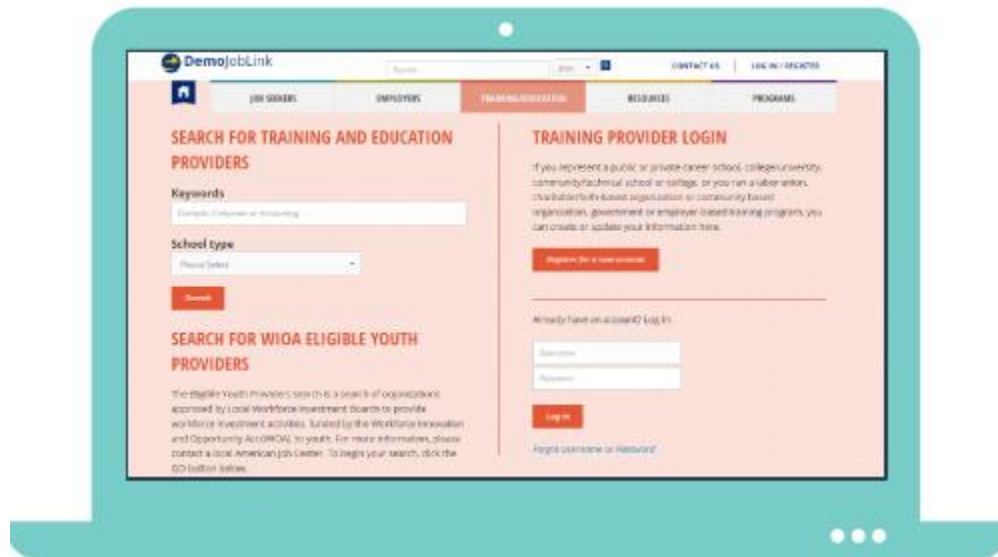


ProviderLink User Guide



For Self-Service Training Providers Last Updated: 1/12/16

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INTRODUCTION

ProviderLink provides functionality for training providers to apply for inclusion on the statewide Workforce Innovation and Opportunity Act (WIOA) Eligible Training Provider (ETP) List. By creating an account, training providers can enter and edit information about their training institution and the programs they offer. Providers apply online, and Local Area and State ETP Administrators review and approve ETP applications online.

Providers display to the public on America's JobLink (AJL) following review and approval by State Administrators. If the provider is applying for inclusion on the WIOA ETP List, the provider and program information is reviewed first by Local Area ETP Administrators, and then by State ETP Administrators. If approved, the provider and program display as WIOA-Approved.

The purpose of this guide is to assist ProviderLink users. For information on WIOA ETP eligibility and the application process, contact your Local Area ETP Administrator.

Basics

Required fields in ProviderLink are marked with an asterisk. Failure to complete all required fields will result in a submission error. You will not be allowed to proceed until all required fields have been completed.

Submission errors display in red text. If you attempt to save information that does not pass edit checks, a red text submission error message displays and the fields in error are marked with a red circle with a red x inside. For example, if you attempt to save a page with a date field entered as 1/1/10 (instead of the correct mm/dd/yyyy format), a submission error generates and marks the date field with a red circle. To proceed to the next page, correct the entry.

Create Account and Associate with Existing Provider

Your user account must be associated with a training provider. If your training provider has a record in ProviderLink, and you would like to add or update information, follow these steps:

1. Locate and have available your training institution's Federal Employer Identification Number (FEIN).
2. Go to America's JobLink. At the top of the home page, click **Training/Education**. In the Training Provider Login section, click **Register for a new account**.

The screenshot shows the 'TRAINING/EDUCATION' tab selected in the top navigation bar. Below the navigation bar, there are two main sections: 'SEARCH FOR TRAINING AND EDUCATION PROVIDERS' and 'TRAINING PROVIDER LOGIN'. In the 'TRAINING PROVIDER LOGIN' section, the 'Register for a new account' button is circled in red. Below this button, there are fields for 'Username' and 'Password', and a 'Log In' button. A link for 'Forgot Username or Password' is also present.

Figure 1 Register for an Account

The screenshot shows the 'New User Registration' page. It includes a section for 'Please enter a Username and Password' with fields for 'Username (use 6 to 10 characters)', 'Password (use 8 to 20 characters)', and 'Repeat Password'. Below this, there is a question: 'You must be associated with a training provider. Will you be adding a new provider or do you want to search for an existing provider?'. Under this question, there are two radio buttons: 'New' and 'Existing'. The 'Existing' radio button is selected and circled in red. Below this, there is a 'Contact Information' section with fields for 'First Name', 'Middle Initial', 'Last Name', 'Phone Number', and 'Email Address'. At the bottom, there are 'Submit' and 'Clear' buttons.

Figure 2 New User Registration

3. The New User Registration page displays. Follow the instructions and complete the fields on the New User Registration page.

4. If you are unsure if your organization already has an account or want to associate your user account with an existing AJL training provider, click **Existing** in the “Add new provider or search for existing provider?” field. Click **Submit**. The Existing Training Provider Search page displays. (See [Figure 3.](#))

5. Enter the FEIN and click **Search** to search for the existing training provider. The Existing Provider Search [Results] page displays.
6. Training providers with the FEIN you entered display with the provider

name as a link. Click the name of the appropriate provider. The General Training Provider Information page displays.

7. Review the information on the General Training Provider Information page to confirm that

this is the provider record with which you want to associate your account. Click **Associate**. The General Training Provider Information page refreshes with additional information. (See [Figure 5](#).)

