLICY AND PROCEDURES

This section covers general application policies and procedures that govern initial eligibility.

A. Application Procedure

1. Local Boards

In accordance with State policy and procedures, each local board will determine its procedures for accepting applications from providers for initial eligibility. Local boards may reach agreement to authorize one local board to act on their behalf in making determinations for initial eligibility. Local board procedures must incorporate all of the data elements required for completion of the ETPL Training Provider and Program Application forms required for initial eligibility. These forms are included in this directive along with line item instructions for completing them.

2. Providers

a. Applications for initial eligibility must be initiated by the training provider and submitted to a local board where they wish to provide services [WIA Section 122(b)(1) and 122(b)(2)(D)(i)] or the local board's designee. If services are provided in multiple areas, the provider may submit an application to just one local board to provide services in all of the areas.

b. Applications must be submitted in the time and manner determined by the local board [20 CFR Section 663.515].

c. Providers Headquartered Outside of California

Providers headquartered outside of California who do not have in-state training facilities may apply to any local board where they wish to provide services [WIA Section 122(e)(5)]. Applications must include all information required by the State of California. Out-of-state programs are eligible for listing on California's ETPL if the applying provider is eligible to receive funds under the HEA, or the program operates under the NAA and is approved by the California Apprenticeship Council. Other public or private programs of training services are eligible to be listed on California's ETPL if they are listed on the ETPL in another state.

d. Definition of a Program of Training Services

Applications must be submitted for each unique program of training services. A "program of training services" is defined in 20 CFR Section 663.508 as: *"One or more courses or classes, that upon successful completion, leads to 1) a certificate, an associate degree, or baccalaureate degree or 2) the skills or competencies needed for a specific job or jobs, an occupation, occupational group, or generally, for many types of jobs or occupations, as recognized by employers and determined prior to training."* In addition, each program is considered unique by its goals and curriculum, or by the requirements of the regulatory agency.

e. Denial of a Provider or Program Application

If a local board denies a provider's application for initial eligibility on the ETPL it must, within 30 days, inform the provider in writing; including the reason(s); and provide complete information on the appeal process [20 CFR 667.640(b)].

3. Data Sources

The following types of data are currently included in the operation of the ETPL:

- Administrative Information—These elements are used by either the local board or by EDD to identify a provider and process a training provider's application. Many of the data elements will not be displayed to participants or other ETPL users. Some of these data are supplied by training providers while others come from local boards or the EDD.

- Provider and Program Information—These elements describe the training provider and its programs and are used primarily to inform participants about their training options. These data are to be supplied by training providers and include such information as provider name and address, program description and curriculum, accreditation status, and occupations for which the training is relevant.

These data sources are generally defined in this procedure. More detailed definitions of the ETPL data reporting requirements are included in the line item instructions for the application forms.

B. Local Board Responsibilities for Data Verification

1. Employing whatever methods they deem appropriate, local boards must ensure that the data supplied by providers for initial eligibility are complete.

2. The local boards may make a site visit to verify the data provided to the Bureau of Private Postsecondary and Vocational Education (BPPVE) for registration purposes.

3. The local boards must have agreements with training providers the local boards submit for listing on the ETPL that include provisions requiring providers to maintain sufficient records and to make these records available for monitoring or audit by either the local board or the State.

C. Application Data Elements/Formats

1. The ETPL system is based on a standard set of data elements accumulated on all eligible providers. These elements are incorporated into an ETPL Application Format that may be used by local boards to collect information from training providers who wish to be listed on the ETPL. If local boards choose to use a different format, they must incorporate all of the data elements on the Standard ETPL Applications for Initial Eligibility. Local boards can supplement the information on the Standard ETPL Application format. The actual application form used and method of transmittal from the provider to the local board is a local decision.

2. All local board data submissions to the State must be in the standard submission format specified by EDD and comply with file structure and data coding requirements.

D. Dissemination of the ETPL

1. The EDD will update the ETPL daily and will make changes as soon as possible within the 30-day period allowed by WIA. Each working day, EDD will make the updated list available to all local boards in the State [WIA Section 122(e)(4)(A)].

2. To facilitate dissemination of the ETPL to all interested partners and customers throughout the State, the EDD will make it available on the Internet.

3. The local boards are responsible for ensuring that all One-Stop centers in their areas have access to the most recent version of the ETPL and make it available to their customers [WIA Section 122(e)(4)(A)].

4. The local boards must ensure that One-Stop Centers in their areas display to their customers all of the "public" data elements on the ETPL system [WIA Section 122(e)(4)(B)]. However, a local board may display any additional information to their customers that the local board considers appropriate [20 CFR 663.575].

V. INITIAL ELIGIBILITY POLICY AND PROCEDURES

A. Criteria for Initial Eligibility

Initial eligibility is based on the provider/program's authority or authorization to operate. Performance is not considered in determining initial eligibility. Providers are encouraged to submit performance outcomes for the programs they want to list on the ETPL to facilitate customer choice but this is not a requirement and it will not be considered in making initial eligibility determinations. Providers must meet one of the following criteria in order to have their program listed on the ETPL:

1. Postsecondary institutions eligible under Title IV of the HEA and offering programs leading toward an associate degree, baccalaureate degree or certificate [WIA Section 122(a)(2)(A)]. Completed applications received for these programs shall be listed on the statewide ETPL [WIA Section 122(e)(1)].

2. Programs that are registered under the NAA, or provide on-the-job training in the construction industry in accordance with WIA Section 122(h)[1], and are approved by the Bureau of Apprenticeship and Training (BAT), for those programs that operate in California under the jurisdiction of BAT, and have a certificate of approval from the California Apprenticeship Council. Completed applications received for these programs shall be listed on the statewide ETPL.

3. Accreditation by an institution recognized by the federal Department of Education [WIA Section 122(a)(2)(C)];

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[1] In accordance with WIA Section 122(h), providers that offer on-the-job training programs in the construction industry shall comply with standards established by the California Apprenticeship Council.

4. Approval by the California Department of Education [WIA Section 122(a)(2)(C)];

5. Approval by the Chancellor's Office of the California Community Colleges [WIA Section 122(a)(2)(C)];

6. Approval, registration, or exemption of the program by the Bureau of Private Postsecondary and Vocational Education (BPPVE) [WIA Section 122(a)(2)(C)].

7. In addition to the above criteria, a program that has been substantially modified in goals and/or curriculum shall be considered a new program subject to an initial eligibility determination only if the regulatory body over the program has required that it be submitted to that body for approval as a new program.

B. Procedures for Initial Application for Listing on the ETPL

1. Each local board must submit nominations for listing on the ETPL to the EDD [WIA Section 122(e)(2)].

2. The EDD will accept nominations for the ETPL from local boards on any working day of the year. These nominations must be in the format specified by EDD and be accompanied by all the required data elements.

3. The EDD will accept daily any changes to data displayed for providers and programs already listed on the ETPL and will update the ETPL as necessary on any working day of the year.

4. Each local board is responsible for providing updated information on the providers of programs listed through that local board and for informing EDD of any changes to the administrative, provider, or program data elements in order to keep the ETPL information current.

