This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	May 25, 2016
Name of Institution	Kirkwood Community College - Continuing Education
Address	6301 Kirkwood Blud SW, Cedar Rapids, IA 52404
Telephone Number	319-398-5411 Fax
Location of Training Facility	main campus or regional center (thawatha)
Name of Chief Executive Officer	Kim Becicka
Program Contact Information	Laura Daman
Telephone Number	319-398-5626 Email Address laura, daman & Kirkwood, edu
ls your organization a post-secon Act. (NAA)? Yes No	dary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship
•	PART II (a) - PROGRAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying, including:
A. Program Name	Histology Assistant Program
B. A <u>brief</u> program description	This course will introduce students to the professional
	requirements of a Histology Assistant. Histology Assistants typically
	work in hospitals, clinics & labs assisting histologists and
	pathologists to prepare and analyze tissue specimens from
	patients in order to diagnose and treat disease
C. Length of Program	94-hrs. Total Credit Hours Required
68-0779 (07-15)	1

D. What is the method of delivery?		Attachment B, Page 2	
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)	
Web-Based (Internet) URL Address	8		
PROGRAM COSTS:			
1a. Tuition (per credit hour)	Non-credity \$1,999.00	includes textbooks	
1b. Tuition (Out-of-State, per credit hour)		· · ·	
2. Supplies, including tools, uniforms, etc.	Included		
3. Fees, including laboratory, student rentals, deposits	Included		
4. Miscellaneous charges	,		
5. Average cost per year for program			
6. Total cost to complete this program	51,999,00		
Please use additional pages if necessary.	•		
PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility. Post-Secondary Educational Institution registered under HEA			
Registered under the National Apprenticeship Act	(NAA)		
CERTIFICATION		***	
	certify that I am the	of the training	
Name		Title	
institution named herein and further certify that the information	tion contained in this application is true and correct.	All supporting documentation is true and factual.	
Signature	Date		
If you are a Training Institution applying for program certifi Non-RWIB approved applications received directly from Tr			
FOR RWIB USE ONLY			
Date Received by RWIB	Date Approved by RWIB		
Application Date	Date RWIB Submitted to	IWD	
	Region #:		
Authorized RWIB Signature	,		
The RWIB-approved form must be sent	to: Michaela Rotert, Iowa Workforce Development, 150 De	s Moines Street, Des Moines, IA 50309	

D. What is the method of delivery?

Histology Assistant Program

This 96-hour program will introduce students to the professional requirements of a Histology Assistant. Histology Assistants typically work in hospitals, clinics and laboratories assisting histologists and pathologists to prepare and analyze tissue specimens from patients in order to diagnose and treat diseases. This program will review human anatomy emphasizing the recognition, composition and function of organ systems including skeletal, nervous, circulatory, endocrine and reproductive system tissues. Students will also review histotechniques such as tissue processing and an introduction to basic theories and practices of histotechnology including laboratory safety, fixation, routine staining and operation and maintenance of lab equipment.

<u>Special Notice</u>: Due to the complex nature of Histology, classroom labs consist of microscope and slide reviews of generic samples only. Additionally, there is no outside externship rotation or national or state certification objective as part of this program. Most Histology professional certifications require one to two years of practical work experience.

Textbooks are included in the cost of the course.

Mondays and Wednesdays September 19– December 12, 2016 6:00pm – 9:30pm Saturdays (10/8; 11/5 & 12/3) 9:00am – 3:00pm

Tuition: \$1,999

Linn County Regional Center, room 402

Instructor: tbd

CHHO-5625 83550



<u>Histology Assistant Program – KCC</u> Tuition - \$1,999; Total Hours - 96

<u>Tuition - \$1,999; Total Hours - 96</u>			
Monday Wednesday	September 19 September 21	6:00pm - 9:30pm 6:00pm - 9:30pm	
vi danobaay	Septemen 21	0.00pm	
Monday	September 26	6:00pm - 9:30pm	
Wednesday	September 28	6:00pm - 9:30pm	
Monday	October 3	6:00pm - 9:30pm	
Wednesday	October 5	6:00pm - 9:30pm	
Saturday	October 8	9:00am - 3:00pm	
Mondov	October 10	6:00pm - 9:30pm	
Monday Wednesday	October 10 October 12	6:00pm - 9:30pm	
Wednesday	October 12	0.00pm - 7.50pm	
Monday	October 17	6:00pm - 9:30pm	
Wednesday	October 19	6:00pm - 9:30pm	
Monday	October 24	6:00pm - 9:30pm	
Wednesday	October 26	6:00pm - 9:30pm	
wednesday	October 20	0.00pm - 7.50pm	
Monday	October 31	6:00pm - 9:30pm	
Wednesday	November 2	6:00pm - 9:30pm	
Saturday	November 5	9:00am - 3:00pm	
Monday	November 7	6:00pm - 9:30pm	
Wednesday	November 9	6:00pm - 9:30pm	
	s *	1 1	
Monday	November 14	6:00pm - 9:30pm	
Wednesday	November 16	6:00pm - 9:30pm	
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Monday	November 28	6:00pm - 9:30pm	
Wednesday	November 30	6:00pm - 9:30pm	
Saturday	December 3	9:00am - 3:00pm	
Monday	December 5	6:00pm - 9:30pm	
Wednesday	December 7	6:00pm - 9:30pm	
N. 1	D 1 10	6.00	
Monday	December 12	6:00pm - 9:30pm	



Log In (/academy/login.html)

Menu

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Careers and Occupations List (/article_directory/Careers_and_Occupations_List.html) / Medical and Health Professions (/article_directory/q_p/page/Medical and Health Professions/q_p/Careers_and_Occupations_List.html) / Histology Assistant: Job Description...

Histology Assistant: Job Description & Career Info

Histology assistants work directly with patients, histologists, pathologists and other medical staff to obtain and test tissue samples. Continue reading to learn more about formal training options, skill sets, employment outlook and earnings potential for histology assistants.

Show me popular schools

Career Definition for Histology Assistants

Histology assistants help histologists and pathologists obtain and analyze tissue specimens from patients in order to diagnose and treat diseases. They usually work in hospitals, doctor offices and laboratories. According to the American Association of Medical Assistants, histology assistants help with clinical and laboratory procedures, in addition to entering data and other clerical tasks.

Education	Vocational certificate or associate's degree
Job Skills	Recordkeeping, organization skills, teamwork, interpersonal skills, communication skills
Median Salary*	\$30,590 (2015)
Career Outlook*	23% (2014-2024)

Source: *U.S. Bureau of Labor Statistics

Required Education

Histology assistants usually have a 1-year vocational certificate or an associate degree in medical assisting. Core coursework typically covers topics in laboratory and diagnostic techniques, anatomy, physiology and pharmaceuticals, as well as the business and administrative aspects of medicine. Histology assistants can become certified medical assistants by taking an exam and completing an internship. Although the credential is optional, it can serve as proof of competency to potential employers.

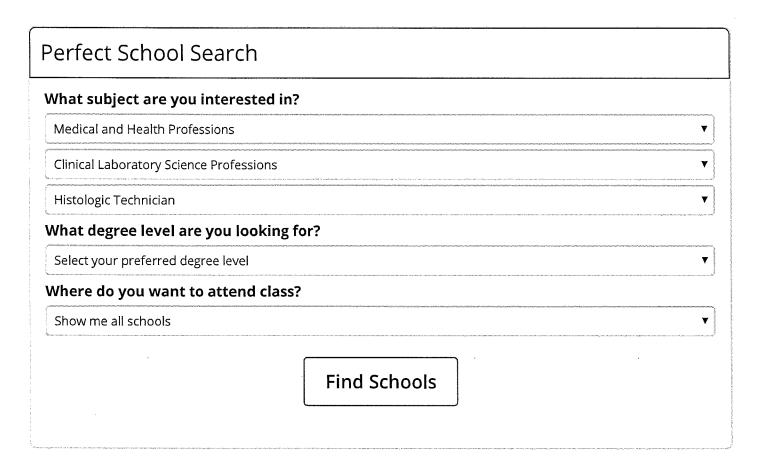
Skills Required

Histology assistants frequently work directly with patients, pathologists, insurance providers and other medical staff, which requires the ability to communicate in a pleasant, knowledgeable and tactful manner. Histology assistants should also have excellent organizational and office skills, including those associated with filing, computer data entry and recordkeeping.

Employment and Earnings Outlook

The U.S. Bureau of Labor Statistics (BLS) reports that the number of job openings for medical assistants in general will grow by 23% nationwide from 2014 to 2024, or much faster than the average for all occupations. Histology assistants and other medical assistants are expected to be in great demand as health care facilities increasingly seek workers who can perform both clinical and administrative duties. As of May 2015, medical assistants earned median salaries of \$30,590, according to the BLS.

