TRAINING PROVIDER APPLICATION – CONTINUED ELIGIBILITY

Complete and submit to:

CareerSource North Central Florida
1112 North Main St. Gainesville, FL 32601
etpl@careersourcencfl.com

Application Institution		Date	
Address			
Telephone:		Federal Employee's ID #:	
Submitted by:			
Name*:		Title	
Email Address:			

*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.

Training Provider Category (select one)
☐ An institution of higher education providing programs leading to a recognized postsecondary credential.
☐ An entity that carries out programs under the National Apprenticeship Act.
☐ A public or private provider of training services programs which may include joint labor-management organizations, pre-apprenticeship programs and occupational/technical trainings.
☐ Provider of adult education and literacy activities under Title II if such activities are provided in combination with occupational skills training.

Provide answers to the following questions:	Yes	No
1. Training programs are in compliance with occupations in demand as listed on the Board's current TOL (with the exception of apprenticeship programs).	☐	☐
2. The institution reports performance information to FETPIP.	☐	☐
3. The institution certifies that all facilities where training is provided are ADA compliant.	☐	☐
4. Have there been any changes to the institution's licensing, certification or authorization status since its last application? If yes, please provide documentation verifying current licensing, certification, or authorization status.	☐	☐

5. Please describe how the institution carries out the following requirements, and for each response, please identify any programs offered that deviate from the practices identified. Use additional sheets as necessary.

    a. Ensures access to training programs throughout the state, including rural areas, and including the 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 identify any specific partnerships or collaborations that have been established with business or industry.

With your application, please include, as applicable:

- **For each program** to be approved for continuing eligibility, complete the Training Provider Performance spreadsheet attached.
- Copies of reports or information reported to state agencies with respect to federal and state training programs.
- Copies of your institution's most current FETPIP report.

TRAINING PROVIDER PERFORMANCE SPREADSHEET

Training Programs and Pre-Requisites Submitted for Review		Total Cost of Attendance (including tuition and fees)	Program Reporting Period	Total Number of Individuals Enrolled	Number of Individuals who Completed	Total Number of Individuals Awarded a Recognized Industry/Post-Secondary Credential	Number of Individuals Who Entered Employment After Completing	Average Wage Rates of Individuals Employed After Completing Training	Certificate or Credential Awarded	Credential stackable for career ladder? (Y, N)
Program:		$								
Pre-Req:										
Program:		$								
Pre-Req:										
Program:		$								
Pre-Req:										
Program:		$								
Pre-Req:										
Program:		$								
Pre-Req:										
Program:		$								
Pre-Req:										