5. The EDD will aggregate the local lists into a statewide list to produce the ETPL and will make the statewide list available through the Internet and the Job Training Automation (JTA) System. [WIA Section 122(e)(4)].

6. The EDD will update the ETPL daily to incorporate initial listings, de-listings, and changes in administrative, provider, or program data elements for programs already on the ETPL. All additions and changes to the ETPL will be posted as soon as possible. In any case, additions, deletions, and changes will be posted within the required 30-day limit [20 CFR 663.555(b) and WIA Section 122(e)(2)].

C. Special Application Procedures for the California Community College Programs

Because the California Community College system has a centralized data system managed by the Chancellor's Office at the State level, a special procedure is available for submission of program-specific initial eligibility data. Similar procedures can be developed for any public provider that maintains the data required for initial eligibility in a centralized database at the State level.

1. Between December 1 and December 10 of each program year the Chancellor's Office will provide the EDD with community college program-specific data necessary to populate the ETPL initial eligibility record. Specifications for this record have been provided to the Chancellor's Office by the EDD.

2. The local board must submit a *Community College Training Provider Application* form through the JTA system for a Community College wishing to have programs listed on the ETPL. The combination of the Federal Employment Identification Number (FEIN), the Classification of Industrial Programs (CIP) and the COCCC college identifier will allow EDD to obtain many of the data elements required for initial eligibility directly from the State data base maintained by the Chancellor's Office.

3. Community College forms are included in this directive that show the data elements that will be obtained from the Chancellor's Office database and those that must be provided by the local college.

VI. DENIAL, DE-LISTING AND APPEALS

A. Denial of Application for Initial Listing

1. Reasons for Denial

    a. The local boards or EDD may deny eligibility if the application from a provider is not complete or not submitted within required timeframes [WIA Section 122(b) & (e)(2)].

    b. The local boards or EDD must deny eligibility if an applicant fails to meet the minimum criteria for initial listing specified in this procedure (refer to Section V. A. 1.) [WIA Section 122(b) & (e)(2)].

    c. The EDD must deny eligibility if it is determined that the applicant intentionally supplied inaccurate information [WIA Section 122(f)(1)].

    d. The local boards or EDD may deny eligibility to a provider who has been found to have substantially violated any WIA requirements [WIA Section 122(f)(2)].

2. If a local board denies a provider's application for listing on the ETPL, the local board must, within 30 days of receipt of the application, inform the provider in writing and include the reason(s) for the denial and complete information on the appeal process.

3. If EDD denies a provider's program listing on the ETPL, EDD must within 30 days of receipt of the nomination from a local board, inform the provider in writing and include the reason(s) for the denial and complete information on the appeal process. In addition, EDD must inform the local board that nominated the program of the denial and the reason(s) for the denial.

B. De-listing of a Program on the ETPL

1. Reasons for De-listing

    a. The local boards or EDD must de-list a program at any point at which it is determined that the program does not meet the minimum criteria for initial listing specified in this procedure (see Section V.A.1-6.). For example, a program can be de-listed if its eligibility depended on accreditation, and the accreditation was lost [WIA Section 122(c)(6)].

    b. The EDD must de-list a program if it is determined that the applicant intentionally supplied inaccurate information [WIA Section 122(f)(1)].

    c. The local boards or EDD may de-list a program if the provider is found to have substantially violated any WIA requirements [WIA Section 122(f)(2)].

    2. If a local board de-lists a program from the ETPL, the local board must, within ten days of its decision, inform the provider in writing and include the reason(s) for the denial and complete information on the appeals process.

    3. If EDD de-lists a program from the ETPL, EDD must, within ten-days of its decision, inform the provider in writing and include the reason(s) for the denial and complete information on the appeal process. In addition, EDD must inform the local board where the provider applied of the denial and the reason(s) for the denial.

C. Penalties.

    1. If EDD, in consultation with the appropriate local board, determines that a provider intentionally supplied inaccurate information for ETPL purposes, EDD shall terminate the eligibility of the provider to receive any funds under WIA Section 133(b) for at least two years [WIA Section 122(f)(1)].

    2. If EDD or a local board working with EDD, determines that an eligible provider substantially violates any WIA requirement, EDD or the local board working with EDD may terminate the eligibility of the provider to receive any funds for a period of time under WIA Section 133(b) or take other such action as EDD or the local board deems appropriate [WIA Section 122(f)(2)].

D. Appeals to Local Boards [WIA Section 122(g)]

    1. This procedure applies only to appeals by training providers to local boards based on the denial of a provider's application for initial listing on the ETPL or the de-listing of a program already listed on the ETPL.

    2. Each local board must have a written appeal process that includes the following required provisions:

        a. A provider wishing to appeal a decision by a local board must submit an appeal to the local board within 30 days of the issuance of the denial notice. The appeal must be in writing and include a statement of the desire to appeal, specification of the program in question, the reason(s) for the appeal (i.e. grounds), and the signature of the appropriate provider official.

        b. The first step in any local board appeal process must be an informal meeting between the local board staff and the appealing provider. The purpose of this meeting is to forestall the appeal process if there is an easy solution to the dispute.

        c. The local board procedures must include the opportunity for appealing providers to have a hearing. The hearing officer shall be an impartial person. The hearing officer shall provide written notice to the concerned parties of the date, time, and place of the hearing at least ten calendar days before the scheduled hearing. Both parties shall have the opportunity to present oral and written testimony under oath; to call and question witnesses; to present oral and written arguments; to request documents relevant to the issues(s), and to be represented.

    d. A local board must notify providers of its final decision on an appeal within 60 days of receipt of the appeal. This period includes a hearing if requested by the provider.

E. Appeals to EDD [WIA Section 122(g)]

1. This procedure applies only to an appeal by a training provider based on an EDD denial of the provider's application for initial listing on the ETPL or the de-listing of a program already listed on the ETPL. In addition, a provider may appeal to EDD if it has exhausted the appeal process of a local board and is dissatisfied with the local board's final decision.

2. A provider wishing to appeal to EDD must submit an appeal request to the Workforce Investment Division in EDD's Central Office within 30 days from either the issuance of a denial notice or the provider's notification of a local board's final decision on an appeal. The request for appeal must be in writing and include a statement of the desire to appeal, specification of the program in question, the reason(s) for the appeal (i.e. grounds), and the signature of the appropriate provider official. A provider appeal should be addressed to:

> Bob Hermsmeier, Chief
> Workforce Services Division, MIC 69
> P.O. Box 826880
> Sacramento, CA 94280-0001

3. The EDD will promptly notify the appropriate local board when EDD receives a request for appeal and when a final decision has been rendered.

4. The EDD will administratively review an appeal, make a preliminary decision, and notify the provider. The EDD can either uphold or reverse the appealed decision, or EDD can refer the appeal to the California Unemployment Insurance Appeals Board (CUIAB). The EDD will also refer an appeal to the CUIAB if the provider requests a hearing in writing within 15 days of the issuance of EDD 's preliminary decision. The CUIAB will schedule a hearing with an administrative law judge whose decision will be issued within 60 days of the appeal being referred to the CUIAB or within 30 days of the closing of the record.