- a. If the record that displays is not the correct record, click **Exit**.
- b. Clicking **Associate** associates your account with the training provider. The General Training Provider Information page refreshes with a message at the top indicating that your account has been associated with the provider record along with information about the account approval process. Click **Exit**. The America's JobLink home page displays.

Existing Provider Search

Enter the Federal ID Tax Number of the provider.

* indicates a required field

* FEIN:

Figure 3 Existing Provider Search

Existing Provider Search

Multiple providers were found with the same Federal ID Tax Number. Choose the correct one.

Absolute Home Health Care	785-362-6101-
---------------------------	---------------

Figure 4 Existing Provider Search Results

General Training Provider Information

If this is the correct provider, click on the 'Associate' button to associate your account with this training provider.

Detailed training provider information is listed below.

Provider:	Absolute Home Health Care			
Address:	104 W. 5th St. Suite #1			
City:	Holton			
State:	KS			
Zip:	66436			
Phone:	(785) 362-6101 - Ext.			
Fax:	(785) 362-6100			
Provider Type:	Private Corporation			
Web Site Address:	www.ahhcks.com			
Admissions Contact:	Sue Olson			
Admissions E-Mail:	sue@ahhcks.com			

Institution Type

Type:	Public	Private	Non-Profit	Sectarian
Registered Apprenticeship	No	Yes	No	No
Other: Home Health Agency	No	Yes	No	No

Figure 5 General Training Provider Information

8. After your account has been approved, you can log in using the username and password established when you created your account. You will have access to the provider and program information for the associated training provider.

Create Account, Add New Provider, and Add Program

If after searching for your training provider using the Existing Training Provider Search described above, you find they do not have a record in ProviderLink, you will need to add the provider. The steps to create an account, add a new provider, and add a program are designed as one flow. After you create your account, ProviderLink will immediately prompt you to add your provider information. After you add the provider information, ProviderLink will then prompt you to add a program.

After adding a program, you can make no further changes or additions until your account is approved. The initial approval of your account is NOT approval for the WIOA ETP List; it is approval for access to the system. This validation is usually accomplished within 24 hours; however, please wait 72 hours before making inquiries. If you provide an e-mail address, you will receive an e-mail notification that your account has been approved. After your account is approved, you can add additional programs and make edits as needed.

Locate and have available the training institution's FEIN, basic identifying information, contact person and his/her basic identifying information, and details about at least one training program.

Create Account

1. Go to America's JobLink. At the top of the home page, click **Training/ Education**. In the Training Provider Login section, click **Register for a new account**.

The screenshot shows the America's JobLink website interface. At the top, there is a navigation bar with tabs: JOB SEEKERS, EMPLOYERS, TRAINING/EDUCATION (selected), RESOURCES, and PROGRAMS. Below the navigation bar, the page is divided into two main sections. The left section is titled 'SEARCH FOR TRAINING AND EDUCATION PROVIDERS' and contains a 'Keywords' search bar with the example 'Computer or Accounting', a 'School type' dropdown menu, and a 'Search' button. Below this is another section titled 'SEARCH FOR WIOA ELIGIBLE YOUTH PROVIDERS' with a 'GO' button. The right section is titled 'TRAINING PROVIDER LOGIN'. It contains a paragraph explaining that users representing public or private career schools, colleges, universities, community/technical schools, labor unions, charitable/faith-based organizations, or employer-based training programs can create or update their information. A red button labeled 'Register for a new account' is circled in blue. Below this, there is a section for existing users with 'Username' and 'Password' input fields and a 'Log In' button. A link for 'Forgot Username or Password' is also present.

Figure 6 Register for a New Account

New User Registration

* indicates a required field

For security reasons, your account must be approved before you are allowed to update provider information. This validation is usually accomplished within 24 hours; however, please wait for 72 hours before making inquiries. If you provided an e-mail address, you will receive an e-mail notification that your account has been approved.

Please enter a Username and Password

JobLink requires users to create strong passwords by using a combination of letters, numbers, and the following special characters !@#\$%^&*()+={}:?/.,\~-

* Username (use 6 to 10 characters)	<input type="text"/>
* Password (use 8 to 20 characters)	<input type="password"/>
* Repeat Password	<input type="password"/>

You must be associated with a training provider. Will you be adding a new provider or do you want to search for an existing provider?

* Add new provider or search for existing provider?

☒ New

☐ Existing

Contact Information:

* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
Phone Number:	<input type="text" value="000-000-0000"/> Ext. <input type="text" value="*"/>
Email Address:	<input type="text"/>

2. The New User Registration page displays.

3. Complete the fields on the New User Registration page. Make sure to select **New** in the “Add new provider or search for existing provider?” field.

4. Click **Submit** at the bottom of the page. The account creation process is complete pending account approval. You are now ready to create the new training provider.

Figure 7 New Provider Registration

Training Provider Details - Add New Provider

Enter basic information for the training provider.