Alternate Career Options



10 Popular Schools



Maplan University (/directory/school/Kaplan University.html)



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INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application Name of Institution Address 30		
Telephone Number BY - 398 - 1022 Fax Location of Training Facility Name of Chief Executive Officer Program Contact Information Telephone Number 399 - 398 - 1022 Email Address Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Act. (NAA)? PART II (a) - PROGRAM INFORMATION Please provide a brief description of each program for which you are applying, including: A. Program Name 90 Hour Food Shuril Cutty Cattle Program Sel attached C. Length of Program Total Credit Hours Required Total Credit Hours Required	Date Of Application	6.15.16
Telephone Number Sig - 398 - 1022 Fax	Name of Institution	Kirhwood Community College
Location of Training Facility Name of Chief Executive Officer Program Contact Information Telephone Number 319 - 398 - 1022 Email Address Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Act. (NAA)? PART II (a) - PROGRAM INFORMATION Please provide a brief description of each program for which you are applying, including: A. Program Name 90 How Food Shore Cutty Catty Room Selection Act (HEA) or registered under the National Act. (NAA)? Total Credit Hours Required C. Length of Program 10 Now Selection Select	Address	6301 Kirkwood Blud. Sw. Cedar Rapido, IN 524
Name of Chief Executive Officer Comparison Compariso	Telephone Number	319-398-1022 Fax
Program Contact Information Telephone Number 399-10-2 Email Address Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Act. (NAA)? PART II (a) - PROGRAM INFORMATION Please provide a brief description of each program for which you are applying, including: A. Program Name 90 Hour Food Shuri Cutty Catt from St. Additional Action of Program description C. Length of Program 90 Nowes Total Credit Hours Required	ocation of Training Facility	6301 KINKWOOD Blud. SW Cedar Rapido, JA 52404
Telephone Number 319 - 348 - 1022 Email Address	Name of Chief Executive Officer	Kim Bleicka
Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Act. (NAA)? Yes No PART II (a) - PROGRAM INFORMATION Please provide a brief description of each program for which you are applying, including: A. Program Name B. A brief program description C. Length of Program A Color of Program Total Credit Hours Required	Program Contact Information	Laura Daman
PART II (a) - PROGRAM INFORMATION Please provide a brief description of each program for which you are applying, including: A. Program Name B. A brief program description C. Length of Program PART II (a) - PROGRAM INFORMATION Please provide a brief description of each program for which you are applying, including: A. Program Name A. Program description Sul attached Total Credit Hours Required	Telephone Number	319 - 398 - 102-2 Email Address
Please provide a brief description of each program for which you are applying, including: A. Program Name GO HOW FOOD Selvice Cutify Cate for your B. A brief program description Sel attached C. Length of Program GO MOURS Total Credit Hours Required		ry educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship
A. Program Name B. A brief program description C. Length of Program 90 Nours Total Credit Hours Required	•	PART II (a) - PROGRAM INFORMATION
B. A brief program description Sel attached C. Length of Program Total Credit Hours Required Total Credit Hours Required	Please provide a brief description o	f <u>each</u> program for which you are applying, including:
C. Length of Program ONUMS Total Credit Hours Required ——	A. Program Name	90 Hour Food Service Certificate Program
10 resurg	B. A <u>brief</u> program description	See attached
10 resurg		
10 resurg	_	
10 resurg	_	
10 resurg	-	
4	C. Length of Program	90 hours Total Credit Hours Required ——
68-07/9 (0/-15) T	8-0779 (07-15)	1

D. What is the method of delivery?	Attachment B, Page 8
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	59105
1b. Tuition (Out-of-State, per credit hour)	(same)
2. Supplies, including tools, uniforms, etc.	\$536 (books)
3. Fees, including laboratory, student rentals, deposits	
4. Miscellaneous charges	
5. Average cost per year for program	
6. Total cost to complete this program	\$150I
Please use additional pages if necessary.	
expiration of this initial certification, you will receive instruction of this initial certification, you will receive instruction of this initial certification, you will receive instruction registered under the National Apprenticeship Act (CERTIFICATION Name	inder HEA
Signature	Date
If you are a Training Institution applying for program certific Non-RWIB approved applications received directly from Tra	ation, <u>applications must be forwarded to Regional Workforce Investment Board for consideration.</u> aining Institutions to the address below will not be processed and with no further notification.
	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to	o: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

90 Hour Food Service Certificate Program (Online)

This 90-hour online food service program is geared to food service supervisors. Classes include: Food Management, Safety and Sanitation, Food Preparation, Modified Diets, Meal Service and 24 Hour Food Production. Completion of the 90 Hour Food Service program and two years' experience in the field, enables one to be eligible to sit for the Certified Dietary Managers State Exam. Books are required for the following classes: Modified Diets: Iowa Simplified Diet Manual ISBN 978-0813811963. Food Service Safety and Sanitation: ServSafe 6th edition ISBN 978-0133908398.

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INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	59/10	
Name of Institution	New Horizons Computer Learning Center	of Cedar Rapids
Address	1850 Boyson Road, Hiawatha, IA 52233	
Telephone Number	319-294-9035	Fax _{N/A}
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 52233	
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
ls your organization a post-secon Act. (NAA)? ☐ Yes ☒ No	dary educational institution eligible under th	e Higher Education Act (HEA) or registered under the National Apprenticeship
Please provide a brief description	PART II (a) - PRO	GRAM INFORMATION g, including:
A. Program Name	Healthcare IT Technician Professional	
B. A <u>brief</u> program description	This program of instruction prepares students for mid- level to executive-level jobs such as Web Administrators, Computer Technicians, and Information Systems Analysts in the medical and health fields. Building off of the courses provided in the associate program, the Healthcare IT Technician Professional program offers an additional four courses to further students' knowledge surrounding the IT field in today's healthcare system. Five industry certification exams are also offered as part of this professional program track. Students will learn how to implement, deploy, and support healthcare IT systems in U.S. medical and health service industries such as hospitals, clinics, managed care organizations, public health agencies, and other similar organizations. Students will also learn how to organization and manage health information data by ensuring its quality, accuracy, accessibility, and security in both paper and electronic systems.	
C. Length of Program	511.5 Contact Hours	Total Credit Hours Required
68-0779 (07-15)		1

D. What is the method of delivery?	Attachment B, Page 11
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$21.72
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$4,300
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500
Please use additional pages if necessary.	
	nder HEA
CERTIFICATION I Name	certify that I am the of the training Title
Signature If you are a Training Institution applying for program certification.	Date ation, applications must be forwarded to Regional Workforce Investment Board for consideration. ining Institutions to the address below will not be processed and with no further notification.
	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:
1. Date Institution was founded: January 1, 1997
2. Number of years the insititution has been in continuous operation:19
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? Please attach a member list
4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certificate of Completion.
PART III - FINANCIAL INFORMATION 1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the intitution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?
Please state your refund policy: The refund is based on the precise number of course time hours the student has paid for, but not yet used, at the point of termination,
up to the 75% completion mark, after which no refund is due.
PART IV - FACILITIES Describe your facility. Provide narrative that describes at a minimum a description on each of the following:
*The number of buildings *Availability of suitable training equipment *Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites
PART V - ORGANIZATION OF THE TRAINING INSTITUTION Please provide a description of each of the following:
*The number of persons employed *Current number of students enrolled *Class size to instructor ratio *School Calendar *Availability of Transcripts
PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
 a. obtained a certificate, degree or diploma; or b. received credit for completing the program; or c. received a passing grade in the program; or d. finished the required curriculum of the program
Which criteria listed above (a) - (d) do you use to define a completer?
 2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: *how the information was obtained *what percentage of all student's data was collected *what year is being used
3. Average hourly wages of all students who obtained unsubsidized employment for this program:

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Date Of Application	5/9/14		
Name of Institution	New Horizons Computer Learning Center of Cedar Rapids		
Address	1850 Boyson Road, Hiawatha, IA 52233		
Telephone Number	319-294-9035	Fax _{N/A}	
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 52233		
Name of Chief Executive Officer	Derek Wright		
Program Contact Information	Alexis Amburgey		
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com	
Is your organization a post-second Act. (NAA)? Yes X No	dary educational institution eligible under the	Higher Education Act (HEA) or registered under the National Apprenticeship	
· · · — /	PART II (a) - PROG	RAM INFORMATION	
Diagon was iida a baiaf daaaiintian	• • •		
Please provide a brief description	of <u>each</u> program for which you are applying,	including:	
A. Program Name	Healthcare IT Technician Associate		
B. A <u>brief</u> program description	This program of instruction prepares students for entry to mid- level jobs such as Computer Support Specialists and Health Information Technicians in the medical and health fields. Healthcare IT Technicians are responsible for the organization and management of health information data by ensuring its quality, accuracy, accessibility, and security in both paper and electronic systems. In this program, students will learn how to implement, deploy, and support healthcare IT systems for U.S. medical and health service industries such as hospitals, clinics, managed care organizations, public health agencies, and other similar organizations.		
C. Length of Program 68-0779 (07-15)	209 Contact Hours	Total Credit Hours Required	