5. The administrative law judge shall provide written notice to the concerned parties of the date, time, and place of the hearing at least ten calendar days before the scheduled hearing. Both parties shall have the opportunity to present oral and written testimony under oath; to call and question witnesses; to present oral and written arguments; to request documents relevant to the issues(s) and to be represented. The decision of the CUIAB administrative law judge is the final administrative decision.

EDD Employment Development Department State of California

WORKFORCE INVESTMENT ACT TRAINING PROVIDER APPLICATION

01. Provider Code (FEIN)	
For Internal Office Use Only	
02. Subgrantee Code	
03. Agency Code	
04. Local Provider Code	

05. Provider Name

06. Legal Name (If Different)

07. Mail Address

City, State

08. ZIP

09. Main Phone
(   )

10. Main E-Mail

11. Web Site Address

12. Administrative Contact Name

13. Administrative Contact Title

14. Administrative Contact E-Mail

15. Administrative Contact Phone
(   )

16. Administrative Contact Fax
(   )

17. Admissions Phone (If different)
(   )

18. Financial Aid Phone (If different)
(   )

19. Accreditation
☐ 1–Yes
☐ 2–No

20. Accrediting Body
01   Accrediting Bureau of Health Education Schools
02   Accrediting Commission for Career Schools/Colleges of Technology
03   Accrediting Council for Accrediting Association of Bible Colleges
04   Accrediting Council for Independent Colleges and Schools
05   Association of Advanced Rabbinical and Talmudic Schools
06   Council on Occupational Education
07   Distance Education and Training Council
08   Middle States Association of Colleges and Schools
09   New England Association of Schools and Colleges
10   North Central Association of Colleges and Schools
11   Southern Association of Colleges and Schools
12   The Association of Theological Schools in the United States and Canada
13   The Northwest Association of Schools and Colleges
14   Transnational Association of Christian Colleges and Schools
15   Western Association of Schools and Colleges

21. HEA Eligible (Pell Grant)
☐ 1–Yes
☐ 2–No

22. Financial Aid Available
☐ 1–Yes
☐ 2–No

23. Online Registration Available
☐ 1–Yes
☐ 2–No

24. Institution Type
☐ 1–Public
☐ 2–For-Profit
☐ 3–Non-Profit Religious
☐ 4–Non-Profit Public Benefit
☐ 5–Mutual
☐ 6–Other

25. Provider Type
☐ 1–University
☐ 2–College
☐ 3–Faith Based Organization
☐ 4–Community Based Organization (CBO)
☐ 5–Vocational
☐ 6–Postsecondary
☐ 7–ROC/P
☐ 8–Other

Additional Services

26.	Job Placement Assistance	☐ 1–Yes	☐ 2–No
27.	Career Assessment	☐ 1–Yes	☐ 2–No
28.	Career Counseling	☐ 1–Yes	☐ 2–No
29.	Tutorial Services	☐ 1–Yes	☐ 2–No
30.	ESL Courses	☐ 1–Yes	☐ 2–No
31.	GED Assistance	☐ 1–Yes	☐ 2–No
32.	On-Site Childcare	☐ 1–Yes	☐ 2–No
33.	Other	☐ 1–Yes	☐ 2–No
34.	BPPVE Receipt Letter on File	☐ 1–Yes	☐ 2–No
35.	BPPVE Exempt Cert. on File	☐ 1–Yes	☐ 2–No

Line Item Instructions

The following are line item instructions for the Training Provider Application form.

01 Provider Code (FEIN)	Enter nine-digit provider code Federal Employers Identification Number (FEIN). If an FEIN code is already loaded all existing information will be displayed on the screen. This is a required field and cannot be changed.
02 Subgrantee	This will default to the subgrantee's code.
03 Agency Code	Enter a WIA agency code. If you do not know what the Agency code is, you may use the **<F1>** key to get a help window of valid codes. This is an optional field and may be left blank.
04 Local Provider Code	Enter the code used by the LWIB to allow cross-referencing between the local system and the Job Training Automation system. This is an optional field and may be left blank.
05 Provider Name	Enter the provider name. This is a required field.
06 Legal Name (If Different)	Enter the legal provider name if different from the provider name. The system will default to the provider name in the Add mode. This is a required field.
07 Mail Address	Enter the provider's mail address. This is a required field. **City, State** After the ZIP code has been entered, the city and state will be displayed in these two fields.
08 ZIP Code	Enter the ZIP code for the provider's address. A lookup table will appear with the city for that ZIP code. If the correct city is displayed, use your arrow key to highlight the city, press **[Enter/Return]**, and the city and state will be filled in automatically. If the correct city is not displayed, select the **"Edit"** option. This will allow you to enter the new city for the selected ZIP code. The cursor will then move to the next part of the ZIP code, a four-digit field. If the four-digit code is known, enter it here or leave it blank by pressing the **[Enter/Return]** key.
09 Main Phone	Enter the provider's phone number. This may be entered without an area code if it is the same as the default area code defined by your Local Workforce Investment Area (LWIA). See program Enter System Functions Table (ESYS) for details on setting the default area code for your LWIA. This is a required field that is completed by the provider.
10 *Main E-mail*	Enter the provider's e-mail address. This is an optional field and may be left blank.

11 *Web site Address*	Enter the provider's web site. This is an optional field and may be left blank.
12 *Administrative Contact Name*	Enter the administrative contact name. This is a required field.
13 *Administrative Contact Title*	Enter the administrative contact title. This is a required field.
14 *Administrative Contact E-mail*	Enter the administrative contact E-mail address. This is an optional field.
15 *Administrative Contact Phone*	Enter the administrative contact phone number if different from the main phone number. This may be entered without an area code if it is the same as the default area code defined by your LWIA. See program Enter System Functions Table (ESYS) for details on setting the default area code for your LWIA. This is an optional field and will default to the main phone number.
16 *Administrative Contact Fax*	Enter the administrative contact fax number. This is an optional field and can be left blank.
17 *Admissions Phone (If Different)*	Enter the admissions phone number if different from the Main phone number. This may be entered without an area code if it is the same as the default area code defined by your LWIA. See program Enter System Functions Table (ESYS) for details on setting the default area code for your LWIA. This is an optional field and will default to the main phone number.
18 *Financial Aid Phone (If Different)*	Enter the financial aid phone number if different from the main phone number. This may be entered without an area code if it is the same as the default area code defined by your LWIA. See program Enter System Functions Table (ESYS) for details on setting the default area code for your LWIA. This is an optional field and will default to the main phone number.
19 *Accreditation*	Enter **1** for Yes. Enter **2** for No. This is a required field.
20 *Accrediting Body*	Required if Accreditation is equal to **1**. You may use the **<F1>** key to get a help window of valid codes. 01 Accrediting Bureau of Health Education Sch00ls 02 Accrediting Commission for Career Schools/Colleges of Technology 03 Accrediting Council For Accrediting Association of Bible Colleges 04 Accrediting Council For Independent Colleges and Schools 05 Association of Advanced Rabbinical and Talmudic Schools 06 Council on Occupational Education 07 Distance Education and Training Council 08 Middle States Association of Colleges and Schools 09 New England Association of Schools and Colleges 10 North Central Association of Colleges and Schools 11 Southern Association of Colleges and Schools 12 Association of Theological Schools In the United States and Canada 13 Northwest Association of Schools and Colleges 14 Transnational Association of Christian Schools and Colleges 15. Western Association of Schools and Colleges