* indicates a required field

* Training/Education Institution Name	<input type="text"/>
* Training/Education Institution Address	<input type="text"/>
* Training/Education Institution City	<input type="text"/>
* Training/Education Institution State	Kansas ▼
* Training/Education Institution ZIP/Postal Code	<input type="text"/>
* Training/Education Institution Country	United States ▼
Training/Education Institution State/Province/County	<input type="text"/>
* Training/Education Institution County	▼
* Training/Education Institution Telephone Number	000-000-0000 Ext. *
Training/Education Institution Fax Number	<input type="text"/>
General Email Address	<input type="text"/>
Web Site Address	<input type="text"/>
Web Site Link	
* FEIN	<input type="text"/>
Training Agent ID	<input type="text"/>
Vendor ID	<input type="text"/>

Figure 8 Training Provider Details (split screen)

5. The Training Provider Details page displays. Complete the page according to the instructions in [Table 1 Fields for Training Provider Details](#) and click **Save/Continue**.

* Contact Person	<input type="text"/>
* Contact Address	<input type="text"/>
* Contact City	<input type="text"/>
* Contact State	Kansas ▼
* Contact ZIP/Postal Code	<input type="text"/>
* Contact Country	United States ▼
Contact International State/Province/County	<input type="text"/>
* Contact Telephone Number	000-000-0000 Ext. *
Contact Fax Number	<input type="text"/>
Contact Email Address	<input type="text"/>
* Institution/Organization Type	Select a Type ▼
	* Are reasonable accommodations available for people with disabilities when requested? Please select ▼
* Are you in any partnership(s) with business?	N/A ▼
	If yes, please describe. (4000 character max.) <input type="text"/>
	* Do you provide access to training to individuals who are employed? N/A ▼
	* Do you provide access to training to individuals with barriers to employment? N/A ▼
Approved WIOA Youth Services Provider	No

If you do not have an e-mail account, click the following link for a list of [free Internet e-mail providers](#)

6. The ETP Application EO Assurances page displays. Carefully review the information on this page. If your training institution assures compliance, select **Yes** and click **Submit**. The Eligibility page displays.

(If your training institution cannot assure compliance, click **No** to terminate the application process and return to the AJL Home page. Compliance is required.)

Assurances

Training provider assures that it and all it's employees responsible for providing training services, will comply fully with all nondiscrimination and equal opportunity provisions of the laws listed below:

WIOA Section 188, which prohibits discrimination against all individuals in the United States on the basis 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 WIOA Title I financially assisted program or activity;

Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;

Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

The Americans with Disabilities ACT (ADA) of 1990 which prohibits discrimination against qualified people with disabilities based on disability;

The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;

Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs;

The KANSAS Act Against Discrimination;

This assurance applies to the training provider's approval to display on JobLink information about their training/educational institution and programs to those individuals seeking such information. The undersigned understands that JobLink has the right to remove the training provider's information from JobLink for non-compliance.

For training providers who submit training program applications for approval as a WIOA Eligible Training Provider (ETP), this assurance applies to the Eligible Training Provider's (ETP) operation of the WIOA Title I-financially assisted program or activity, and to all agreements the ETP makes to carry out the WIOA Title I financially-assisted program or activity. The undersigned understands that the United States has the right to seek judicial enforcement of this assurance.

For training programs approved for the WIOA ETP list, the training provider further agrees to collect and provide the program performance and cost information required by the Workforce Innovation and Opportunity Act and the Governor's Workforce Policy Board, and to accept the Individual Training Account (ITA) payment method.

You must answer Yes to continue, if you answer No you will be returned to the Login Page

☐ Yes
 ☒ No

Submit

Figure 9 Assurances

Eligibility/Degrees - Eligibility/Degrees and More

Type of Training Institutions

Select the type of institution for this provider

☐ Public
 ☐ Private
 ☐ Non-Profit
 ☐ Sectarian

Eligibility

Complete the information regarding training provider eligibility by selecting all applicable options below.

	Postsecondary eligible to receive Title IV funds from Higher Education Act (HEA) and provides an associate degree, baccalaureate degree or certificate	<small>Please Select One</small>
	Postsecondary not providing an associate degree, baccalaureate degree or certificate	<small>Please Select One</small>
	Registered Apprenticeship program under National Apprenticeship Act	<small>Please Select One</small>
	Non-Registered Apprenticeship program	<small>Please Select One</small>
	Community Based Organization	<small>Please Select One</small>
	Joint Vocational School	<small>Please Select One</small>
	Proprietary School	<small>Please Select One</small>
	Other (identify below)	<small>Please Select One</small>

Other Type(s) of Institution

If you checked 'Other' as an Institution type, describe the Institution below.

Other (Please specify if selected above)

Additional Info

Please answer the following question.

Is your training/education institution authorized with your state to provide a program of education beyond secondary education?

☐ Yes
 ☒ No

Degrees Offered

Please answer the following questions concerning types of degrees offered by the institution.

Associate Degree	<small>Please Select One</small>
Baccalaureate Degree	<small>Please Select One</small>
Certificate	<small>Please Select One</small>
License	<small>Please Select One</small>
Competency of Skill Recognized by employer	<small>Please Select One</small>
Additional Skills or Competencies Generally Recognized by Employers	
	<small>Please Select One</small>
Other (please see below)	<small>Please Select One</small>

Other Type(s) of Degrees

Please describe other types of degrees that the institution offers.

Other (Please specify if selected above)

Figure 10 Eligibility (split screens)

Figure 11 Debarment

9. The **Institution Info** page displays. Complete the Institution Info page according to the instructions in [Table 4 Fields for Institution Info](#) and click **Save/Continue**. The new provider record is complete. You are now ready to add a program. After your user account is approved, you can return to the programs page and add more programs.

