



**Alabama Training Provider Certification System  
Provider Application for Initial Eligibility Under the Workforce Investment Act (WIA)**

**Part I - Instructions**

Please complete this application, attach the requested program and cost information tables, and submit your package to the \_\_\_\_\_ Workforce Investment Board at the address listed below by the close of business on \_\_\_\_\_. A separate application must be submitted for each program. (WIA section 122(2)(D)) The information requested in Section I is required in order for your application to be processed. If you fail to provide all of the information requested, your application will be returned to you. If your program/course is certified, the information will be included in the Workforce Development Division's statewide list of WIA-certified training providers.

A program of training is one or more courses or classes that upon successful completion leads to a certificate, an associate or baccalaureate degree, or skills and competencies recognized by employers.

If you are currently providing a program as described below in Section III. T 2, use the attached form. Submit program cost and performance information as indicated and return application to:

**Workforce Investment Board:**

**Address:**

**City, State, Zip Code:**

**Telephone/FAX Number & E-Mail Address:**

**Section I: Application Summary Information**

A 1. Local Workforce Investment Area: \_\_\_\_\_

2. Provider's FICE Code or Proprietary School Number: \_\_\_\_\_

A 3. Provider's Name: \_\_\_\_\_

A 4. Training Location (Physical Address):

Street: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

A 5. Mailing address (if different from above):

Street/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

A 6. Main Telephone (if applicable): ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

A 7. Main E-mail Address: \_\_\_\_\_ Web Page: \_\_\_\_\_

A 8. Administrative Contact: Name \_\_\_\_\_ Title \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Workforce Development Division Use Only**

Date Received By WDD: \_\_\_\_\_ Date Certified By WDD: \_\_\_\_\_

Authorized WDD Signature: \_\_\_\_\_

- A 9. Use form provided with application to list training costs-attach to application.
- A 10. In order to be eligible to provide training and to receive WIA Title I funds, the organization must meet the requirements of WIA section 122. Please indicate if you are eligible for one or more of the following:
- A postsecondary institution that
    - is eligible to receive Federal funds under Title IV of the Higher Education Act of 1965; and
    - provides a program that leads to an associate degree, baccalaureate degree, or certificate;
  - An entity that carries out programs under the National Apprenticeship Act; or
  - Another public or private provider of a program of training services.
- A 11. Attach a description of the specific geographical area where you propose to provide services:
- A 12. Attach a description of how you plan to develop linkages with the local one-stop provider:
- A 13. Are students in this program/course eligible for Pell Grants under Title IV of the Higher Education Act of 1965 (as reauthorized in 1998)?
- Yes - Date certification granted by the Department of Education mm \_\_\_\_ dd \_\_\_\_ yy \_\_\_\_
  - No - Is application pending with the Department of Education? Yes \_\_\_\_ No \_\_\_\_
- A 14. Is this an apprenticeship program registered with the U. S. Department of Labor's Bureau of Apprenticeship and Training?
- Yes - Date registered with the Department of Labor mm \_\_\_\_ dd \_\_\_\_ yy \_\_\_\_
  - No - Is application pending with the Department of Labor? Yes \_\_\_\_ No \_\_\_\_
15. Attach a copy of your Alabama Business License.
- A 16. Provider Certifications (Attachments, refer to instructions).
- A 17. Authorized Signature:

By signing this application, I hereby certify that all information contained in this document, including any attachments, is accurate as of the date of submission. I further certify my understanding that any of the items included in the application or attachments, may be provided to the public as part of the WDD's statewide list of WIA-certified training providers. I also agree to cooperate with monitors from the LWIB, WDD, or Department of Labor if I am selected for an oversight review.