D. What is the method of delivery?	
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$29.18
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,400
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500
Please use additional pages if necessary.	
please place a checkmark next to the description that approximation of this initial certification, you will receive instruction. Post-Secondary Educational Institution registered under the National Apprenticeship Act (N	nder HEA
CERTIFICATION	· /
Jamil Filly	certify that I am the of the training
Name ' institution named herein and further certify that the information	Title on contained in this application is true and correct. All supporting documentation is true and factual.
1 4	$\leq lalla$
Signature	Date Date
If you are a Training institution applying for program certifica	ntion, applications must be forwarded to Regional Workforce Investment Board for consideration. ining Institutions to the address below will not be processed and with no further notification.
	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to:	: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other and leasts much complete the following information and Dout III. Dout VI.	Attachment B, Page 15
All other applicants must complete the following information and Part III - Part VI:	, maoninoni 2, i ago 10
1. Date Institution was founded: January 1, 1997	
2. Number of years the institution has been in continuous operation: 19	
3. Is the institution accountable to a policy or governmental board? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
If so, what board?	Please attach a member lis
4. Does each program lead to a degree or certification? Please Explain:Each program	m leads to a Certificate of Completion.
PART III - FINANCIAL IN 1. Is the institution financially sound and able to satisfy potential liabilities arising from intitution's most recent auditor's report.	
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.	
3, Does the institution have a refund policy for the unused portion of tuition, fees, and cany time prior to completion?	ther charges in the event the enrollee withdraws or discontinues at
Please state your refund policy: The refund is based on the precise number of course time hours the	student has paid for, but not yet used, at the point of termination,
up to the 75% completion mark, after which no refund is due.	
PART IV - FACIL Describe your facility. Provide narrative that describes at a minimum a description on e	
*The number of buildings	s, including off-campus locations or other sites
PART V - ORGANIZATION OF THE Please provide a description of each of the following:	TRAINING INSTITUTION
*The number of persons employed *Current number of students enrolled *Class size to instructor ratio *School Calendar *Availability of Transcripts	
PART VI - INITIAL PERFORMANCE INFORMATION	ON REQUIRED ON EACH PROGRAM
 Program completion rate for all individuals participating in the applicable program co A program completer is a person who has: 	nducted by the training provider.
 a. obtained a certificate, degree or diploma; or b. received credit for completing the program; or c. received a passing grade in the program; or d. finished the required curriculum of the program 	
Which criteria listed above (a) - (d) do you use to define a completer?	(c) X (d)
2. Percentage of all individuals who obtained unsubsidized employment. The training pathow the information was obtained what percentage of all student's data was collected what year is being used	rovider must specify:

3. Average hourly wages of all students who obtained unsubsidized employment for this program:

NIA

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PART I - GENERAL INFORMATION

Date Of Application	5/9/2016	
Name of Institution	New Horizons Computer Learning Center o	f Cedar Rapids
Address	1850 Boyson Road, Hiawatha, IA 52233	
Telephone Number	319-294-9035	Fax _{N/A}
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 52233	
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
Is your organization a post-second Act. (NAA)? Yes No	dary educational institution eligible under the	Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a) - PROG	RAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying,	
A. Program Name	Business Administration Associate	
B. A <u>brief</u> program description	messages, scheduling appointments, and su	erform routine clerical and administrative duties such as organizing files, drafting apporting other staff. In this program, students will learn these duties as well as a management, business etiquette, planning and maintaining facilities, and how to utilize
C. Length of Program	269.5 Contact Hours	Total Credit Hours Required

1

D. What is the method of delivery?	Attachment B, Page 17
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$24.45
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$910
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500
Please use additional pages if necessary.	
If you are a post-secondary education institution eligible	nder HEA
CERTIFICATION	
Name Name	certify that I am the
Signature If you are a Training Institution applying for program certifications are a second control of the se	on contained in this application is true and correct. All supporting documentation is true and factual. S 9 6 Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date
	FOR RWIB USE ONLY
	TOR KAID OSE ONE!
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The DMID enground form must be continu	Michaela Potert Jawa Warkforce Davidonment 150 Dec Maines Street Dec Maines 14 50209

All other applicants must complete the following information and Part III - Part VI:
1. Date Institution was founded: January 1, 1997
2. Number of years the institution has been in continuous operation:19
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certificate of Completion.
PART III - FINANCIAL INFORMATION
1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the intitution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?
Please state your refund policy: The refund is based on the precise number of course time hours the student has paid for, but not yet used, at the point of termination,
up to the 75% completion mark, after which no refund is due.
PART IV - FACILITIES Describe your facility. Provide narrative that describes at a minimum a description on each of the following:
*The number of buildings
PART V - ORGANIZATION OF THE TRAINING INSTITUTION Please provide a description of each of the following:
*The number of persons employed *Current number of students enrolled *Class size to instructor ratio *School Calendar *Availability of Transcripts
PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
 a. obtained a certificate, degree or diploma; or b. received credit for completing the program; or c. received a passing grade in the program; or d. finished the required curriculum of the program
Which criteria listed above (a) - (d) do you use to define a completer? x (a) x (b) (c) x (d)
 Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: *how the information was obtained *what percentage of all student's data was collected *what year is being used
3. Average hourly wages of all students who obtained unsubsidized employment for this program:
68-0779 (07-15)

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	<u>5/11/10</u>	
Name of Institution	New Horizons Computer Learning C	Center of Cedar Rapids
Address	1850 Boyson Road, Hiawatha, IA 52	2233
Telephone Number	319-294-9035	Fax _{N/A}
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 5	2233
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
Is your organization a post-second Act. (NAA)? Yes M No	dary educational institution eligible un	nder the Higher Education Act (HEA) or registered under the National Apprenticeship
·	PART II (a) - P	ROGRAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are a	pplying, including:
A. Program Name	Business Administration Profession	nal
B. A <u>brief</u> program description	Managers. Building off of the courses an additional four courses to further e	students for mid-level to executive-level jobs as Business Analysts and Office and Project s provided in the associate program, the Business Administration Professional program offers expand students' knowledge on business operations and project management. Six industry of this professional program track. Students will learn business analyses, logistics, automation any efficiency and revenue
C. Length of Program 68-0779 (07-15)	473 Contact Hours	Total Credit Hours Required

D. What is the method of delivery?			
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)		
Web-Based (Internet) URL Address			
PROGRAM COSTS:			
1a. Tuition (per credit hour)	\$32.89		
1b. Tuition (Out-of-State, per credit hour)	N/A		
2. Supplies, including tools, uniforms, etc.	\$3,940		
3. Fees, including laboratory, student rentals, deposits	N/A		
4. Miscellaneous charges	N/A		
5. Average cost per year for program	\$19,500		
6. Total cost to complete this program	\$19,500		
Please use additional pages if necessary.			
If you are a post-secondary education institution eligible	LE TRAINING PROVIDER GENERAL INFORMATION under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), plies to your institution and submit only these two (2) pages for initial certification. Prior to the actions regarding subsequent eligibility.		
Post-Secondary Educational Institution registered un Registered under the National Apprenticeship Act (N			
CERTIFICATION			
TYAVVILE FILLE Name	certify that I am the		
institution named herein and further certify that the information	on contained in this application is true and correct. All supporting documentation is true and factual.		
Fan I	5/9/16		
Signature //	Date		
If you are a Training Institution applying for program certifica	ntion, <u>applications must be forwarded to Regional Workforce Investment Board for consideration.</u> ining Institutions to the address below will not be processed and with no further notification.		
	FOR RWIB USE ONLY		
Date Received by RWIB	Date Approved by RWIB		
Application Date	Date RWIB Submitted to IWD		
	Region #:		
Authorized RWIB Signature			
The DWIR approved form must be cent to	· Michaela Potert Joura Workforce Development 150 Des Moines Street Des Moines IA 50309		