Figure 12 Institution Info

8. The **Debarment** page displays. Complete the Debarment page according to the instructions in [Table 3 Fields for Debarment](#) and click **Save/Continue**. None of the fields on the Debarment page are required. If your institution is not on a debarment list, click **Save/Continue** without making any entries in any of the fields.

10. The **Program Description** page displays. To add your first program, complete the fields on the Program Description page according to the instructions in [Table 5 Fields for Provider Program](#) and click **Save/Continue**. The Program Performance page displays.

Program Description - [Help: WIOA and PIA](#)

* indicates a required field

Describe each individual program that the training provider would like to have certified.

WIOA Approved:	New program
<p>Do you wish to apply for WIOA Approval?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA </p>	
<p>* This individual program of training services is: (check all that apply)</p> <p> <input type="checkbox"/> Single Course/Class <input type="checkbox"/> Training Program of Multi-Courses <input type="checkbox"/> Non-traditional for Women </p>	
* Program Name or Single Course/Class Title:	<input type="text"/>
	<p>* Program Synopsis: (5000 character max.)</p> <div> <input type="text"/> </div> <p> ABC Check spelling </p>
* Training Services Delivered By:	<input type="checkbox"/> Online with a browser
(check all that apply)	<input type="checkbox"/> Directly on a computer
	<input type="checkbox"/> Onsite at our location
* Training Services Offered When:	<input type="checkbox"/> Daytime hours
(check all that apply)	<input type="checkbox"/> Evening hours
	<input type="checkbox"/> Weekends

Figure 13 Program Description

Curriculum Competency Based:	<input type="text"/>
Prerequisites:	<input type="text"/>
* Total Credit/ Curriculum Hours:	<input type="text"/>
Total Number of Training Weeks:	<input type="text"/>
* Training Location:	<input type="text"/>
* County	<input type="text"/>
* Zip Code	<input type="text"/> - <input type="text"/>
Program Length:	<input type="text"/>
* Type of Attainment:	<input type="text"/>
* Type of Financial Aid Offered:	<input type="text"/>
Refund Policy:	<input type="text"/>

Program Cost Items

Add to the Program description by completing the Program Cost Item. When finished, click Save.

Program Cost Item	Cost/Description
In-State/District Tuition:	<input type="text"/>
	<input type="text"/>
Out-of-State/District Tuition:	<input type="text"/>
	<input type="text"/>
Registration Fee:	<input type="text"/>
	<input type="text"/>
Books (Estimated):	<input type="text"/>
	<input type="text"/>
	Supplies/Materials/Hand Tools (not in
	<input type="text"/>
	<input type="text"/>
Testing/Exam Fees:	<input type="text"/>
	<input type="text"/>
Graduation Fees:	<input type="text"/>
	<input type="text"/>
Other:	<input type="text"/>
	<input type="text"/>

Curriculum

If Certified is checked 'yes', then Authorizing Entity must be entered.

Is the proposed curriculum currently certified by an accrediting agency or similar national standardization program? If yes, enter the name of the agency or authorizing entity.

Certified:

☐ Yes

☒ No

Authorizing Entity:

Occupations

Please provide the specific name of one or two occupations that this training program will prepare an individual to do. Include the minimum entry level wage for the occupation and indicate the certification, licensing and credentials by boards or other approval required prior to employment.

* Program Type	<input type="text"/>	CIP Lookup
* Occupation Title (O*Net-SOC)	<input type="text"/>	ONET Lookup
Hourly Wage 1	<input type="text"/>	
Required Certification 1	<input type="text"/>	
Occupation Title (O*Net-SOC)	<input type="text"/>	ONET Lookup
Hourly Wage 2	<input type="text"/>	
Required Certification 2	<input type="text"/>	

[Save/Return](#) [Clear Changes](#)

Figure 14 Curriculum (split screen)

11. If the program has already been administered, complete the “Program Performance For All Students” section of the Program Description page according to the instructions in [Table 6 Fields for Program Performance](#). Enter only raw numbers OR percentages, not both. The WIOA Participant Performance section is display only and will be filled in by Local Area Staff. Click **Save/Return**. The Program is added and the Provider Programs page displays.

Any program that is covered by Higher Education Act (HEA) or is a registered apprenticeship program is not required to complete the Program Performance page for initial eligibility; however, it is encouraged. All programs must complete the Program Performance page to be considered for renewal (subsequent eligibility). If you do not wish to complete the Program Performance page at this time, click **Save/Continue** without making any entries in any of the fields.

Program Performance - [Help](#), [Info](#), and [Fields](#)

Any program that is covered by the Higher Education Act (HEA) or is a registered apprenticeship program is not required to submit the following performance data information for initial eligibility. However, it is encouraged.

All programs must complete the following performance data to be considered for renewal (subsequent eligibility).

Any providers requiring assistance acquiring statistical performance information on program participants for the Employed and Average Wage measures may request assistance for UI wage matching. If interested in this assistance, please contact the Local Area contact for instructions.

Enter either raw numbers or percentages, not both.

Program Performance For All Students

Begin Date	<input type="text" value="mm/dd/yyyy"/>
End Date	<input type="text" value="mm/dd/yyyy"/>
Number Participated	<input type="text" value=""/>
Number Completed	<input type="text" value=""/>

Completed 0%
Percent

Number Employed After Leaving The Program	<input type="text" value=""/>
---	-------------------------------

Employed 0%
Percent

Avg Hourly Wage At Placement:	<input type="text" value="0.00"/>
-------------------------------	-----------------------------------

Do not enter the percentages if Completed and Employed values are entered.