Certified By:

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Typed/Printed Name of Signatory

\_\_\_\_\_  
Signatory's Official Title

\_\_\_\_\_  
Date

Section II. Provider Information

P 1. Legal Name (if different from item A-3: \_\_\_\_\_

P 2. Federal EIN: \_\_\_\_\_

P 3. Admissions Office Phone: ( ) \_\_\_\_\_

P 4. Financial Aid Office Phone: ( ) \_\_\_\_\_

P 5. Type of Provider (Check One):

✓ Educational Institution:

- College/University
- 2-Year State Tech./Comm. College
- High School

✓ Not-for-Profit:

- Community Based Organization
- Other Public Not-for-Profit
- Private Non-Profit

✓ Private-for-Profit:

- Sole Proprietorship
- Corporation
- Partnership

Other (Specify) \_\_\_\_\_

P 6. Attach a brief description (not to exceed 100 words) of the training facility or training provider:

P 7. Attach documentation of financial stability (refer to instructions):

<b>Section III. Training Program Information</b>
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T 1. Indicate the date that the program was first implemented. \_\_\_\_\_

T 2. Indicate the type(s) of targeted population you plan to serve:

- |                 |                       |                             |                       |                      |                       |
|-----------------|-----------------------|-----------------------------|-----------------------|----------------------|-----------------------|
| Youth (14-21)   | <input type="radio"/> | Out-of-School Youth (14-21) | <input type="radio"/> | Adult (18+)          | <input type="radio"/> |
| Handicapped     | <input type="radio"/> | Dislocated Workers (18+)    | <input type="radio"/> | Displaced Homemakers | <input type="radio"/> |
| Welfare-to-Work | <input type="radio"/> | Offenders                   | <input type="radio"/> | Homeless             | <input type="radio"/> |

T 3. Indicate the type(s) of training you plan to provide:

- Adult Literacy (in combination with other training service)
- Entrepreneurial Training
- Job Readiness Training
- Occupational Skills Training
- Registered Apprenticeship Program
- Skill Upgrading and Retraining
- Workplace Training (combined with related instruction; includes cooperative education program)
- Other \_\_\_\_\_

T 4. Type of Offering (check one):

- Course/Seminar/Workshop
- Certificate Program: Skill Set
- Certificate Program: Less than 1 full-time equivalent academic year
- Certificate Program: At least 1 but less than 2 full-time academic years
- Certificate Program: At least 2 but less than 4 full-time academic years
- Associate Degree
- Baccalaureate Degree
- Post-Baccalaureate Degree
- Registered Apprenticeship Program

T 5. Attach a brief description (not to exceed 100 words) of the activity you propose to provide.

T 6. Attach a description of the skills which will be acquired through the program of training.

T 7. Attach a list of occupations (Utilizing O'NET Codes) in which these acquired skills will provide entry-level employment.

T 8. Attach a description of employer input, if any, into the development of training curriculum.

9. Attach a description of minimum entry-level requirements (e.g. reading or math level, high school diploma or GED, other educational requirements) for enrollment.

- T 10. Is this program/course designed to prepare the participant for certification or registration?  
 Yes - If yes, list the type of certification or registration AND the name of the certifying or registering body:  
Type \_\_\_\_\_ Name \_\_\_\_\_  
 No
- T 11. Is the program/course intended to prepare the participant for licensure?  
 Yes - If yes, list the type of license AND the name of the licensing body:  
Type \_\_\_\_\_ Name \_\_\_\_\_  
 No
- T 12. If a non-credit program/course, are Continuing Education Units (CEUs) offered to successful program/course completers?  
 Yes - If yes, number of CEUs earned: \_\_\_\_\_  
 No
- T 13. Class Size: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_ Average \_\_\_\_\_ Frequency of Class: \_\_\_\_\_
- T 14. Number of instructors per class: \_\_\_\_\_
- T 15. Attach information on the training instructor(s) qualifications.
- T 16. Attach a description of the equipment to be used.
- T 17. Detail Cost Information (per participant):

Tuition and Required Fees		Related Program Expenses	
Tuition (In-State)		Books	
Tuition (Out-of-State)		Equipment	
		Supplies	
		Tools	
		Uniforms	

	Specify Type	Cost		Specify Type	Cost
Required Fee			Other		
Required Fee			Other		
Required Fee			Other		
Required Fee			Other		
Required Fee			Other		
Required Fee			Other		
Required Fee			Other		
Required Fee			Other		
Required Fee			Other		
Total Tuition and Required Fee (should match information provided in A-9)			Total Program Expenses		

T 18. Attach an outline of the program/course curriculum criteria for "successful completion".