All other applicants must complete the following	g information and Part	III - Part VI:	Attachment B, 1 age 21
Date Institution was founded: January 1	, 1997		
2. Number of years the insititution has been in	continuous operation:	19	
3. Is the institution accountable to a policy or g	overnmental board?	☐ Yes ☒ No	
If so, what board?	We re		Please attach a member list.
4. Does each program lead to a degree or cert	ification? Please Expla	in: Each program leads to a Ce	ertificate of Completion.
Is the institution financially sound and able to intitution's most recent auditor's report.		INANCIAL INFORMATI	ION ? Please enclose a certified financial statement and the
2. Attach a schedule of fees for in-state and or	ıt-of-state tuition, if app	olicable.	
3, Does the institution have a refund policy for any time prior to completion?	the unused portion of t	tuition, fees, and other charges in	the event the enrollee withdraws or discontinues at
Please state your refund policy: The refund is based on the	precise number of cour	se time hours the student has pai	d for, but not yet used, at the point of termination,
up to the 75% completion i	mark, after which no ref	fund is due.	
	scribes at a minimum bility of suitable trainin	·	
PART V	- ORGANIZATI	ON OF THE TRAINING	INSTITUTION
Please provide a description of each of the following			
*The number of persons employed *Current number of students enrolled *Class size to instructor ratio *School Calendar *Availability of Transcripts			
			RED ON EACH PROGRAM
Program completion rate for all individuals p A program completer is a person who has:	articipating in the appli	cable program conducted by the	training provider.
a. obtained a certificate, degree or diploma; orb. received credit for completing the program; orc. received a passing grade in the program; ord. finished the required curriculum of the program			
Which criteria listed above (a) - (d) do you use	to define a completer?	x (a) x (b) (c) x	(d)
Percentage of all individuals who obtained u *how the information was obtained *what percentage of all student's data was col *what year is being used		ent. The training provider must s	pecify:
3. Average hourly wages of all students who ol	otained unsubsidized e	employment for this program:	\$27.85

3

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	3/9/16	
Name of Institution	New Horizons Computer Learning Center of	Cedar Rapids
Address	1850 Boyson Road, Hiawatha, IA 52233	
Telephone Number	319-294-9035	Fax N/A
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 52233	
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
Is your organization a post-second Act. (NAA)? Yes X No	dary educational institution eligible under the	Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a) - PROG	RAM INFORMATION
Please provide a brief description	of each program for which you are applying,	including:
A. Program Name	Database Administrator Associate	
B. A <u>brief</u> program description	information and shipping records, and then p also ensure that business data is accurate, a	zed software to store and organize data, such as financial resent data according to user needs. Database Administrators vailable and secure. Students who select this program will learn databases as well as how to manage and interpret data.
C. Length of Program	226 Contact Hours	Total Credit Hours Required
68-0779 (07-15)		1

D. What is the method of delivery?	
Classroom Computer-Based CD-Rom I	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$29.14
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$915
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500
Please use additional pages if necessary.	
please place a checkmark next to the description that ap expiration of this initial certification, you will receive instru	
Post-Secondary Educational Institution registered ur Registered under the National Apprenticeship Act (N	
CERTIFICATION	
Jawil Filly Name	certify that I am the PYISIAMT Title of the training
	on contained in this application is true and correct. All supporting documentation is true and factual.
Law At	5/9/16
Signature	Date
If you are a Training Institution applying for program certifications received directly from Training Institution applications received directly from Training Institution applications are a training and the second applications are a training and the second are a training and training are a training are a training and training are a training	tion, applications must be forwarded to Regional Workforce Investment Board for consideration. ning Institutions to the address below will not be processed and with no further notification.
	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to	: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicant	ts must complete th	ne following information and Part III - Part VI:	Attachment B, Page 24
1. Date Institution	was founded:	January 1, 1997	
2. Number of year	ars the insititution h	as been in continuous operation:	
3. Is the institution	n accountable to a p	policy or governmental board? Yes X No	
If so, what boa	rd?		Please attach a member list
4. Does each prog	gram lead to a degr	ree or certification? Please Explain: Each program leads to a Certific	ate of Completion.
	n financially sound : t recent auditor's re	PART III - FINANCIAL INFORMATION and able to satisfy potential liabilities arising from its participation? Pleaseport.	
2. Attach a sched	ule of fees for in-sta	ate and out-of-state tuition, if applicable.	
3, Does the institu		policy for the unused portion of tuition, fees, and other charges in the	event the enrollee withdraws or discontinues at
Please state your refund policy:		sed on the precise number of course time hours the student has paid for,	but not yet used, at the point of termination,
	up to the 75% co	ompletion mark, after which no refund is due.	
Describe your faci	•	PART IV - FACILITIES ive that describes at a minimum a description on each of the following: *Availability of suitable training equipment	
*Handicap access	ibility	*Compliance with fire, building and safety codes, including off-camp	ous locations or other sites
Please provide a c	P description of each	ART V - ORGANIZATION OF THE TRAINING IN of the following:	STITUTION
*The number of per *Current number of *Class size to install *School Calendar *Availability of Tra	of students enrolled ructor ratio	I	
1. Program comple		TIAL PERFORMANCE INFORMATION REQUIRES lividuals participating in the applicable program conducted by the training who has:	
b. received credit to c. received a pass	ficate, degree or di for completing the proing grade in the pro ing grade in the pro uired curriculum of	program; or ogram; or	
Which criteria liste	d above (a) - (d) do	o you use to define a completer?	
*how the informat	ion was obtained of all student's dat	obtained unsubsidized employment. The training provider must specify a was collected	<i>r</i> :
3. Average hourly	wages of all studer	nts who obtained unsubsidized employment for this program: NIX	A

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	5/9/16	
Name of Institution	New Horizons Computer Lear	ning Center of Cedar Rapids
Address	1850 Boyson Road, Hiawatha	, IA 52233
Telephone Number	319-294-9035	Fax
Location of Training Facility	1850 Boyson Road, Hiawatha	a, IA 52233
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
ls your organization a post-secon Act. (NAA)? ☐ Yes ሺ No	ndary educational institution eligi	ble under the Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a) - PROGRAM INFORMATION
Please provide a brief description	n of <u>each</u> program for which you	are applying, including:
A. Program Name	Database Administrator Profe	essional
B. A <u>brief</u> program description	Specialists and Database Analyprofessional program offers two Four industry certifications are	pares students for mid-level to executive-level jobs such as Data Warehousing ysts. Building off of the courses provided in the associate program, the o additional courses to help further students' knowledge surrounding databases. also offered as part of this professional track. Students will learn how to design, ehensive data warehouse systems as well as how to use specialized software to ling to user needs.
C. Length of Program	462 Contact Hours	Total Credit Hours Required
68-0779 (07-15)		1

D. What is the method of delivery?	Attachment B, Page 26
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$35.35
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$3,165
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500
Please use additional pages if necessary.	
expiration of this initial certification, you will receive instruction. Post-Secondary Educational Institution registered upostered under the National Apprenticeship Act (National Apprentic	nder HEA
CERTIFICATION	certify that I am the PYESIAME Title
Signature If you are a Training Institution applying for program certifications applying for program certifications are a training institution applying for program certifications.	ion contained in this application is true and correct. All supporting documentation is true and factual. S
Non-RWIB approved applications received directly from Tra	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to	p: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	5/9/11e	
Name of Institution	New Horizons Computer Learning Center of	f Cedar Rapids
Address	1850 Boyson Road, Hiawatha, IA 52233	
Telephone Number	319-294-9035	Fax _{N/A}
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 52233	
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
Is your organization a post-second Act. (NAA)? Yes No	dary educational institution eligible under the	Higher Education Act (HEA) or registered under the National Apprenticeship
·	PART II (a) - PROG	RAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying,	including:
A. Program Name	Medical Office Administration Program	
B. A <u>brief</u> program description	and security. Various classifications systems insurance reimbursement purposes. Medical	a information data by ensuring its quality, accuracy, accessibility, are used to code and categorize patient information for and Health services managers plan, direct, or coordinate ics, managed care organizations, public health agencies, or
v v	242 Contact Hours	Total Credit Hours Required
68-0779 (07-15)		I