Completed Percent	<input type="text" value=""/>
Employed Percent	<input type="text" value=""/>

WIOA Participant Performance

To be filled in by Local Area Staff

Begin Date	
End Date	
Completed	
Employed	

Employed 0%
Percent

Employed > 6 Mo.	
------------------	--

Employed > 6 Mo. 0%
Percent

Avg Hourly Wage > 6 Mo.:	0.00
Attained More Skills:	

Attained More Skills 0%
Percent

Do not enter the percentages if Employed, Employed > 6 mo., and Attained More Skills values are entered.

Employed Percent	
Employed > 6 Mo. Percent	
Attained More Skills Percent:	

Table 1 Fields for Training Provider Details

Field	Valid Entries
Local WIB Number	Display only; displays after the page is saved. The Local WIB Number is generated based on the provider's Zip Code.
Training/Education Institution Name	Text box; enter the name of the institution. Although this is not desirable, an institution can (and often will) have more than one record in ProviderLink. For example, if the name is Hamilton Area Community College, one record may read Hamilton ACC, another may read HACC, and another Hamilton Area Community College. Take care to use the name consistently.
Training/Education Institution Address	Text box; enter the full street address for the institution. This address is used by the public to map the location and get directions. Avoid providing a P.O. box, because these cannot be mapped.
Training/Education Institution City	Text box; enter the city where the institution is located.
Training/Education Institution State	Drop-down; select the state where the institution is located.
Training/Education Institution ZIP/Postal Code	Text box; enter the ZIP or postal code of the institution.
Training/Education Institution Country	Drop-down; If outside of the United States, select the country in which the training/educational institution is located.
Training/Education Institution International State/Province/County	Text box; If applicable, enter the international state, province, or county in which the training/educational institution is located.
Training/Education Institution County	Drop-down; select the county where the training institution is located.
Training/Education Institution Telephone Number	Text box; enter the telephone number for the institution.
Training/Education Institution Fax Number	Text box; enter the fax number for the institution.
General Email Address	Text box; enter an email address to which the public can address general information inquiries.
Website Address	Text box; enter the website address for the institution.
Website Link	Display only. If a website address is entered, the URL displays as a link when the page is saved.
FEIN	Text box; enter the Federal Employer Identification Number for the institution. After account approval, the FEIN can only be edited by ETP staff.
Training Agent ID	Text box; enter the Training Agent ID. If the Training Agent ID field is not entered, ProviderLink will assign the Training Agent ID when the page is saved.
Vendor ID	Text box; enter the Vendor ID. If the Vendor ID field is not entered, ProviderLink will assign the Vendor ID when the page is saved.
Contact Person	Text box; enter the full name of the contact person.
Contact Address	Text box; enter the full address of the contact person.

Table 1 Fields for Training Provider Details

Field	Valid Entries
Contact City	Text box; enter the city where the contact person is located.
Contact State	Drop-down; select the state in which the contact person is located.
Contact ZIP/Postal Code	Text box; enter the ZIP or postal code of the contact person.
Contact Country	Drop-down; if the contact person is located in a country other than the United States, select that country.
Contact International State/Province/County	If applicable, enter the international state, province, or county in which the contact person is located.
Contact Telephone Number	Text box; enter the telephone number for the contact person.
Contact Fax Number	Text box; enter the fax number for the contact person.
Contact Email Address	Text box; enter an email address for the contact person.
Institution/Organization Type	Drop-down; select an option to indicate the type of institution: <ul style="list-style-type: none"> • Charitable/Faith-Based Organization • Public Community/Technical School/College • College/University (Four Year) • Community-Based Organization • Employer • Government Agency • Labor Union • Private Career School/College • Private Corporation • Other
Are reasonable accommodations available for people with disabilities when requested?	Drop-down; select Yes or No .
Are you in any partnership(s) with business?	Drop-down; select Yes or No . This field is only required if you are adding a new provider after July 1, 2015.
If yes, please describe.	Text box; Describe any partnerships with business. Required if “Are you in any partnership(s) with business?” is Yes .
Do you provide access to training to individuals who are employed?	Drop-down; select Yes or No . This field is only required if you are adding a new provider after July 1, 2015.
Do you provide access to training to individuals with barriers to employment?	Drop-down; select Yes or No . This field is only required if you are adding new provider after July 1, 2015.
Approved WIOA Youth Services Provider	Display only; does not apply to self-service providers. .
Local WIB Email Address	Display only; email address of local area that approved the provider. Displays after provider is approved.

Table 2 Fields for [Provider] Eligibility	
Fields	Valid Entries
Type of Training Institutions	
Select the type of institution for this provider.	Checkboxes; check all that apply: <ul style="list-style-type: none"> • Public • Private • Non-Profit • Sectarian
Eligibility	
Postsecondary eligible to receive Title IV funds from Higher Education Act (HEA) and provides an associate degree, baccalaureate degree, or certificate	Drop-down; select Yes or No .
Postsecondary not providing an associate degree, baccalaureate degree, or certificate	
Registered Apprenticeship Program Under National Apprenticeship Act	
Non-Registered Apprenticeship Program	
Community-Based Organization	
Joint Vocational School	
Proprietary School	
Other (Identify Below)	
Other (Please specify if selected above.)	Text box; enter a description of the type of training institution. Required if Other is Yes .
Additional Info	
Is your training/education institution authorized with your state to provide a program beyond secondary education?	Radio buttons; select Yes or No .
Degrees Offered	
Associate Degree	Drop-down; select Yes or No for each credential.
Baccalaureate Degree	
Certificate	
License	
Competency of Skill Recognized by Employer	
Additional Skills or Competencies Generally Recognized by Employers	
Other (Please see below.)	
Other Type(s) of Degrees	
Other (Please specify if selected above.)	Text box; enter a description of the Other Type(s) of Degrees Offered. Required if Other is Yes .