21 *HEA Eligible (Pell Grant)*	Enter **1** for Yes.
	Enter **2** for No.
	This is a required field.
22 *Financial Aid Available*	Enter **1** for Yes.
	Enter **2** for No.
	This is a required field.
23 *Online Registration Available*	Enter **1** for Yes.
	Enter **2** for No.
	This is a required field.
24 *Institution Type*	Please choose only **one** type. This is a required field.
	1. Public
	2. For-profit
	3. Non-profit Religious
	4. Non-profit Public benefit
	5. Mutual
	6. Other
25 *Provider Type*	Please choose only **one** type. This is a required field.
	1. University
	2. College
	3. Faith based
	4. Community Based Organization (CBO)
	5. Vocational
	6. Post Secondary
	7. ROC/P
	8. Other
26 *Job Placement Assistance*	Default is set to *2 (No).*
	Enter **1** for Yes.
	This is an optional field and the default is set to 2.
27 *Career Assessment*	Default is set to *2 (No).*
	Enter **1** for Yes.
	This is an optional field and the default is set to 2.

28 *Career Counseling*	Default is set to *2 (No).*
	Enter **1** for Yes.
	This is an optional field and the default is set to 2.
29 *Tutorial Services*	Default is set to *2 (No).*
	Enter **1** for Yes.
	This is an optional field and the default is set to 2.
30 *ESL Courses*	Default is set to *2 (No).*
	Enter **1** for Yes.
	This is an optional field and the default is set to 2.
31 *GED Assistance*	Default is set to *2 (No).*
	Enter **1** for Yes.
	This is an optional field and the default is set to 2.
32 *On-site Childcare*	Default is set to *2 (No).*
	Enter **1** for Yes.
	This is an optional field and the default is set to 2.
33 *Other*	Default is set to *2 (No).*
	Enter **1** for Yes.
	This is an optional field and the default is set to 2.
34 *BPPVE Receipt Letter on File*	Default is set to *2 (No).*
	Enter **1** for Yes.
	Provider must indicate if they have received the "Receipt of Re-approval Application" letter from the Bureau of Private Postsecondary and Vocational Education. This is a required field.
35 *BPPVE Exempt Certification on File*	Default is set to *2 (No).*
	Enter **1** for Yes.
	Provider must indicate if the programs they offer have a cost exclusively less than $500.00. If any of the programs they offer exceed $500.00 in cost then the answer must be No. This is a required field.
EPVA Complete	When all required fields have been entered, you may use the File **<F5>** key to file the record. If there are errors or missing data in the record, you will be prompted to go to the error to correct it. This must be done prior to entering any Training Program Applications for the provider.

EDD Employment Development Department State of California

01. Provider Code (FEIN)	**For Internal Office Use Only**
02. CIP Code	Program Code

WORKFORCE INVESTMENT ACT TRAINING PROGRAM APPLICATION

03. COCCC ID
 (

04. Subgrantee Code

05. Agency Code

06. Date Received By LWIB

07. Local Program Code

Provider Name

08. Program Name	**09.** Program Description		
10. Training Site Address	City, State	**11.** ZIP	**12.** County

13. Listed On Other State's ETPL ☐ 1–Yes ☐ 2–No	**14.** ADA Compliant ☐ 1–Yes ☐ 2–No	**15.** Total Hours Of Instruction	**16.** Credits	**17.** Non-Credit ☐ 1–Yes ☐ 2–No	**18.** Credit Time ☐ 1–Semester ☐ 2–Quarter

Total Program Cost **19.** Tuition $____ **20.** Fees $____ **21.** Expenses $____ **Total** $_____	**22.** Mode of Delivery ☐ 1–Classroom ☐ 2–Internet ☐ 3–Correspondence ☐ 4–Broadcast ☐ 5–Computer Based Instruction	When Program Is Offered **23** Days ☐ 1–Yes ☐ 2–No **24** Evenings ☐ 1–Yes ☐ 2–No **25** Weekends ☐ 1–Yes ☐ 2–No	**26.** Frequency of Offering ☐ 1–Weekly ☐ 2–Monthly ☐ 3–Quarter ☐ 4–Semester ☐ 5–Other	**27.** BPPVE Approval Status ☐ 1–Approved ☐ 2–Temporary Approval ☐ 3–Registered ☐ 4–Exempt ☐ 9–Not Applicable **28.** BPPVE Approval Expiration Date

29. Other BPPVE Approved Programs ☐ 1–Yes ☐ 2–No 2	**30.** Registered Apprenticeship ☐ 1–Yes ☐ 2–No	**31.** Registered Date	Other List Criteria: **32.** CDE Approved ☐ 1–Yes ☐ 2–No **33.** COCCC Approved ☐ 1–Yes ☐ 2–No

34. Continuing Education Units (CEU)	**35.** CEU Granting Institution

36. Resources Required ☐ 1–Yes ☐ 2–No	**37.** Program Goal ☐ 1–Skill Attainment ☐ 5–Associate Degree ☐ 2–Certificate ☐ 6–Baccalaureate Degree ☐ 3–Registration ☐ 7–Other ☐ 4–License	**38.** Credentialing Body **39.** Projected Hourly Wage After Program Completion

40. Prerequisites

41. Skills Sets

WIA Training Program Application (continued)

42. Curriculum		43. Relevant Occupations (Soc/O*Net Code)	
Course Code	Course Title	Code	Title
		44. Relevant Occupation Recommendation	
		Soc/O*Net Category	Description

Accessibility

45. On-Site Parking	☐ 1–Yes	☐ 2–No	**51.** Target Audience
46. Public Transportation	☐ 1–Yes	☐ 2–No	
47. Disabled Student Access	☐ 1–Yes	☐ 2–No	**52.** Average Class Size
48. Sign Language	☐ 1–Yes	☐ 2–No	
49. Other Languages	☐ 1–Yes	☐ 2–No	**53.** Equipment to be Used
50. Other	☐ 1–Yes	☐ 2–No	

INITIAL PERFORMANCE INFORMATION - OPTIONAL

54. Period Begin Date	**55.** Period End Date	**56.** Participant Universe	**57.** Average Hourly Wage at Placement
58. Program Completion Rate	**59.** Entered Employment Rate	**60.** Skill/Credential Attainment Rate	**61.** Retention Rate

I certify that the information submitted on this application is true and correct

62. Printed Name of Provider Representative	**63.** Title	**64.** Date
Signature		

Line Item Instructions

The following are line item instructions for the ETPL Program Application form.

