



TRAINING PROVIDER APPLICATION – INITIAL ELIGIBILITY

Complete and submit to: CareerSource Heartland
 5901 US Hwy 27 S, Suite 1, Sebring, FL 33870

Applicant Institution:		Date	
Address:			
Telephone:		Federal Employer's I.D. Number:	
Does your organization provide employee ownership or stock options? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Submitted by:			
Name: *		Title:	
Email:			

* Submitter affirms that the information provided on this application is true and correct, and agrees that falsified information or significant omissions may be justification for termination, and/or may disqualify institution from future consideration as an ITA Training Provider.

Eligible Training Providers (ETP) Requirements: (Select the one that applies from 1-5)	Yes	No
1. An institution of higher education providing programs leading to a recognized postsecondary credential	<input type="checkbox"/>	<input type="checkbox"/>
2. An entity that carries out programs under the National Apprenticeship Act, 50 Stat. 664, Chapter 663, 29 U.S.C. 50 et seq.	<input type="checkbox"/>	<input type="checkbox"/>
3. A public or private provider of training services programs which may include joint labor-management organizations, pre-apprenticeship programs and occupational/technical trainings.	<input type="checkbox"/>	<input type="checkbox"/>
4. Provider of adult education and literacy activities under Title II if such activities are provided in combination with occupational skills training.	<input type="checkbox"/>	<input type="checkbox"/>
5. Training programs are in compliance with occupations in demand as listed on the Board's current Demand Occupation List, DOL (with the exception of apprenticeship programs).	<input type="checkbox"/>	<input type="checkbox"/>
6. Institution reports performance information to FETPIP	<input type="checkbox"/>	<input type="checkbox"/>
7. Institution certifies that all facilities where training is provided are ADA compliant.	<input type="checkbox"/>	<input type="checkbox"/>
8. Is institution minority/female owned and operated? If yes, indicate State Registration #:	<input type="checkbox"/>	<input type="checkbox"/>
9. Institution is: <input type="checkbox"/> Public <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Private Non-Profit		
10. How long has the institution been in operation?		
11. Has the institution been terminated as a Training Provider in any Local Workforce Development Area? If yes, please list which LWDA and indicate date of termination:	<input type="checkbox"/>	<input type="checkbox"/>
12. Have any of the institution's programs been terminated by a Local Workforce Development Area?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the institution eligible to receive Title IV funds?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are scholarships offered?	<input type="checkbox"/>	<input type="checkbox"/>
15. What is the institution's default rate on student loans? _____ % past year _____ % current year		

Initial Eligibility		
	Yes	No
Applicant must supply verifiable information including but not limited to:		
1. Is your training institution licensed with the Commission for Independent Education (CIE)? If yes, please provide license number and verification of certification, authorization, and accrediting entities. Include copy of license and other verifying documents with your application.	<input type="checkbox"/>	<input type="checkbox"/>
2. For each program listed, complete the Training Provider Application Performance spreadsheet and ITA Program Information/Expenses sheets attached, responding to each question and including specifics concerning total cost of attendance, broken out by books, tuition, lab fees, uniforms, supplies, examinations and vaccinations, fingerprinting and licensure and any other costs.		

3. Please describe how the institution carries out the following requirements, and for each response for 3. a-c, please identify any training programs offered that deviate from the practices identified. (Use additional sheet if necessary)

a. Ensures access to training programs throughout the State areas, including rural areas, and including use of technology.

b. Serves employed individuals and/or individuals with disabilities and other barriers to employment.

c. Ensures that programs meet the needs of local businesses and partners: Please include any specific partnerships and/or collaborations that have been established with business or industry.

If appropriate, please include copies of reports or information reported to State Agencies with respect to Federal and State training service programs.

If appropriate, please include copies of most current FETPIP report.

Please attach copy of catalogue indicating policies including but not limited to: counseling, grade reporting, withdrawal/dropout, drop/add, attendance, tuition payment, refunds, books, graduation, etc.

NOTE: Once approved, to add new programs to a training provider's list of offerings, an ITA Program/Information Expense Sheet and the Performance Spreadsheet must be submitted.