**Section IV. Performance Data**

Data should be based on all individuals participating in the applicable program during the most recent twelve-month reporting period.

See instruction for detailed reporting specifications.

- 1. Attach a description of the methodology used to collect and verify the performance data reported in items D 3. through D 12. below:
- D 2. Reporting period: Program Year (1998,1999,2000, etc.) Begin Date mm\_\_dd\_\_yy\_\_End Date mm\_\_dd\_\_yy\_\_
- D 3. Participant Universe: Indicate the total number of students that participated in the program during the previous program year.
- D 4. Program Completion: Indicate the total number of students completing the program during the previous program year.
- D 5. Participant Completion: Indicate the total number of WIA participants who completed the program during the previous program year and who obtained unsubsidized employment.
- D 6. Training Related Employment: Total umber of WIA participants who obtained training related employment.
- D 7. Average Hourly Placement Wage: The average hourly wage at placement of all WIA participants.

<b>Section V. Local Workforce Investment Board Requirements (if applicable)</b>
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**Alabama Training Provider Certification System  
Form Instructions - Provider Application for Initial Eligibility  
Under the Workforce Investment Act (WIA)**

<b>General Information</b>	
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A separate application is required for each program/course. In addition, if applying for given program/course to be offered at different training sites, a separate application is required for each training location. The form is available from the Workforce Development Division (WDD) of ADECA.

<b>Section 1:</b>	<b>Application Summary Information</b>
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All items in Section 1 are required in order for the application to be processed. This information may be used to compile the statewide list of training providers certified as eligible to receive funding under the Workforce Investment Act. Any/all application information may appear in the statewide list of eligible training providers and the ADECA Internet Web Site. Forms may also be obtained from Local Workforce Investment Boards.

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|------------------|--|
| <b>A 1. LWIA</b> | The Local Workforce Investment Area in which the provider is applying for consideration to be certified as an approved training provider under the Workforce Investment Act of 1998. <b>NOTE: It is suggested that this item be pre-filled by LWIB staff prior to issuing the application.</b> |
|------------------|--|
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|---|---|
| <b>A 2. Provider's FICE Code or Proprietary School Number</b> | For the location where the training program will be offered, enter the: Six-digit Federal Interagency Commission on Education (FICE) code OR Five-digit Proprietary School Number assigned the Alabama Commission on Higher Education. If neither of the above are applicable, leave blank. |
|---|---|
- |                           |   |
|---------------------------|---|
| <b>A 3. Provider Name</b> | Name under which the institution, organization or individual operates as a provider of training services. <b>NOTE: This is the name that will be displayed on the Alabama statewide list of WIA-certified training providers.</b> |
|---------------------------|---|
- |   |   |
|---|---|
| <b>A 4. Training Location (Physical Location)</b> | The physical address at which training services will be offered. Include street address, city, county, state, and zip code. |
|---|---|
- |                             |   |
|-----------------------------|---|
| <b>A 5. Mailing Address</b> | If different from item A-4, enter the provider's mailing address. Include street address or P. O. Box number, city, count, state, and zip code. |
|-----------------------------|---|
- |  |   |
|--|---|
| <b>A 6. Main Telephone/ FAX Number</b> | The main phone number for the institution, organization or individual applying. |
|--|---|
- |  |  |
|--|--|
| <b>A 7. Main E-mail address and Web page</b> | The primary, general e-mail address and web page for the institution, organization or individual applying (if applicable). |
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- |                                    |  |
|------------------------------------|--|
| <b>A 8. Administrative Contact</b> | Individual who is the primary contact for questions regarding the application and supporting documentation. Include name, title, phone and fax number, and e-mail address (if applicable). |
|------------------------------------|--|
- |                               |  |
|-------------------------------|--|
| <b>Office Use by WDD/LWIB</b> | <p>The Local Workforce Investment Board (LWIB) issuing the application and the Workforce Development Division reserve this section for use. Fields include:</p> <ul style="list-style-type: none"> <li>• Date received by the LWIB: Date the completed application and supporting documentation were received by the LWIB.</li> <li>• Date Approved by LWIB: Date approved for WIA certification by the LWIB.</li> <li>• Request Certification Date: LWIB's request effective date for certification.</li> </ul> |
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**NOTE: Per WIA, WDD has 30 days in which to process the LWIB-approved applications.**