01 *Provider Code (FEIN)*	Enter nine-digit provider code (FEIN). This is a required field.
02 *CIP Code*	Enter the six-digit Classification of Instructional Program (CIP). This is a required field. If the CIP code is not known, you may use the **<F1>** key to display a help window of valid codes.
03 *COCCC ID*	Enter the COCCC ID. If applicable. This is an optional field.
Program Code	This field is auto-generated by the system from the following data elements: CIP Code, Mode of Delivery, Program Goal, County Code, and a numerical increment.
04 *Subgrantee Code*	This will default to the subgrantee's code.
05 *Agency Code*	Enter a WIA agency code. These codes are user defined. If you do not know what the Agency code is, you may use the **<F1>** key to get a help window of valid codes. This is an optional field and may be left blank.
06 *Date Received by LWIB*	Enter the date the Local Workforce Investment Board received the application. The date may be entered in the format of MM/DD/YY or MM/DD/YYYY. If a two-digit year is entered, it will be converted to a four-digit year. This is a required field.
07 *Local Program Code*	Enter the local program code that is assigned by the Local Workforce Investment Board. This is an optional field and may be blank.
Provider Name	The Provider name will be displayed.
08 *Program Name*	Enter the name of the training program. This is a required field.
09 *Program Description*	Enter the description of the program. This is a required field
10 *Training Site Address*	Enter the training site address. This is a required field. **City, State** After the Zip code has been entered, the city and state will be displayed in these two fields**.**
11 *ZIP*	Enter the ZIP code for the training site address. A lookup table will appear with the city for that ZIP code. If the correct city is displayed, use your arrow key to highlight the city, press **[Enter/Return]**, and the city and state will be filled in automatically. If the correct city is not displayed, select the **"Edit"** option. This will allow you to enter the new city for the selected ZIP code. The cursor will then move to the next part of the ZIP code, a four-digit field. If the four-digit code is known, enter it here or leave it blank by pressing the **[Enter/Return]** key. Enter the enrolling staff ID. If the enrolling staff ID is not known, you may use the **<F1>** key to display a help window. This field is required.

12 *County*	Enter the two-digit county code. This is a required field. If you do not know what the county code is, you may use the **<F1>** key to get a help window of valid codes. This is a required field.
13 *Listed on Other State's ETPL*	Default is set to **2 (No).** Enter **1** for yes. This is a required field if training site is not California.
14 *ADA Compliant*	Enter **1** for Yes. Enter **2** for No. This is a required field.
15 *Total Hours of Instruction*	Enter the total number of hours of instruction. This field must be greater than zero. This is a required field.
16 *Total Credits*	Enter the total number of credits. This field must be greater than zero. This is an optional field and may be left blank.
17 *Non-Credit*	Enter **1** for Yes. Enter **2** for No. This is a required field.
18 *Credit Time*	Enter the credit time. You may use the **<F1>** key to get a help window of valid codes. This is a required field if Credits (field 15) is greater than zero. Enter **1** for Semester. Enter **2** for Quarter.
19 *Tuition*	Enter the total dollar value of all tuition costs. This field must be greater than or equal to zero. Enter **0** for no tuition. This is a required field.
20 *Fees*	Enter the total dollar value of all fees. This field must be greater than or equal to zero. Enter **0** for no fees. This is a required field.
21 *Expenses*	Enter the total dollar value of all expenses. This field must be greater than or equal to zero. Enter **0** for no expenses. This is a required field. Total Program Cost. This field will be the sum of tuition, fees, and expenses.

22 *Modes of Delivery*	Enter the mode of delivery. This is a required field. You may use the **<F1>** key to get a help window of valid codes. **1.** Stand-up (Classroom) **2.** Internet **3.** Correspondence **4.** Broadcast **5.** Computer Based Instruction
23 *Program Offered Days*	Enter **1** for Yes. Enter **2** for No. This is a required field.
24 *Program Offered Evenings*	Enter **1** for Yes. Enter **2** for No. This is a required field.
25 *Program Offered Weekends*	Enter **1** for Yes. Enter **2** for No. This is a required field.
26 *Frequency of Offering*	Enter the Frequency. This is a required field. You may use the **<F1>** key to get a help window of valid codes. **1.** Weekly **2.** Monthly **3.** Quarter **4.** Semester **5.** Other
27 *BPPVE Approval Status*	Enter the BBPVE Approval Status. This is an optional field and may be left blank. You may use the **<F1>** key to get a help window of valid codes. **1.** Approved **2.** Temporary Approval **3.** Registered **4.** Exempt **9.** Not Applicable
28 *BPPVE Approval Expiration*	Enter the date the BPPVE approval, temporary, or registration expires. Skip this field if BPPVE approval status is not applicable. The date may be entered in the format of MM/DD/YY or MM/DD/YYYY. If a two-digit year is entered, it will be converted to a four-digit year. This is a required field if BPPVE is approved.
29 *Other BPPVE Approved Programs*	Enter **1** for Yes. Enter **2** for No. This is a required field.

30 *Registered Apprenticeship*	Enter **1** for Yes.
	Enter **2** for No.
	This is a required field.
31 *Registered Date*	Enter the date of the registered apprenticeship.
	The date may be entered in the format of MM/DD/YY or MM/DD/YYYY. If a two-digit year is entered, it will be converted to a four-digit year. This is a required field if Registered Apprenticeship is equal to a **1**.
32 *CDE Approved*	Enter **1** for Yes.
	Enter **2** for No.
	This is a required field.
33 *COCCC Approved*	Enter **1** for Yes.
	Enter **2** for No.
	This is a required field.
34 *Continuing Education Units (CEU)*	Enter the total number of Continuing Education Units (CEU).
	This field must be greater than zero.
	This is an optional field and may be left blank.
35 *CEU Granting Institution*	Enter the CEU Granting Institution.
	This is a required field if CEU units are greater than zero.
	If CEU is left blank then this field is skipped.
36 *Resources Required*	Enter **1** for Yes.
	Enter **2** for No.
	This is a required field.
37 *Program Goal*	Enter the appropriate goal. This is a required field. You may use the **<F1>** key to get a help window of valid codes.
	1. Skill Attainment
	2. Certificate
	3. Registration
	4. License
	5. Associate degree
	6. Baccalaureate degree
	7. Other

38 *Credentialing Body*	Enter the name of the Credentialing Body if the program goal is 2-6. If program goal is not 2-6 this field will be skipped.
39 *Projected Hourly Wage*	Enter the Projected Hourly Wage after program completion. This is an optional field and may be left blank.
40 *Prerequisites*	Enter any prerequisites; if there are none this field will be set to none.
41 *Skill Sets*	Enter any Skill Sets. This field is optional and may be left blank.
42 *Curriculum*	Enter at least one **Course Code.** You may enter up to 15, but only six will be displayed. Enter at least one **Course Title.** You may enter up to 15, but only six will be displayed. This is a required field.
43 *Relevant Occupations SOC/O*NET Code*	Enter at **least one SOC/O*NET code.** You may enter up to **six**. This is a required field.
44 *Relevant Occupation Recommenda-tion*	Enter the Relevant Occupation Recommendation Category. You may enter up to three categories. This field is optional and may be left blank.
45 *On-site Parking*	**Fields 47-52 are for Accessibility.** Enter **1** for Yes. Enter **2** for No. This is a required field.
46 *Public Transportation*	Enter **1** for Yes. Enter **2** for No. This is a required field.
47 *Disabled Student Access*	Enter **1** for Yes. Enter **2** for No. This is a required field.
48 *Sign Language*	Enter **1** for Yes. Enter **2** for No. This is a required field.