D. What is the method of delivery?	Attachment B, Page 2
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$23.97
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,700
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500
Please use additional pages if necessary.	
please place a checkmark next to the description that ap expiration of this initial certification, you will receive instru-	nder HEA
CERTIFICATION TAMIL FILM	certify that I am the PVISIAMY of the training
Name)	Title
Signature If you are a Training Institution explying for program certification.	ion contained in this application is true and correct. All supporting documentation is true and factual. Date Date ation, applications must be forwarded to Regional Workforce Investment Board for consideration.
Non-RWIB approved applications received directly from Tra	ining Institutions to the address below will not be processed and with no further notification.
	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to	: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete	the following information and Part III - Part VI:	Attachment b, 1 age 30
Date Institution was founded:	January 1, 1997	
2. Number of years the insititution	has been in continuous operation: 19	
3. Is the institution accountable to a	policy or governmental board? Yes X No	
If so, what board?		Please attach a member list
4. Does each program lead to a de	gree or certification? Please Explain: Each program leads to a Certifi	icate of Completion.
Is the institution financially sound intitution's most recent auditor's intitution.	PART III - FINANCIAL INFORMATION and able to satisfy potential liabilities arising from its participation? Pleareport.	
2. Attach a schedule of fees for in-s	state and out-of-state tuition, if applicable.	
3, Does the institution have a refundant time prior to completion?	d policy for the unused portion of tuition, fees, and other charges in the	e event the enrollee withdraws or discontinues at
Please state your refund policy: The refund is ba	ised on the precise number of course time hours the student has paid for	r, but not yet used, at the point of termination,
up to the 75% of	completion mark, after which no refund is due.	
Describe your facility. Provide narra	PART IV - FACILITIES utive that describes at a minimum a description on each of the following	j :
*The number of buildings *Handicap accessibility	*Availability of suitable training equipment *Compliance with fire, building and safety codes, including off-carr	npus locations or other sites
Please provide a description of each	PART V - ORGANIZATION OF THE TRAINING IN h of the following:	ISTITUTION
*The number of persons employed *Current number of students enrolle *Class size to instructor ratio *School Calendar *Availability of Transcripts	d	
	TIAL PERFORMANCE INFORMATION REQUIRE dividuals participating in the applicable program conducted by the trair who has:	
a. obtained a certificate, degree or observed credit for completing thec. received a passing grade in the pd. finished the required curriculum of	program; or rogram; or	
Which criteria listed above (a) - (d) o	do you use to define a completer? x (a) x (b) (c) x (d)	
2. Percentage of all individuals who *how the information was obtained *what percentage of all student's da *what year is being used	obtained unsubsidized employment. The training provider must specifata was collected	fy:
3. Average hourly wages of all stude	ents who obtained unsubsidized employment for this program:	16.00
68-0779 (07-15)	3	

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	519116	
Name of Institution	New Horizons Computer Learni	ing Center of Cedar Rapids
Address	1850 Boyson Road, Hiawatha,	IA 52233
Telephone Number	319-294-9035	Fax _{N/A}
Location of Training Facility	1850 Boyson Road, Hiawatha,	IA 52233
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
s your organization a post-secon Act. (NAA)?	dary educational institution eligib	le under the Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a)	- PROGRAM INFORMATION
Please provide a brief description	ı of <u>each</u> program for which you a	are applying, including:
A. Program Name	Network Systems Administrato	ır Associate
3. A <u>brief</u> program description	administrators. Students will lear	ares students for entry to mid- level jobs as network and computer systems rn how to oversee performance of computer systems, maintain system quiries, and install and perform minor system repairs. Network and Computer
	•	oonsible for the day-to-day operation of an organization's computer networks installing, supporting and managing the networks and systems.
C. Length of Program	165 Contact Hours	Total Credit Hours Required
\$8-0779 (07-15)		1

D. What is the method of delivery?	Attachment B, Page 32
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$37.57
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,300.00
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500
Please use additional pages if necessary.	
	nder HEA
CERTIFICATION	
TAMIL FILIN Name	certify that I am the Of the training Title
	on contained in this application is true and correct. All supporting documentation is true and factual.
Hart In	5/9/16
Signature	Date Date
	ntion, <u>applications must be forwarded to Regional Workforce Investment Board for consideration.</u> ring Institutions to the address below will not be processed and with no further notification.
	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to	: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete	e the following information and Part III - Part VI:	Attachment B, Page 33
1. Date Institution was founded:	January 1, 1997	
2. Number of years the insititution	n has been in continuous operation:	
3. Is the institution accountable to	a policy or governmental board?	
If so, what board?		Please attach a member list
4. Does each program lead to a de	egree or certification? Please Explain: Each program leads to a Certificate of	Completion.
Is the institution financially soun intitution's most recent auditor's	PART III - FINANCIAL INFORMATION and and able to satisfy potential liabilities arising from its participation? Please et a report.	nclose a certified financial statement and the
2. Attach a schedule of fees for in-	-state and out-of-state tuition, if applicable.	
3, Does the institution have a refurant time prior to completion?	nd policy for the unused portion of tuition, fees, and other charges in the event	the enrollee withdraws or discontinues at
Please state your refund policy: The refund is b	pased on the precise number of course time hours the student has paid for, but no	ot yet used, at the point of termination,
up to the 75%	completion mark, after which no refund is due.	
Describe your facility. Provide narr	PART IV - FACILITIES rative that describes at a minimum a description on each of the following:	
*The number of buildings *Handicap accessibility	*Availability of suitable training equipment *Compliance with fire, building and safety codes, including off-campus loc	cations or other sites
Please provide a description of each	PART V - ORGANIZATION OF THE TRAINING INSTIT ch of the following:	TUTION
*The number of persons employed *Current number of students enroll *Class size to instructor ratio *School Calendar *Availability of Transcripts		
	ITIAL PERFORMANCE INFORMATION REQUIRED OF individuals participating in the applicable program conducted by the training program who has:	
a. obtained a certificate, degree or b. received credit for completing the c. received a passing grade in the d. finished the required curriculum	e program; or program; or	
Which criteria listed above (a) - (d)	do you use to define a completer? X (a) X (b) (c) X (d)	
2. Percentage of all individuals who *how the information was obtained *what percentage of all student's d *what year is being used		
3. Average hourly wages of all stud	dents who obtained unsubsidized employment for this program: 🖈 🦰 🖯	Ω
68-0779 (07-15)	3	

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	5/11/0	
Name of Institution	New Horizons Computer Learning Center of Cedar Rapids	
Address	1850 Boyson Road, Hiawatha, IA 52233	
Telephone Number	319-294-9035	Fax _{N/A}
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 52233	
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
Is your organization a post-second Act. (NAA)? Yes No	lary educational institution eligible under the	Higher Education Act (HEA) or registered under the National Apprenticeship
- T	PART II (a) - PROG	RAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying,	including:
A. Program Name	Network Systems Administrator Professiona	le le
B. A <u>brief</u> program description	Systems Administrators. Building off of the co Administrator Professional program offers an surrounding different systems. Six industry of	s for mid to executive-level jobs as Network and Computer ourses provided in the associate program, the Network System additional four courses to further students' knowledge entification exams are also offered as part of this professional orsee performance of computer systems, maintain system out, and ensure network security.
C. Length of Program	539 Contact Hours	Total Credit Hours Required
68-0779 (07-15)		1

D. What is the method of delivery?	Attachment B, Fage 33
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$26.99
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$4950.00
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500
Please use additional pages if necessary.	
	nder HEA
CERTIFICATION	
- Will Fill Name	certify that I am the PYISICIMT Title of the training
institution named herein and further certify)that the information	on contained in this application is true and correct. All supporting documentation is true and factual.
- Anti	5/9/16
Signature	Date / /
	tion, applications must be forwarded to Regional Workforce Investment Board for consideration. ning Institutions to the address below will not be processed and with no further notification.
	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to:	Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:
1. Date Institution was founded: January 1, 1997
2. Number of years the insititution has been in continuous operation:
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? Please attach a member lis
4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certificate of Completion.
PART III - FINANCIAL INFORMATION 1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the intitution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?
Please state your refund policy: The refund is based on the precise number of course time hours the student has paid for, but not yet used, at the point of termination,
up to the 75% completion mark, after which no refund is due.
PART IV - FACILITIES Describe your facility. Provide narrative that describes at a minimum a description on each of the following:
*The number of buildings *Availability of suitable training equipment *Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites
PART V - ORGANIZATION OF THE TRAINING INSTITUTION Please provide a description of each of the following:
*The number of persons employed *Current number of students enrolled *Class size to instructor ratio *School Calendar *Availability of Transcripts
PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
 a. obtained a certificate, degree or diploma; or b. received credit for completing the program; or c. received a passing grade in the program; or d. finished the required curriculum of the program
Which criteria listed above (a) - (d) do you use to define a completer?
2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: *how the information was obtained *what percentage of all student's data was collected *what year is being used
3. Average hourly wages of all students who obtained unsubsidized employment for this program:
68-0779 (07-15)

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INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

PART I - GENERAL INFORMATION

Date Of Application	<u>519116</u>	
Name of Institution	New Horizons Computer Learn	ning Center of Cedar Rapids
Address	1850 Boyson Road, Hiawatha,	, IA 52233
Telephone Number	319-294-9035	Fax Fax
Location of Training Facility	1850 Boyson Road, Hiawatha	a, IA 52233
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
Is your organization a post-secon Act. (NAA)? Yes X No	ndary educational institution eligi	ble under the Higher Education Act (HEA) or registered under the National Apprenticeship
,	PART II (a) - PROGRAM INFORMATION
Diagon provide a brief description	•	,
Please provide a brief description		are applying, including:
A. Program Name	Security IT Associate	
B. A <u>brief</u> program description	compliance, operational vulnera	ecurity concepts, tools, and procedures to react to security incidents regarding network security, ability, and access control identity management. Students will learn how to provide help and advicing computer software and equipment.
C. Length of Program	187 Contact Hours	Total Credit Hours Required
68-0779 (07-15)		1