Table 3 Fields for Debarment

Field	Valid Entries
Is your training/education institution listed on any state or federal debarment lists?	Radio buttons; select Yes or No .
Name of First Debarment List	Text box; enter the name of the first debarment.
Date of First Inclusion	Text box; enter the date of first inclusion in mm/dd/yyyy format.
Name of Second Debarment List	Text box; enter the name of the second debarment.
Date of Second Inclusion	Text box; enter the date of second inclusion in mm/dd/yyyy format.
Name of Third Debarment List	Text box; enter the name of the third debarment.
Date of Third Inclusion	Text box; enter the date of third inclusion in mm/dd/yyyy format.

Table 4 Fields for Institution Info

Field	Valid Entries
Approving Organization/Agency Approval	
Accredited	Drop-down; select Yes or No .
Accredited By	Textbox; enter name of accreditation entity.
Approved	Drop-down; select Yes or No .
Approved By	Textbox; enter name of approval entity.
Registered	Drop-down; select Yes or No .
Registered With	Textbox; enter name of registration entity.
Licensed	Drop-down; select Yes or No .
Licensed By	Textbox; enter name of licensure entity.
Tuition and Financial Aid	
Does your institution have a tuition refund policy?	Drop-down; select Yes or No .
Does your institution have access to or offer the following financial aid?	Drop-down; select Yes or No .
Federal Grants	Drop-down; select Yes or No .
List	Text box; list federal grants.
State Grants	Drop-down; select Yes or No .
List	Text box; list state grants.
Local Grants	Drop-down; select Yes or No .
List	Text box; list local grants.
Scholarships	Drop-down; select Yes or No .
List	Textbox; list scholarships.
Fellowships	Drop-down; select Yes or No .
List	Text box; list fellowships.
Training/Education Institution Grants	Drop-down; select Yes or No .
List	Text box; list training/education institution grants.

Table 5 Fields for Provider Program

Field	Valid Entries
WIOA Approved	Display only; displays the status of the program.
Do you wish to apply for WIOA Approval?	Radio buttons; select Yes or No .
Last Updated	Display only; displays date of last update to the program, not the status. The date of state administrator approval displays on the Provider Programs page. Displays after the page is saved.
This individual program of training services is: (Check all that apply.)	Checkboxes; check all that apply: <ul style="list-style-type: none"> • Single Course/Class • Training Program of Multi-Courses • Non-traditional for Women.
Local WIB Number	Display only; displays after the page is saved. The Local WIB Number is generated from the ZIP code of the program.
Program Name or Single Course/Class Title	Text box; enter the name of the program or course.
Program Synopsis	Text box; enter a brief description of the program: 5,000 character max.
Training Services Delivered By:	Checkboxes; check all that apply: <ul style="list-style-type: none"> • Online with a browser • Directly on a computer • Onsite at our location (All programs created after July 1, 2015 must specify how programs are delivered.)
Training Services Offered When:	Checkboxes; check all that apply: <ul style="list-style-type: none"> • Daytime hours • Evening hours • Weekends (All programs created after July 1, 2015 must specify when programs are delivered.)
Curriculum Competency Based	Text box; if the curriculum is competency-based, describe the competencies.
Prerequisites	Text box; list the prerequisites.
Total Credit/Curriculum Hours	Text box; enter the number of credit or curriculum hours.
Total Number of Training Weeks	Text box; enter the number of weeks needed to complete the program/course.
Training Location	Text box; enter the street address of the training location.
County	Drop down; select the county where the training is located.
Zip Code	Text box; enter the ZIP code where the training is located.

Table 5 Fields for Provider Program

Field	Valid Entries
Program Length	<p>Drop down; select the program length:</p> <ul style="list-style-type: none"> • Quarter • Semester • Trimester • Other <p>The program length indicates the type of periods for the training. For example, if the training is offered by the semester, but takes two semesters to complete, select Semester. The total length of the training is indicated by Total Credit/Curriculum Hours and/or Total Number of Training Weeks.</p>
Type of Attainment	Text box; enter the type of attainment: diploma, certificate, etc.
Type of Financial Aid Offered	Text box; enter the type of financial aid for which this program is eligible.
Refund Policy	Text box; enter a description of the provider's refund policy for this program.
Program Cost Items	
In-State/District Tuition	Text box; enter the cost.
[Description]	Text box; enter a description of the cost. If district, name the district.
Out-of-State/District Tuition	Text box; enter the cost.
[Description]	Text box; enter a description of the cost. If district, name the district.
Registration Fee	Text box; enter the cost.
[Description]	Text box; enter a description of the cost. If the fee is due for each semester and the program is more than one semester, describe.
Books (Estimated)	Text box; enter the cost.
[Description]	Text box; enter a description of the cost. If the cost for books is for one semester, and the program is more than one semester, describe.
Supplies/Materials/Hand Tools (Not Included in Tuition)	Text box; enter the cost.
[Description]	Text box; enter a description of the cost. List the supplies, materials, and hand tools required and the student's estimated cost. If the cost is for one semester, and the program is more than one semester, describe. Include all costs: art supplies for art classes, fuel charges for truck driving, etc.
Testing/Exam Fees	Text box; enter the cost.
[Description]	Text box; enter a description of the cost. Indicate when the testing fees are due: before or after the training, and to whom they are paid. For example, network administrator certification exams are administered by a third party and the student is required to pay the third party to take the exam.