49 *Other Languages*	Enter **1** for Yes. Enter **2** for No. This is a required field.
50 *Other*	Enter **1** for Yes. Enter **2** for No. This is a required field.
51 *Target Audience*	Enter the target audience. This is an optional field and may be left blank.
52 *Average Class Size*	Enter the average class size. This field must be greater than zero. This is a required field.
53 *Equipment to be Used*	Enter the Equipment to be used. This is an optional field and may be left blank
Fields 54-61	*Performance Information.* *These fields are optional for initial eligibility. You may skip to field 64.*
54 *Period Begin Date*	Enter the begin date for performance data reporting. The date may be entered in the format of MM/DD/YY or MM/DD/YYYY. If a two-digit year is entered, it will be converted to a four-digit year. This is an optional field. If this field is blank you will go to field 64.
55 *Period End Date*	Enter the end date for performance data reporting. The date may be entered in the format of MM/DD/YY or MM/DD/YYYY. If a two-digit year is entered, it will be converted to a four-digit year. This is required field if field 56 has a date entered. The date must be greater than or equal to field 56. This field is optional, if field 56 is blank.
56 *Participant Universe*	Enter the participant universe. This field is optional, if field 56 is blank.
57 *Average Hourly Wage at Placement*	Enter the average hourly wage at placement. It is must be greater than zero. This field is optional, if field 56 is blank.
58 *Program Completion Rate*	Enter the number of successful completers divided by the "Participant Universe." Entry must be greater than zero. This field is optional, if field 56 is blank.

59 *Entered Employment Rate*	Enter the number of students who obtained unsubsidized employment divided by "Participant Universe." Entry must be greater than zero. This field is optional, if field 56 is blank.
60 *Skill/Credential Attainment Rate*	Enter the rate at which completers attained expected skill sets and/or credentials. Entry must be greater than zero. This field is optional, if field 56 is blank.
61 *Retention Rate*	Enter the retention rate at which participants retained employment over a set post-program period. Entry must be greater than zero. This field is optional, if field 56 is blank.
62 *Printed Name of Provider Representative*	Enter the name of the provider representative who may be contacted regarding this form. This is a required field.
63 *Provider Representative Title*	Enter the title of the provider representative who may be contacted regarding this form. This is a required field.
64 *Date Signed*	Enter the date the provider representative signed the program application form. The date may be entered in the format of MM/DD/YY or MM/DD/YYYY. If a two-digit year is entered, it will be converted to a four-digit year. This is a required field.

EDD Employment Development Department State of California		**01.** Provider Code (FEIN)
		For Internal Office Use Only
		02. Subgrantee Code
WORKFORCE INVESTMENT ACT COMMUNITY COLLEGE PROVIDER APPLICATION		**03.** Agency Code
		04. Local Provider Code

05. Provider Name	**06.** Legal Name (if different)	
07. Mail Address	City, State	**08.** ZIP
09. Main Phone	**10.** Main E–Mail	**11.** Web Site Address
12. Administrative Contact Name	**13.** Administrative Contact Title	**14.** Administrative Contact E-Mail
15. Administrative Contact Phon (____)	**16.** Administrative Contact fax (____)	**17.** Administrative Phone (if different) (____)	**18.** Financial Aid Phone (if different) (____)

19. Accreditation	**20.** Accrediting Body
☐ 1–Yes ☐ 2–No	**WASC**

21. HEA Eligible (Pell Grant)	**22.** Financial Aid Available	**23.** Online Registration Available
☐ 1–Yes ☐ 2–No	☐ 1–Yes ☐ 2–No	☐ 1–Yes ☐ 2–No

24. Institution Type	**25.** Provider Type	Additional Services
☐ 1–Public ☐ 2–For–profit ☐ 3–Non–profit Religious ☐ 4–Non–profit Public benefit ☐ 5–Mutual ☐ 6–Other	☐ 1–University ☐ 2–College ☐ 3–Faith Based Organization ☐ 4–Community Based Organization(CBO) ☐ 5–Vocational ☐ 6–Postsecondary ☐ 7–ROC/P ☐ 8–Other	**26.** Job Placement Assistance ☐ 1–Yes ☐ 2–No **27.** Career Assessment ☐ 1–Yes ☐ 2–No **28.** Career Counseling ☐ 1–Yes ☐ 2–No **29.** Tutorial Services ☐ 1–Yes ☐ 2–No **30.** ESL Courses ☐ 1–Yes ☐ 2–No **31.** GED Assistance ☐ 1–Yes ☐ 2–No **32.** On-site Childcare ☐ 1–Yes ☐ 2–No **33.** Other ☐ 1–Yes ☐ 2–No

ETPL EPVA

Line Item Instructions: Community College Training Provider Application

The following are line item instructions for completing the Community College Training Provider Application form. Data provided to EDD by the Chancellor's Office has been loaded into the JTA system and will automatically populate the data fields on the form that are shaded. Data in the populated (shaded) fields cannot be manually updated or manipulated in any way. The Community College that wants to list its programs on the ETPL must provide its name and the three digit identification number that is used by the Chancellor's Office to identify the college to the Local Workforce Investment Board (LWIB). Once this information is entered into the JTA system, certain data fields will automatically be completed as described in the instructions below.

01 Provider Code (FEIN)	The FEIN number for the college will automatically display in this field once the college name and identifier are entered.
02 Subgrantee	Record the three digit code that is used to identify the LWIB. This data field is completed by the LWIB.
03 Agency Code	Record the locally defined agency code. This is an optional field and may be left blank. This data field is completed by the LWIB.
04 Local Provider Code	Enter the code used by the LWIB to allow cross-referencing between the local system and the Job Training Automation system. This is an optional field and may be left blank. This data field is completed by the LWIB.
05 Provider Name	Record the name of the Community College. This name will be displayed on the statewide ETPL. Record the three digit number that is used by the Chancellor's Office to identify the college. This data field is required to be completed by the college.
06 Legal Name (If Different)	Record the name in which the institution is legally registered, if different from the provider name in #5 above. If this data field is completed, the information must be provided by the college.
07 Mail Address City, State	The address of the college will automatically display in this field, once the college name and identifier are entered.
08 ZIP Code	The Zip code will automatically display once the college name and identifier are entered.
09 Main Phone	The main phone number will automatically display once the college name and identifier are entered.
10 Main E-mail	Record the principal electronic mail address. This optional data field is completed by the college.