D. What is the method of delivery?	Attachment B, Page 38
Classroom Computer-Based CD-Rom Web-Based (Internet) URL Address	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
· · · · · · · · · · · · · · · · · · ·	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$40.11
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,450.00
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500
Please use additional pages if necessary.	
	nder HEA
CERTIFICATION	
JAVNIE FILIU Name	certify that I am the of the training Title
institution named herein and further certify that the informati	on contained in this application is true and correct. All supporting documentation is true and factual.
H.A.	5/9/16
Signature	Date
	ation, <u>applications must be forwarded to Regional Workforce Investment Board for consideration.</u> ining Institutions to the address below will not be processed and with no further notification.
,	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to	: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:
1. Date Institution was founded: January 1, 1997
2. Number of years the insititution has been in continuous operation:
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? Please attach a member list
4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certificate of Completion.
PART III - FINANCIAL INFORMATION 1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the intitution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?
Please state your refund policy: The refund is based on the precise number of course time hours the student has paid for, but not yet used, at the point of termination,
up to the 75% completion mark, after which no refund is due.
PART IV - FACILITIES Describe your facility. Provide narrative that describes at a minimum a description on each of the following:
*The number of buildings
PART V - ORGANIZATION OF THE TRAINING INSTITUTION Please provide a description of each of the following:
*The number of persons employed *Current number of students enrolled *Class size to instructor ratio *School Calendar *Availability of Transcripts
PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
 a. obtained a certificate, degree or diploma; or b. received credit for completing the program; or c. received a passing grade in the program; or d. finished the required curriculum of the program
Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)
2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: *how the information was obtained *what percentage of all student's data was collected *what year is being used
3. Average hourly wages of all students who obtained unsubsidized employment for this program: _ ま
68-0779 (07-15)

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PART I - GENERAL INFORMATION

Date Of Application	519116	
Name of Institution	New Horizons Computer Learning Center of	of Cedar Rapids
Address	1850 Boyson Road, Hiawatha, IA 52233	
Telephone Number	319-294-9035	Fax _{N/A}
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 52233	
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
Is your organization a post-second Act. (NAA)? Yes X! No	dary educational institution eligible under the	e Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a) - PROG	GRAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying	g, including:
A. Program Name	Security IT Professional	
B. A <u>brief</u> program description	This program of instruction prepares studen	ts for mid- level to executive-level jobs as Security Analysts. Building off of the courses
	knowledge of security systems. Six industry	urity IT Professional program offers an additional five classes to help further students' certification exams are also offered within this track. Students will learn to develop and res to react to security incidents regarding network security, compliance, operational nagement.
C. Length of Program	561 Contact Hours	Total Credit Hours Required
68-0779 (07-15)		1

D. What is the method of delivery?	Attachment B, Page 41
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
☐ Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$24.64
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$5,675
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500
Please use additional pages if necessary.	
please place a checkmark next to the description that appexpiration of this initial certification, you will receive instru Post-Secondary Educational Institution registered ur Registered under the National Apprenticeship Act (N	nder HEA
CERTIFICATION	
JAMIL FILIN	certify that I am the PYISIAMY Title
	on contained in this application is true and correct. All supporting documentation is true and factual.
Jan 4	5/9/16
Signature //	Date / /
	tion, applications must be forwarded to Regional Workforce Investment Board for consideration. ning Institutions to the address below will not be processed and with no further notification.
•	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIR-approved form must be sent to	Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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PART I - GENERAL INFORMATION

Date Of Application	5/9/11/0	
Name of Institution	New Horizons Computer Learning Center o	f Cedar Rapids
Address	1850 Boyson Road, Hiawatha, IA 52233	
Telephone Number	319-294-9035	Fax _{N/A}
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 52233	
Name of Chief Executive Officer	Derek Wright	
Program Contact Information	Alexis Amburgey	
Telephone Number	512-349-9555x2444	Email Address alexis.amburgey@nhworkforcedevelopment.com
Is your organization a post-second Act. (NAA)? Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	dary educational institution eligible under the	Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a) - PROG	RAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying	including:
A. Program Name	Software Solutions Developer Associate	
B. A <u>brief</u> program description	but not limited to business applications, oper networks. In this program, students will learn addition to many other tasks surrounding sof	ating systems, video games, network control systems and social how to create, back up, test and modify web applications in tware development. Students who choose the associate track are are developers, computer systems analysts, and web developers.
C. Length of Program 68-0779 (07-15)	209 Contact Hours	Total Credit Hours Required

D. What is the method of delivery?	Attachment B, Page 44
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$29.42
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,350
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500
Please use additional pages if necessary.	
expiration of this initial certification, you will receive instruction. Post-Secondary Educational Institution registered under the National Apprenticeship Act (National Apprenticeship Act	nder HEA
CERTIFICATION	
Mame Name	certify that I am the TYLSICIUM Title of the training
	ion contained in this application is true and correct. All supporting documentation is true and factual.
Sartit	5/9/16
Signature	Date
	ation, <u>applications must be forwarded to Regional Workforce Investment Board for consideration.</u> ining Institutions to the address below will not be processed and with no further notification.
V	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to	: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants	must complete the following information and Pa	rt III - Part VI:	Attachment B, Page 45
1. Date Institution	was founded: January 1, 1997		
2. Number of year	s the insititution has been in continuous operatio	n: 19	
3. Is the institution	accountable to a policy or governmental board?	Yes X No	
If so, what board			Please attach a member list.
4. Does each progr	am lead to a degree or certification? Please Exp	lain: Each program leads to a Certificate of Con	npletion.
		FINANCIAL INFORMATION pilities arising from its participation? Please enclose	se a certified financial statement and the
2. Attach a schedul	e of fees for in-state and out-of-state tuition, if ap	pplicable.	
3, Does the instituti		f tuition, fees, and other charges in the event the	enrollee withdraws or discontinues at
Please state your refund policy:	The refund is based on the precise number of cou	urse time hours the student has paid for, but not ye	et used, at the point of termination,
	up to the 75% completion mark, after which no re	efund is due.	
Describe your facili	PAI y. Provide narrative that describes at a minimum	RT IV - FACILITIES n a description on each of the following:	
*The number of bui *Handicap accessib		ng equipment ng and safety codes, including off-campus locatio	ons or other sites
Please provide a de	PART V - ORGANIZAT scription of each of the following:	ION OF THE TRAINING INSTITUT	TON
*The number of per *Current number of *Class size to instru *School Calendar *Availability of Trans	students enrolled ctor ratio		
1. Program complet		INFORMATION REQUIRED ON E licable program conducted by the training provide	
b. received credit fo c. received a passin	eate, degree or diploma; or r completing the program; or g grade in the program; or red curriculum of the program		
Which criteria listed	above (a) - (d) do you use to define a completer	? X (a) X (b) C (c) X (d)	
*how the information	f all student's data was collected	ent. The training provider must specify:	
3. Average hourly w	ages of all students who obtained unsubsidized	employment for this program: $ u$	
68-0779 (07-15)		3	

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

PART I - GENERAL INFORMATION

Date Of Application	5/9/10		
Name of Institution	New Horizons Computer Learning Center of	f Cedar Rapids	
Address	1850 Boyson Road, Hiawatha, IA 52233		
Telephone Number	319-294-9035	Fax _{N/A}	
Location of Training Facility	1850 Boyson Road, Hiawatha, IA 52233		
Name of Chief Executive Officer	Derek Wright		
Program Contact Information	Alexis Amburgey		
Telephone Number	512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com		
Is your organization a post-secon Act. (NAA)? ☐ Yes 🔀 No	dary educational institution eligible under the	Higher Education Act (HEA) or registered under the National Apprenticeship	
	PART II (a) - PROG	RAM INFORMATION	
Diagon provide a brief description	· ,		
Please provide a brief description	n of <u>each</u> program for which you are applying	, including.	
A. Program Name	Software Solutions Developer Professional		
B. A <u>brief</u> program description	Software Engineers, and Applications Develor Software Solution Developer Professional professional professional track. Students will learn how to	s for mid to executive-level jobs such as Software Developers, opers. Building off of the courses in the associate program, the ogram offers an additional four courses to further students' natly, four industry certifications are offered as part of this o design, develop, test and enhance the computer programs we usiness applications, operating systems, video games, network	
C. Length of Program 68-0779 (07-15)	533.5 Contact Hours	Total Credit Hours Required	