Table 5 Fields for Provider Program	
Field	Valid Entries
Graduation Fees	Text box; enter the cost.
[Description]	Text box; enter a description of the cost, for example, a diploma fee.
Other	Text box; enter the cost.
[Description]	Text box; enter a description of the cost. List and describe any other costs. If the cost for books is for one semester, and the program is more than one semester, describe.
Curriculum	
Certified	Radio buttons; select Yes or No . If the curriculum is certified by an accrediting entity or national standardization program, select Yes .
Authorizing Entity	Text box; required if Certified is Yes . Enter the name and/or description of the entity.
Occupations	
Program Type Title	Display only; displays the Classification of Instructional Programs (CIP) title after the CIP is selected.
Program Type	Text box; use the CIP Lookup button to search for and select the CIP. The CIP should be provided by the training provider.
Occupation Title (O*Net SOC) Title	Display only; displays the O*NET title after the O*NET is selected.
Occupation Title (O*Net SOC)	Text box; use the O*NET button to search for and select an occupation for which this program prepares the student.
Hourly Wage 1	Text box; enter the hourly wage for an entry-level employee in this occupation.
Required Certification 1	Text box; enter a description of any certifications required to enter employment in this occupation.
Occupation Title (O*Net SOC) Title	Display only; displays the O*NET title after the O*NET is selected.
Occupation Title (O*Net SOC)	Text box; use the O*NET button to search for and select an occupation for which this program prepares the student.
Hourly Wage 2	Enter the hourly wage for an entry-level employee in this occupation.
Required Certification 2	Enter a description of any certifications required to enter employment in this occupation.

Table 6 Fields for Program Performance	
Field	Valid Entries
Program Performance For All Students	
Begin Date	Text box; enter the program begin date in mm/dd/yyyy format.
End Date	Text box; enter the program end date in mm/dd/yyyy format.
Number Participated	Text box; enter the number of students who participated in the program.
Number Completed	Text box; enter the number of students who completed the program.
Completed Percent	Display only; displays after the number participated and number completed have been entered.
Number Employed After Leaving The Program	Text box; enter the number of students who entered employment after leaving the program.
Employed Percent	Display only; displays after the number completed and number employed after leaving the program have been entered.
Avg Hourly Wage At Placement	Text box; enter the average hourly wage students earned at placement.
Completed Percent	Text box; do not enter a percentage if raw numbers were entered in the Number Participated and Number Completed fields.
Employed Percent	Text box; do not enter a percentage if raw numbers were entered in the Number Completed and/or Number Participated and the Number Employed After Leaving The Program fields.

PROVIDER MENU

ProviderLink uses a control panel and Provider Menu for navigation and access to functions. The Provider Menu is in the “desktop” format: a page with links for each option. The same options are also available in the control panel (main menu) on the left side of the page.

1. **Provider Update:** Displays the first page of the provider record, editable. Use this menu option to update the provider information.
2. **Manage Programs:** Displays a list of programs with columns for Program Name, WIOA (Yes or No), and Date (Approval Date). Use this menu option to monitor eligibility expiration dates.
3. **Programs:** Displays a list programs with Edit and Delete links. Use this menu option to update program information, add new programs, or delete programs.
4. **My Account:** Displays the My Account page, editable. Use this menu option to keep your account information up-to-date.

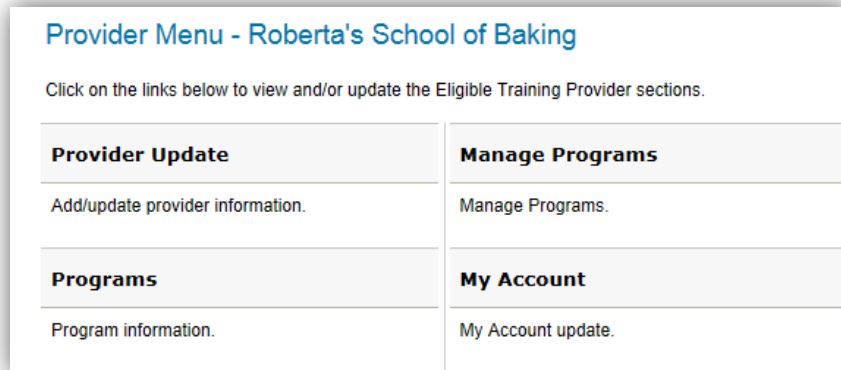


Figure 16 Provider Menu

Provider Update

The Provider Update menu option provides functionality to update your provider record.

1. Click **Provider Update** from the Provider Menu. The editable Provider Details page displays, with your information filled in. (See [Figure 8](#).)
2. The Training Provider Details page is the first page of the provider record. Each page of the record has Save/Continue and Save/Return buttons. Make changes as needed and click the **Save/Continue** or **Save/Return** button.
3. Edit the information as necessary per the instructions in **Tables 1 through 4**.
4. You can also update your provider details by clicking **Provider Update** in the left-hand menu. From this menu you can directly access the Provider Details, Eligibility, Debarment, and Institution Info pages. (See [Figure 17](#).)