- Date submitted to WDD: Date approved application and supporting documentation forwarded to WDD for review.
- Authorized LWIB Signature: Signature of designated board representative authorized to certify LWIB approval of the application.
- Date Received By WDD: Date the approved application and supporting documentation were received by WDD.
- Date Certified By WDD: Date approved for inclusion on the statewide list of certified training provider.
- Authorized WDD Signature: Signature of designated WDD representative certifying WDD approval of the application.

- A 9. List of Training Costs** Complete the form listing training costs and attach to completed application prior to submission. List total tuition, fees, and total cost of attendance on application. Must be supported by information on attached form. Label "Item A 9."
- A 10. Eligible to Provide Training** Indicate each category that applies to your organization/institution.
- A 11. Geographical Area** Attach a description of the area of the state that your organization/institution plans to offer training programs/courses. Label "Item A 11."
- A 12. Linkages** Attach a description of your plan for establishing linkages with the local area one-stop career center. Label as "A 12."
- A 13. Pell Grants** Indicate if your organization/institution has been approved by the U. S. Department of Education for Pell Grant eligibility. Indicate date of approval or status of application for eligibility.
- A 14. Apprenticeship Program** Indicate if your organization/institution is offering an apprenticeship training program/course approved by the U. S. Department of Labor's Bureau of Apprenticeship and Training. Include date of approval or status of application.
- A 15. Alabama Business License** Attach a copy of your current Alabama Business License.
- A 16. Provider Certifications** Using the Provider Certification form, applicants must include signed certifications regarding Debarment, Nondiscrimination and Education Standards and Procedures.
- A 17. Authorized Signature** Signature of the individual authorized to certify application information as accurate. Include type/printed name of signatory, signatory's title and date signed.

<b>Section II.</b>	
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- P 1. Legal Name** If different from item A 3., provide the legal name of the applying entity.
- P 2. Federal EIN** Federal tax identification number.
- P 3. Admission Office Phone** Phone number for the admissions office or contact, if applicable.
- P 4. Financial Aid Office Phone** Phone number for the financial aid office or contact, if applicable.
- P 5. Type of Provider** Check the single category that best describes the applicant. If other, specify.

- P 6. Training Facility or Provider** Include a brief description of the training facility or training provider for which the application is being submitted. Not to exceed 100 words. Attachment should be labeled “Item P 6.”
- P 7. Documentation of Financial Stability** Documentation of financial stability may include recent audit or financial statements. The LWIB is responsible for identifying their local protocol for documentation and submission requirements. Documentation to be attached and labeled “Item P 7.”