D. What is the method of delivery?	Attachment B, Page 47
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$29.66
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$3,675
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500
Please use additional pages if necessary.	
expiration of this initial certification, you will receive instru Post-Secondary Educational Institution registered un Registered under the National Apprenticeship Act (N	nder HEA
CERTIFICATION Name	certify that I am the of the training Title
Signature If you are a Training Institution applying for program certifications.	ion contained in this application is true and correct. All supporting documentation is true and factual. S
	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to	: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete	e the following information and Part III - Part VI:	Attachment B, Page 48
1. Date Institution was founded:	January 1, 1997	
2. Number of years the insititution	has been in continuous operation:	
3. Is the institution accountable to	a policy or governmental board? Yes 🗵 No	
If so, what board?		Please attach a member list.
4. Does each program lead to a de	egree or certification? Please Explain:Each program leads to a Certif	ficate of Completion.
	PART III - FINANCIAL INFORMATIO	N
Is the institution financially soun intitution's most recent auditor's	nd and able to satisfy potential liabilities arising from its participation? P report.	lease enclose a certified financial statement and the
2. Attach a schedule of fees for in-	state and out-of-state tuition, if applicable.	
3, Does the institution have a refur any time prior to completion?	nd policy for the unused portion of tuition, fees, and other charges in the	e event the enrollee withdraws or discontinues at
Please state your refund policy: The refund is b	ased on the precise number of course time hours the student has paid fo	or, but not yet used, at the point of termination,
up to the 75%	completion mark, after which no refund is due.	
	PART IV - FACILITIES	
Describe your facility. Provide narr	ative that describes at a minimum a description on each of the followin	g:
*The number of buildings *Handicap accessibility	*Availability of suitable training equipment *Compliance with fire, building and safety codes, including off-car	mpus locations or other sites
	PART V - ORGANIZATION OF THE TRAINING I	NSTITUTION
Please provide a description of each		
*The number of persons employed *Current number of students enroll *Class size to instructor ratio *School Calendar *Availability of Transcripts		
PART VI - IN	ITIAL PERFORMANCE INFORMATION REQUIRE	ED ON EACH PROGRAM
Program completion rate for all i A program completer is a persor	ndividuals participating in the applicable program conducted by the train who has:	ining provider.
a. obtained a certificate, degree or b. received credit for completing the c. received a passing grade in the p d. finished the required curriculum	e program; or program; or	
Which criteria listed above (a) - (d)	do you use to define a completer? \times (a) \times (b) \bigcirc (c) \times (d)	
Percentage of all individuals who *how the information was obtained *what percentage of all student's d *what year is being used		ify:
3. Average hourly wages of all stud	lents who obtained unsubsidized employment for this program:	\$33.00

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INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

PART I - GENERAL INFORMATION

Date of Application: 04/27/2016

Name of Institution: The Ding King Training Institute, Inc.

Address: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Location of Training Facility: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Telephone Number: 800-304-3464 Fax: 1-714-754-0080

Name of Chief Executive Officer: Todd Sudeck

Program Contact Information: School Director - Michelle Scher

Telephone Number 951-252-7676 Email Address michelle@dingking.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: Paintless Dent Repair 40

B. A brief program description:

PDR is a highly skilled process in which minor dings and dents are removed from an automobile's exterior without creating the costly and time consuming need for traditional body shop repairs. The PDR process involves the use of custom designed dent removal tools that are applied to the inside, skin of a vehicle's sheet metal. To begin the repair process a dent technician gains access to the inside skin of the metal via an automobile's windows, headlights or other access point. A fluorescent light is then used to magnify the damaged area. The technician then drags the tip of the dent removal tool with leverage, over the damaged area in a fluid, pumping motion. In less than an hour, dings and dents become "massaged out" without any damage to the paint.

C. Length of Program: 40 hrs. Total Credit Hours Required: Certificate Earned after completing 40 hrs.

D. What is the method of delivery?		Attachment B, Page 50
Classroom X Self-Study (Correspondence)	Computer-Based CD-Rom	Distance (TV/Satellite/Cable)
Web-Based (Internet) URL Add	dress	
PROGRAM COSTS:		
1a. Tuition (per credit hour) \$4	4430.00 (\$110.75 hr)	
1b. Tuition (Out-of-State, per o	credit hour) same	
2. Supplies, including tools, un	iforms, etc. \$1495.00	
3. Fees, including laboratory, s	student rentals, deposits: Registi	ration fee \$75
4. Miscellaneous charges:		
5. Average cost per year for pr	ogram N/A	
6. Total cost to complete this p	program \$6000.00	
Please use additional pages if	necessary.	
Apprenticeship Act (NAA), please platwo (2) pages for initial certification. subsequent eligibility. Post-Secondary Education Registered under the National Registered Processing Processi	ace a checkmark next to the description	Education Act (HEA) or registered under the National n that applies to your institution and submit only these rtification, you will receive instructions regarding
CERTIFICATION		
Name of the training institution nam	ed herein and further certify that go documentation is true and fac	Title information contained in this application is
Signature	Da	ate
		oust be forwarded to Regional Workforce Investment Board for stitutions to the address below will not be processed and with no i.
	FOR RWIB USE O	ONLY
Date Received by RWIB	Date Approved	by RWIB
Application Date	Date RWIB Subr	mitted to IWD
		Region #:
Authorized RWIB Signature		
		orkforce Development, 150 Des Moines Street, Des
Moines, IA 50309		

- 1. Date Institution was founded: December 1993
- 2. Number of years the institution has been in continuous operation: 23 years
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program, upon completion of course hours and curriculum leads to a Certificate of Completion.

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.

The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and	Total Cost
		Equipment	
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

20% deposit is required to book your class and date, balance to be paid on first day of class.

3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

SEE ATTACHED

*The number of buildings *Availability of suitable training equipment

SEE ATTACHED

*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites YES, business/occupancy license attached

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed: 13

*Current number of students enrolled: 12

*Class size to instructor ratio: 3 to 1

*School Calendar: SEE ATTACHED

*Availability of Transcripts: All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

- 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

- 2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 90%
- *how the information was obtained: With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise

So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.

- *what percentage of all students' data was collected: employment data collected-95%
- *what year is being used: 2015
- 3. Average hourly wages of all students who obtained unsubsidized employment for this program: \$60 hr.

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

PART I - GENERAL INFORMATION

Date of Application: 04/27/2016

Name of Institution: The Ding King Training Institute, Inc.

Address: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Location of Training Facility: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Telephone Number: **800-304-3464** Fax: **1-714-754-0080**

Name of Chief Executive Officer: Todd Sudeck

Program Contact Information: School Director - Michelle Scher

Telephone Number 951-252-7676 Email Address michelle@dingking.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: Paintless Dent Repair 80

B. A brief program description:

PDR is a highly skilled process in which minor dings and dents are removed from an automobile's exterior without creating the costly and time consuming need for traditional body shop repairs. The PDR process involves the use of custom designed dent removal tools that are applied to the inside, skin of a vehicle's sheet metal. To begin the repair process a dent technician gains access to the inside skin of the metal via an automobile's windows, headlights or other access point. A fluorescent light is then used to magnify the damaged area. The technician then drags the tip of the dent removal tool with leverage, over the damaged area in a fluid, pumping motion. In less than an hour, dings and dents become "massaged out" without any damage to the paint.

C. Length of Program: 80 hrs. Total Credit Hours Required: Certificate Earned after completing 80 hrs.

D. What is the method of delivery?		Attachment B, Page 54	
Classroom X Self-Study (Correspondence)	Computer-Based CD-Rom	Distance (TV/Satellite/Cable)	
Web-Based (Internet) URL Add	lress		
PROGRAM COSTS:			
1a. Tuition (per credit hour) \$5	930.00 (\$74.13 hr)		
1b. Tuition (Out-of-State, per o	redit hour) Same		
2. Supplies, including tools, un	iforms, etc. \$1995.00		
3. Fees, including laboratory, s	tudent rentals, deposits: Registi	ration fee \$75	
4. Miscellaneous charges:			
5. Average cost per year for pr	ogram N/A		
6. Total cost to complete this p	program \$8000.00		
Please use additional pages if r	necessary.		
If you are a post-secondary education Apprenticeship Act (NAA), please platwo (2) pages for initial certification. subsequent eligibility. Post-Secondary Education	ce a checkmark next to the description	Education Act (HEA) or registered under the National n that applies to your institution and submit only these ertification, you will receive instructions regarding	
CERTIFICATION			
_	certify that I am the ed herein and further certify that good mentation is true and fac	School Director Title at the information contained in this application is	
Signature	<u>Da</u>	ate	
		nust be forwarded to Regional Workforce Investment Board for stitutions to the address below will not be processed and with no n.	
	FOR RWIB USE O	ONLY	
Date Received by RWIB	Date Approved	by RWIB	
Application Date	Date RWIB Subr	mitted to IWD	
Region #:			
Authorized RWIB Signature			
		orkforce Development, 150 Des Moines Street, Des	

- 1. Date Institution was founded: December 1993
- 2. Number of years the institution has been in continuous operation: 23 years
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program, upon completion of course hours and curriculum leads to a Certificate of Completion.

