



ITA Provider Program Information

(This form must be completed for each program)

Provider's Name and Location: _____

Program Name: _____ Date: _____

Program Category: [Choose One]

- ___ Adult Education/Literacy {in combination with other training services}
___ Job Readiness Training
___ Occupational Skills Training
___ Registered Apprenticeship Program
___ Skill Upgrading and Retraining
___ Workplace Training {Combined with related instruction}
___ Other: {specify}: _____

Industry Recognized Certification and National Accrediting Agency

- ___ Associated Degree (2-year) Accrediting Agency: _____
___ Baccalaureate Degree (4-year) Accrediting Agency: _____
___ Registered Apprenticeship Program Accrediting Agency: _____
___ Certificate Program Testing/Certification: _____
___ Other: {specify} _____
Testing/Accrediting Agency: _____

Total Credit/Curriculum Hours: [Please provide the actual number of hours]

_____ Number of Class Hours
_____ Number of lab hours or any additional required training hours (Ex. Internship/Externship)
_____ Total Number of hours

Are Students in the program eligible for Pell Grants under Title IV of the Higher Education Act of 1965?
{Amended in 1998} YES ___ NO ___

Class Size: Minimum: _____ Maximum: _____ Average: _____

Instructor to Student Ratio: _____:_____

Program services: Single course ___ Multi-courses ___ Non-traditional for women ___

CHECK ALL THAT APPLY

Training Offered: [] Days [] Evenings [] Weekends [] Onsite [] Online w/a browser [] Directly on a computer

Program Description AND minimum entry level requirements {e.g. age, reading, math level, high school diploma or GED, other education requirements} What assessment tool is used? _____

[Empty rectangular box for program description and requirements]



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Eligible Training Providers are responsible for all WIOA participants receiving Industry Recognized Certification.

1. Is the program intended to prepare the customer for **industry certification**? Yes ___ No ___
 - a. Is obtaining **industry certification** part of your program? Yes ___ No ___
 - b. **List the type or name of the industry certification for this program.**

Type: _____ Name: _____

If no, please list the Certifying Agency: _____

2. Is the program intended to prepare the student for **licensure**? Yes ___ No ___
 - a. Is obtaining a **license** part of your program? Yes ___ No ___
 - b. **List the type or name of the license for this program.**

Type: _____ Name: _____

If no, please list the Licensing Agency: _____

FEE ITEMIZATION	PROGRAM COST {Per participant}				
Tuition	\$ _____ .00				
Books [Please separate book cost from cost of tuition]	\$ _____ .00				
Fees [Please itemize ALL Fees] → → → → Please list the purpose for EACH fee below: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Purpose:</td></tr> <tr><td>Purpose:</td></tr> <tr><td>Purpose:</td></tr> <tr><td>Purpose:</td></tr> </table>	Purpose:	Purpose:	Purpose:	Purpose:	List individual Fees below \$ _____ .____ \$ _____ .____ \$ _____ .____ \$ _____ .____
Purpose:					
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Purpose:					
Supplies: [Specify] _____ Supplies: [Specify] _____	\$ _____ .____ \$ _____ .____				
Uniforms: [Specify] Where do you purchase your uniforms? List Supplier. Supplier: _____	\$ _____ .____				
Tools [Specify]	\$ _____ .____				
Tools [Specify]	\$ _____ .____				
Other [Specify]	\$ _____ .____				
Other [Specify]	\$ _____ .____				
Participant Total: Add all detailed cost →	\$ 				



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3. Are alternative formats of written materials or other reasonable accommodations available for non-English speaking participants? Yes No

PERFORMANCE DATA

Provider's Name: _____ Program Name: _____

All Providers must report the following performance data for **each** program to be considered for renewal (subsequent eligibility).

*Training providers are **required** to submit the following performance information to obtain certification as a WIOA Eligible Training Provider. **ENTER PERFORMANCE YEAR below.**

WIOA Program Performance for ALL individuals participating in the applicable program during the most recent Fiscal Year period (include Non-WIOA funded participants).

DWDB Fiscal Year: July 1 through June 30

Reporting Period—Please fill in YEAR → **Begin Date:** July 1, 20__ **End Date:** June 30, 20__

PERFORMANCE DATA	Number/Percentage/Average Hourly Wage
Actual number participated in the classroom segment of training:	_____
Actual number completed the training program:	_____
Average Hourly Wage at placement into employment of ALL individuals who participated in the training program completed or not:	\$ _____.
Percentage of ALL individuals who participated in the training program completed or not who obtained unsubsidized employment: (How many got jobs?)	_____ %

Do any of the items related to performance data require further explanation? Yes No

If yes, use reverse side to provide more information.