<b>Section III.</b>	<b>Training Program Information</b>
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- T 1. Implementation Date** Indicate the date that the program was first offered. If submitting multiple programs, indicate date that institution/school/college was established.
- T 2. Target Population** Indicate the type(s) of population you plan to serve in your program/course.
- T 3. Training Type(s)** Check the type(s) of training(s) program(s) that best describes the training that you plan to provide. If “other”, specify.
- T 4. Type of Offering** Check the single category type that best describes the program category for the program/course to be considered.
- T 5. Description of Activity** Attach a brief description of the activity you plan to provide. Not to exceed 100 words. Label the attachment as “Item T 4.”
- T 6. Skills to be Acquired** Attach a brief description of the skills to be acquired during enrollment. Not to exceed 100 words. Label the attachment as “Item T 5.”
- T 7. Occupations** Attach a list of occupational codes, using *The Occupational Information Network (O\*NET)*, that training program/course will prepare a participant for entry-level employment. Label the attachment as “Item T 6.”
- T 8. Employer Input** Attach a description of any employer input that was considered in the development of the program/course. Label the attachment as “Item T 7.”
- T 9. Minimum Enrollment Requirements** Attach a description of minimum entry-level requirements for enrollment. Not to exceed 100 words. Label the attachment as “Item T 8.”
- T 10. Certification/Registration** Indicate if this program/course is designed to prepare the participant for certification or registration. If applicable, indicate the type of certification or registration and the name of the certifying or registering body.
- T 11. Licensure** Indicate if the program/course is intended to prepare the participant for licensure. List the type of license and the licensing body.
- T 12. CEUs** Indicate if the program/course offer Continuing Education Units (CEU).
- T 13. Class Size** Indicate the minimum, maximum, average class size and frequency of the of the program/course.
- T 14. Student/Instructor Ratio** Indicate the number of instructors for each class.
- T 15. Qualifications** Attach a description of the trainers/instructor’s qualifications. Not to exceed 100 words. Label the attachment as “Item T 14.”
- T 16. Equipment** Attach information on the equipment to be used in program/course. Not to exceed

100 words. Label the attachment as "Item T 15."

- T 17. Cost Information** Include only amounts required, per participant, of all program participants.
- T 18. Program/Course Outline** Attach the curriculum outline for the program or course to be considered. Include criteria used to determine "successful completion" of the program/ course. Label the attachment as "Item T 17."

<b>Section IV:</b>	<b>Performance Data</b>
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Performance data **must be provided in order for the institution/service provider information to be made available through the State's eligible training provider list.**

- D 1. Methodology** Attach a description of the methodology used to collect and verify the performance information reported in items D3. - D 6. Identify the attachment as "Item D 1."
- D 2. Reporting Period** Based upon the applicants's standard reporting cycle, provide required performance information for the **most recent** twelve-month period prior to the date of application. Specify the twelve-month reporting period used for items D 3. - D 6. (mm/dd/yy).
- D 3. Student Universe** Total number of students actively participating during the specified twelve-month reporting period who where scheduled to complete the course/program during the same twelve-month reporting period, regardless of the initial enrollment date. This number is to be used as the denominator in calculating items D 4. And D 5.
- D 4. Program Completion** For those individuals in the Student Universe (item D 3.), the total number (all individuals) that successfully completed the course/program during the specified reporting period.
- D 5. Participant Completion** For those WIA participants in the Student Universe (item D 3.), the actual number (all participants) that successfully completed the course/program during the specified reporting period.
- D 6. Training Related Employment** For those WIA participants in the Student Universe (item D 3.), the actual number that obtained training related unsubsidized employment (i.e., employment performed for wages, salary or pay that is not contingent on a subsidy such as on-the-job training reimbursements to the employer) during the specified twelve-month reporting period.
- D 7. Average Hourly Wage** For the WIA participants that obtained training related unsubsidized employment (item D 6.) during the specified twelve-month reporting period, the average hourly placement wage.

**To calculate:** *Total* the hourly placement wage of all WIA participants that obtained unsubsidized employment *and divide by* the number of WIA participants that obtained unsubsidized training related employment.

<b>Section V.</b>	<b>Local Workforce Investment Board Requirements (if applicable)</b>
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- LWIB Requirements** List any additional application elements that may be required by the Local Workforce Investment Board.