11	*Web site Address*	Record the principal business uniform resource locator (URL) or website address. This optional data field is completed by the college.
12	*Administrative Contact Name*	Record the name of the individual who is the primary contact person for the application. This is a required field. This data field is completed by the college.
13	*Administrative Contact Title*	Record the title of the primary contact person. This is a required field. This data field is completed by the college.
14	*Administrative Contact E-mail*	Record the E-mail address for the primary contact person. This is an optional field. This data field is completed by the college.
15	*Administrative Contact Phone*	Record the telephone number for the primary contact person. This is an optional field. This data field is completed by the college.
16	*Administrative Contact Fax*	Record the fax number for the primary contact person. This is an optional field. This data field is completed by the college.
17	*Admissions Phone (If Different)*	Record the admissions phone number if different from the Main phone number. This is an optional field. This data field is completed by the college.
18	*Financial Aid Phone (If Different)*	Record the financial aid phone number if different from the Main phone number. This is an optional field. This data field is completed by the college.
19	*Accreditation*	The "Yes" box will be checked automatically once the college name and identifier are entered.
20	*Accrediting Body*	WASC will automatically appear in this field once the college name and identifier are entered.
21	*HEA Eligible (Pell Grant)*	The "Yes" box will be checked automatically once the college name and identifier are entered.
22	*Financial Aid Available*	The "Yes" box will be checked automatically once the college name and identifier are entered.

23 *Online Registration Available*	Enter **1** for Yes if the community college offers online registration Enter **2** for No if online registration is not available. This is a required field that must be completed by the college.
24 *Institution Type*	Public will automatically be selected in this field once the college name and identifier are entered.
25 *Provider Type*	College will automatically be selected in this field once the college name and identifier are entered.
26 *Job Placement Assistance*	Enter **1** for Yes if the college provides assistance to graduates in obtaining employment or **2** for No if it does not. This is an optional field that is completed by the college.
27 *Career Assessment*	Enter **1** for Yes if the college offers career assessment services or **2** for No if it does not. This is an optional field that is completed by the college.
28 *Career Counseling*	Enter **1** for Yes if the college offers counseling services help individuals make career choices or **2** for No if it does not. This is an optional field that is completed by the college.
29 *Tutorial Services*	Enter **1** for Yes if the college offers tutoring to assist individuals in learning a particular subject or **2** for No if it does not. This is an optional field that is completed by the college.
30 *ESL Courses*	Enter **1** for Yes if the college offers classes in English as a second language for limited English speakers or **2** for No if it does not. This is an optional field that is completed by the college.
31 *GED Assistance*	Enter **1** for Yes if the college offers assistance to individuals in attaining a Certificate of General Education Development or **2** for No if it does not. This is an optional field that is completed by the college.
32 *On-site Childcare*	Enter **1** for Yes if the college offers child care at the training site or **2** for No if it does not. This is an optional field that is completed by the college.
33 *Other*	Enter **1** for Yes or 2 for No. This is an optional field that is completed by the college.

EDD Employment Development Department State of California

01. Provider Code (FEIN)	For Internal Office Use Only
02. CIP Code	Program Code
03. COCCC ID	

WORKFORCE INVESTMENT ACT COMMUNITY COLLEGE TRAINING PROGRAM APPLICATION

04. Subgrantee Code	
05. Agency Code	
06. Date Received by LWIB	
07. Local Program Code	

Provider Name

08. Program Name	09. Program Description

10. Training Site Address	City, State	11. ZIP	

12. Listed on Other State's ETPL ☐ 1–Yes ☐ 2–No	13. ADA Compliant ☐ 1–Yes ☐ 2–No	15. Total Hours of Instruction	16. Credits	17. Non-Credit ☐ 1–Yes ☐ 2–No	18. Credit Time ☐ 1–Semester ☐ 2–Quarter

Total Program Cost 19. Tuition $_____ 20. Fees $_____ 21. Expenses $_____ TOTAL $_____	22. Mode of Delivery ☐ 1–Classroom ☐ 2–Internet ☐ 3–Correspondence ☐ 4–Broadcast ☐ 5–Computer Based ☐ 6–Instruction	When Program is Offered. 23. Days ☐ 1–Yes ☐ 2–No 24. Evenings ☐ 1–Yes ☐ 2–No 25. Weekends ☐ 1–Yes ☐ 2–No	26. Frequency of Offering ☐ 1–Weekly ☐ 2–Monthly ☐ 3–Quarter ☐ 4–Semester ☐ 5–Other	Other List Criteria 27. CDE Approved ☐ 1–Yes ☐ 2–No 28. COCCC Approved ☐ 1–Yes ☐ 2–No

29. Continuing Education Units (CEU)	30. CEU Granting Institution

WIA Community College Training Program Application (continued)

31. Resources Required	32. Program Goal	33. Credentialing Body
☐ 1–Yes ☐ 2–No	☐ 1–Skill Attainment ☐ 5–Associate Degree ☐ 2–Certificate ☐ 6–Baccalaureate Degree ☐ 3–Registration ☐ 7–Other ☐ 4–License	34. Projected Hourly Wage After Program Completion

35. Prerequisites

36. Skill Sets

37. Curriculum		38. Relevant Occupations (SOC/O*NET Code)	
Course Code	Course Title	Code	Title
		39. Relevant Occupations Recommendation	
		SOC/O*NET Category	Description

Accessibility	46. Target Audience
40. On-Site Parking ☐ 1–Yes ☐ 2–No	
41. Public Transportation ☐ 1–Yes ☐ 2–No	47. Average Class Size
42. Disabled Student Access ☐ 1–Yes ☐ 2–No	
43. Sign Language ☐ 1–Yes ☐ 2–No	
44. Other Languages ☐ 1–Yes ☐ 2–No	48. Equipment to be Used
45. Other ☐ 1–Yes ☐ 2–No	

INITIAL PERFORMANCE INFORMATION - OPTIONAL

49. Period Begin Date	50. Period End Date	51. Participant Universe	52. Average Hourly Wage at Placement
53. Program Completion Rate	54. Entered Employment Rate	55. Skill/Credential Attainment Rate	56. Retention Rate

I certify that the information submitted on this application is true and correct.

57. Printed Name of Provider Representative	58. Title	59. Date

Signature

Line Item Instructions: Community College Training Program Application

The following are line item instructions for completing the Community College Training Program Application form. The Community College that wants to list its programs on the ETPL must provide its name and the three digit identification number that is used by the Chancellor's Office to identify the college to the Local Workforce Investment Board (LWIB). Data provided to EDD by the Chancellor's Office has been loaded into the JTA system to provide a choice list of the programs that are offered by each local college. Once the programs to be listed on the ETPL are selected from the choice list, the system will automatically populate the data fields on this form that are shaded. Data in the populated fields cannot be manually updated or manipulated in any way. Further details on the data required in each field on the form are provided below.