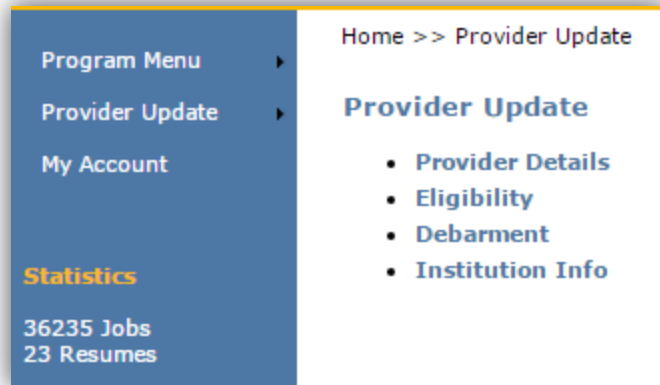


Figure 17 Provider Update

Manage Programs

The Manage Programs menu option provides functionality for you to manage the status of your programs for the WIOA Eligible Training Provider List. The Manage Programs page has three columns: Program Name, WIOA, and Date. The column headings are sortable and reverse-sortable by clicking the column heading. The arrow next to the column heading indicates how programs are sorted and the sort direction. To sort by another column, click the column heading. For example,

if you have multiple programs but want to work with programs that are not WIOA approved, click the WIOA column heading. “Yes” or “No” in this column indicates WIOA Approved YES or WIOA Approved NO. If you want to work with programs for which eligibility will soon expire, click the Date column to sort

Manage Programs - Roberta's School of Baking		
To edit an existing program, click the Yes or No link next to the name of the program you wish to edit.		
Program Name	WIOA	Date
Baking Basics	No	
Cake Decorating	No	
Return To Menu		

Figure 18 Manage Programs

the programs by approval date.

Clicking the **Yes** or **No** link in the WIOA column displays the editable Program Description page.

1. If the program has “No” in the WIOA column and the Date column is blank, the program is a new program that has not been reviewed for WIOA eligibility.
2. If the program has “No” in the WIOA column and a date in the Date column, the program is either Denied or Removed. If the program is Denied, the local and state ETP administrators denied the program because it did not meet the minimum eligibility requirements. If the program is Removed, the local and state ETP administrators removed the program from the ETP list because the eligibility expired. The date in the date column is the status change date: the date the program was denied or removed.
3. If the program has “Yes” in the WIOA column and has a date in the Date column, the program is approved. The date is the date the program was approved. Eligibility expires one year from the approval date.
4. To view the Approval status of the program, click a **Yes** or **No** link in the WIOA column. The Program Description page displays with a non-editable status description.

Programs

To manage your program information, add a program, or delete a program, on the Provider Menu, click **Programs**. The Provider Programs page displays. Each program displays with the following links: **Edit** and **Delete**.

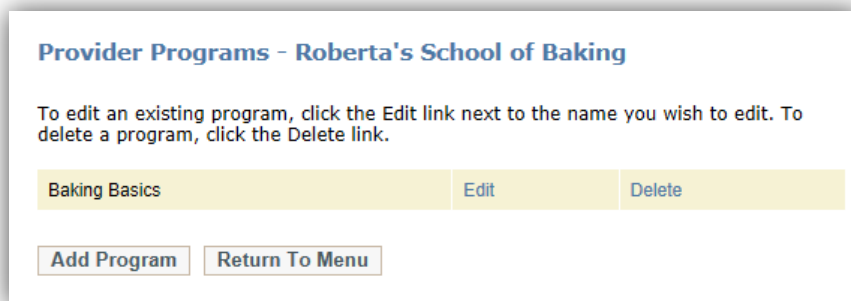


Figure 19 Edit Programs

View/Edit/Delete Program

1. Click **Edit** to display the editable Program Description page. (See [Figure 13](#).) Edit the information as needed, according to [Table 5 Fields for Provider Program](#).
 - a. Click **Save/Return** to save the information and return to the Provider Programs page.
 - b. Click **Return** to return to the Provider Programs page without saving.
2. Click **Delete** to delete the program. A delete confirmation page displays. Click **Delete** to delete the program. Click **Cancel** to return to the Provider Programs page without deleting the program.

Add Program

You may add one program when you add a new provider. Once the user account is approved for a new provider, you can add additional programs. To add additional programs, on the Provider Menu, click **Programs**. The Provider Programs page displays. (See [Figure 18](#).) Click the **Add Program** button. The Program Description page displays. (See [Figure 13](#).) Complete the steps for adding a program on page 12 through 14 of this guide.

My Accounts

To manage your account information, including name, phone number, and email address, on the Provider Menu, click **My Account**. The Eligible Training Provider – My Account page displays allowing you to edit your contact information. Edit the information as necessary and click **Save/Continue**.

Eligible Training Provider - My Account

You may change your contact name, phone number and e-mail address.
Email will be sent to this address whenever selected changes are made to provider information.

* Indicates a required field

* First Name	<input type="text" value="Ralph"/>		
* Last Name	<input type="text" value="Bancroft"/>		
Middle Initial	<input type="text"/>		
Phone Number:	<input type="text" value="785-368-6431"/>	Ext.	<input type="text" value="*"/>
Email Address:	<input type="text"/>		

If you do not have an e-mail account, click the following link for a list of [free Internet e-mail providers](#)

Figure 20 My Account