01 *Provider Code (FEIN)*	The FEIN number for the college will automatically display in this field once the college name and identifier are entered.
02 *CIP Code*	The CIP code will automatically display in this field once the program is selected from the choice list.
03 *COCCC ID*	Enter the three digit code used by the Chancellor's Office to identify the college. This field is completed by the college.
Program Code	This field is auto-generated by the system from the following data elements: CIP Code, Mode of Delivery, Program Goal, County Code, and a numerical increment.
04 *Subgrantee Code*	This will default to the subgrantee's code.
05 *Agency Code*	Record the three digit code used to identify the LWIB. These codes are user defined. If you do not know what the Agency code is, you may use the **<F1>** key to get a help window of valid codes. This is an optional field completed by the LWIB.
06 *Date Received by LWIB*	Record the date the LWIB received the application. The date may be entered in the format of MM/DD/YY or MM/DD/YYYY. If a two-digit year is entered, it will be converted to a four-digit year. This is a required field completed by the LWIB.
07 *Local Program Code*	Record the local program code that is assigned by the LWIB. This is an optional field completed by the LWIB.
Provider Name	The Provider name will be displayed on the ETPL. This field is completed by the college.
08 *Program Name*	Select the training program or course of instruction to be considered for eligibility from the choice list. The college will provide the LWIB with the name of the program they want to list on the ETPL. The LWIB must select this program from the choice list of programs offered by that college.

09 *Program Description*	Record a description of the program or course. This is a required field completed by the college.
10 *Training Site Address*	This field will automatically display once the college name and identifier are entered.
11 *ZIP*	This field will automatically display once the college name and identifier are entered.
12 *County*	This field will automatically display once the college name and identifier are entered.
13 *Listed on Other State's ETPL*	No will automatically display in this field once the college name and identifier are entered.
14 *ADA Compliant*	Enter **1** for Yes if the college meets the Americans with Disabilities Act as defined by federal and state requirements or 2 for No if it does not. This is a required field completed by the college.
15 *Total Hours of Instruction*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list.
16 *Total Credits*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list.
17 *Non-Credit*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list.
18 *Credit Time*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list.
19 *Tuition*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list. Only the tuition will be shown. Additional fees and expenses will not be included.
20 *Fees*	This field will not be completed.
21 *Expenses*	This field will not be completed.
22 *Modes of Delivery*	Enter the mode of delivery. This is a required field completed by the college. **1.** Stand-up (Classroom) **2.** Internet **3.** Correspondence **4.** Broadcast **5.** Computer Based Instruction

23 *Program Offered Days*	Enter **1** for Yes if the program is offered between 6:00 a.m. and 4:59 p.m. or 2 for No if it is not. This is a required field completed by the college.
24 *Program Offered Evenings*	Enter **1** for Yes if the program is offered after 5:00 p.m. or 2 for No if it is not. This is a required field completed by the college.
25 *Program Offered Weekends*	Enter **1** for Yes if the program is offered on Saturdays or Sundays or 2 for No if it is not. This is a required field completed by the college.
26 *Frequency of Offering*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list.
27 *CDE Approved*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list.
28 *COCCC Approved*	Yes will automatically display once the college name and identifier are entered and a program is selected from the choice list.
29 *Continuing Education Units (CEU)*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list.
30 *CEU Granting Institution*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list.
31 *Resources Required*	Yes will automatically display once the college name and identifier are entered and a program is selected from the choice list.
32 *Program Goal*	"Certificate" or "Associate Degree" will automatically display once the college name and identifier are entered and a program is selected from the choice list.
33 *Credentialing Body*	This field will automatically display once the college name and identifier are entered and a program is selected from the choice list.
34 *Projected Hourly Wage*	Record the Projected Hourly Wage after program completion. This optional field is completed by the college.
35 *Prerequisites*	Record any prerequisites needed for entry into the offered program/course. This field is completed by the college.

36 *Skill Sets*	Record the list of skill sets to be acquired upon completion of the program or course. This optional field is completed by the college.
37 *Curriculum*	This is a required field that must be completed by the college. The college may enter "see catalog" instead of listing the curriculum.
38 *Relevant Occupations SOC/O*NET Code*	Record at **least one SOC/O*NET code.** You may enter up to **six**. This is a required field completed by the college.
39 *Relevant Occupation Recommendation*	Record the Relevant Occupation Recommendation Category. You may enter up to three categories. This optional field is completed by the college.
40 *On-site Parking*	**Fields 47-52 are for Accessibility.** Enter **1** for Yes if parking is available on the premises or 2 for No if it is not. This required field is completed by the college..
41 *Public Transportation*	Enter **1** for Yes. Enter **2** for No. This required field is completed by the college.
42 *Disabled Student Access*	Enter **1** for Yes if the college provides support services to help students with physical, visual, hearing or learning disabilities or 2 for No if it does not. This required field is completed by the college.
43 *Sign Language*	Enter **1** for Yes if the college offers sign language interpretive services or 2 for No if it does not. This required field is completed by the college.
44 *Other Languages*	Enter **1** for Yes if the program or course is offered in languages other than English or 2 for No if it is not. This required field is completed by the college.
45 *Other*	Enter **1** for Yes. Enter **2** for No. This required field is completed by the college.
46 *Target Audience*	Enter the target audience. This optional field is completed by the college.

47 *Average Class Size*	Enter the average class size. This field must be greater than zero. This required field is completed by the college.
48 *Equipment to be Used*	Enter the Equipment to be used. This optional field is completed by the college.
Fields 49-56	Performance Information. These fields are optional for initial eligibility. You may skip to field 64.
49 *Period Begin Date*	Enter the begin date for performance data reporting. The date may be entered in the format of MM/DD/YY or MM/DD/YYYY. If a two-digit year is entered, it will be converted to a four-digit year. This is an optional field. If this field is blank you will go to field 59.
50 *Period End Date*	Enter the end date for performance data reporting. The date may be entered in the format of MM/DD/YY or MM/DD/YYYY. If a two-digit year is entered, it will be converted to a four-digit year. This is required field if field 56 has a date entered. The date must be greater than or equal to field 56. This field is optional, if field 56 is blank.
51 *Participant Universe*	Enter the participant universe. This field is optional, if field 56 is blank.
52 *Average Hourly Wage at Placement*	Enter the average hourly wage at placement. It must be greater than zero. This field is optional, if field 56 is blank.
53 *Program Completion Rate*	Enter the number of successful completers divided by the "Participant Universe." Entry must be greater than zero. This field is optional, if field 56 is blank.
54 *Entered Employment Rate*	Enter the number of students who obtained unsubsidized employment divided by "Participant Universe." Entry must be greater than zero. This field is optional, if field 56 is blank.
55 *Skill/Credential Attainment Rate*	Enter the rate at which completers attained expected skill sets and/or credentials. Entry must be greater than zero. This field is optional, if field 56 is blank.
56 *Retention Rate*	Enter the retention rate at which participants retained employment over a set post-program period. Entry must be greater than zero. This field is optional, if field 56 is blank.

57 *Printed Name of Provider Representative*	Record the name of the college representative who may be contacted regarding the information on this form. This required field is completed by the college.
58 *Provider Representative Title*	Record the title of the college representative who may be contacted regarding this form. This required field is completed by the college.
59 *Date Signed*	Record the date the college representative signed the program application form. This required field is completed by the college.