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.

The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and Equipment	Total Cost
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

20% deposit is required to book your class and date, balance to be paid on first day of class.

3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

SEE ATTACHED

*The number of buildings *Availability of suitable training equipment

SEE ATTACHED

*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites YES, business/occupancy license attached

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed: 13

*Current number of students enrolled: 12

*Class size to instructor ratio: 3 to 1

*School Calendar: SEE ATTACHED

*Availability of Transcripts: All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

- 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? **D. One must complete the entire curriculum of** the program to be a completer and receive a certificate.

- 2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 89%
- *how the information was obtained: With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise
- So, the collecting of our student employment information is done at enrollment, at graduation and with tollow-up to our students and employers themselves.
- *what percentage of all students' data was collected: employment data collected- 95%
- *what year is being used: 2015
- 3. Average hourly wages of all students who obtained unsubsidized employment for this program: \$60 hr.

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

PART I - GENERAL INFORMATION

Date of Application: 04/27/2016

Name of Institution: The Ding King Training Institute, Inc.

Address: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Location of Training Facility: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Telephone Number: 800-304-3464 Fax: 1-714-754-0080

Name of Chief Executive Officer: Todd Sudeck

Program Contact Information: School Director - Michelle Scher

Telephone Number 951-252-7676 Email Address michelle@dingking.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: Paintless Dent Repair 120

B. A brief program description:

PDR is a highly skilled process in which minor dings and dents are removed from an automobile's exterior without creating the costly and time consuming need for traditional body shop repairs. The PDR process involves the use of custom designed dent removal tools that are applied to the inside, skin of a vehicle's sheet metal. To begin the repair process a dent technician gains access to the inside skin of the metal via an automobile's windows, headlights or other access point. A fluorescent light is then used to magnify the damaged area. The technician then drags the tip of the dent removal tool with leverage, over the damaged area in a fluid, pumping motion. In less than an hour, dings and dents become "massaged out" without any damage to the paint.

C. Length of Program: 120 hrs. Total Credit Hours Required: Certificate Earned after completing 120 hrs.

D. What is the method of delivery?		Attachment B, Page 58	
Classroom X Self-Study (Correspondence)	Computer-Based CD-Rom	Distance (TV/Satellite/Cable)	
Web-Based (Internet) URL Add	dress		
PROGRAM COSTS:			
1a. Tuition (per credit hour) \$7	7930.00 (\$66.08 hr)		
1b. Tuition (Out-of-State, per o	credit hour) Same		
2. Supplies, including tools, un	iforms, etc. \$1995.00		
3. Fees, including laboratory, s	tudent rentals, deposits: Registi	ration fee \$75	
4. Miscellaneous charges:			
5. Average cost per year for pr	ogram N/A		
6. Total cost to complete this	orogram \$10,000.00		
Please use additional pages if	necessary.		
Apprenticeship Act (NAA), please platwo (2) pages for initial certification. subsequent eligibility. Post-Secondary Education	ace a checkmark next to the description	Education Act (HEA) or registered under the National that applies to your institution and submit only these rtification, you will receive instructions regarding	
CERTIFICATION			
Name of the training institution nam	certify that I am the ed herein and further certify tha g documentation is true and fac	Title t the information contained in this application is	
Signature	<u>Da</u>	ate	
		ust be forwarded to Regional Workforce Investment Board for titutions to the address below will not be processed and with no .	
	FOR RWIB USE C	ONLY	
Date Received by RWIB	Date Approved	by RWIB	
Application Date	Date RWIB Subr	nitted to IWD	
Region #:			
Authorized RWIB Signature			
		orkforce Development, 150 Des Moines Street, Des	

68-0779 (07-15) Pg. 2

- 1. Date Institution was founded: December 1993
- 2. Number of years the institution has been in continuous operation: 23 years
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program, upon completion of course hours and curriculum leads to a Certificate of Completion.

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.

The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and	Total Cost
		Equipment	
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

20% deposit is required to book your class and date, balance to be paid on first day of class.

3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

SEE ATTACHED

*The number of buildings *Availability of suitable training equipment

SEE ATTACHED

*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites YES, business/occupancy license attached

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed: 13

*Current number of students enrolled: 12

*Class size to instructor ratio: 3 to 1

*School Calendar: SEE ATTACHED

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

- 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

- 2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 100%
- *how the information was obtained: With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.

So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.

- *what percentage of all students' data was collected: employment data collected- 100%
- *what year is being used: 2015
- 3. Average hourly wages of all students who obtained unsubsidized employment for this program: \$60 hr.

^{*}Availability of Transcripts: All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

PART I - GENERAL INFORMATION

Date of Application: 04/27/2016

Name of Institution: The Ding King Training Institute, Inc.

Address: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Location of Training Facility: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Telephone Number: 800-304-3464 Fax: 1-714-754-0080

Name of Chief Executive Officer: Todd Sudeck

Program Contact Information: School Director – Michelle Scher

Telephone Number 951-252-7676 Email Address michelle@dingking.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: Smart Paint Repair 40

B. A brief program description:

The SMART Paint Repair system is a complete comprehensive package offering the tools and equipment needed for all types of paint repairs, including rock chips and scratches, bumper scuffs, tears and gouges, rust spots, clear coat damage, and overall repairs to solids, metallic and pearlescent finishes using both foreign and domestic paints. This system comes complete with everything you'll need with the option to function on either a fixed or mobile basis.

The Ding King SMART Systems allow for complete paint restoration and repair; from simple paint chip and scratch repair to complete panel re-spraying and bumper repair. Repairs are completed quickly and are kept to the damaged area only, allowing you to complete more work in less time. The results are not only faster repairs, but more profit in your pocket

Our SMART Repair System allows you to perform repairs in all types of climate conditions; hot or cold weather.....we will customize your chemical and equipment package to accommodate your specific needs. Additionally, all DK SMART Paint Repair Systems are AQMD Legal and utilizes only VOC Compliant paint chemicals. Besides being environmentally friendly, it allows you to produce finished repairs that will surpass your most finicky customer. This system is easy to use, simple to mix and deliver fast-drying high-performance finishes, making every job look like new.

C. Length of Program: 40 hrs. Total Credit Hours Required: Certificate Earned after completing 40 hrs.

D. What is the method of delivery?		Attachment B, Page 62	
Classroom X Self-Study (Correspondence)	Computer-Based CD-Rom	Distance (TV/Satellite/Cable)	
Web-Based (Internet) URL Add	dress		
PROGRAM COSTS:			
1a. Tuition (per credit hour) \$3	3925.00 (\$98.13 hr)		
1b. Tuition (Out-of-State, per o	credit hour) Same		
2. Supplies, including tools, un	iforms, etc. \$8000.00		
3. Fees, including laboratory, s	tudent rentals, deposits: Regist	ration fee \$75	
4. Miscellaneous charges:			
5. Average cost per year for pr	ogram N/A		
6. Total cost to complete this	orogram \$12,000.00		
Please use additional pages if	necessary.		
Apprenticeship Act (NAA), please platwo (2) pages for initial certification. subsequent eligibility. Post-Secondary Education	ace a checkmark next to the description	Education Act (HEA) or registered under the National on that applies to your institution and submit only these ertification, you will receive instructions regarding	
CERTIFICATION			
Name of the training institution nam	ed herein and further certify the good documentation is true and fac	Title at the information contained in this application is	
Signature	<u>D</u>	ate	
	- , -	nust be forwarded to Regional Workforce Investment Board for stitutions to the address below will not be processed and with no n.	
	FOR RWIB USE	ONLY	
Date Received by RWIB	Date Approved	by RWIB	
Application Date	Date RWIB Sub	mitted to IWD	
Region #:			
Authorized RWIB Signature			
		orkforce Development, 150 Des Moines Street, Des	

Pg. 2

1. Date Institution was founded: December 1993

- 2. Number of years the institution has been in continuous operation: 23 years
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program, upon completion of course hours and curriculum leads to a Certificate of Completion.

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.

The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and	Total Cost
		Equipment	
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
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Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

20% deposit is required to book your class and date, balance to be paid on first day of class.

3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

SEE ATTACHED

*The number of buildings *Availability of suitable training equipment

SEE ATTACHED

*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites YES, business/occupancy license attached

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed: 13

*Current number of students enrolled: 12

*Class size to instructor ratio: 3 to 1

*School Calendar: SEE ATTACHED

*Availability of Transcripts: All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

- 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

- Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 80%
- *how the information was obtained: With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.
- So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.
- *what percentage of all students' data was collected: employment data collected- 95%
- *what year is being used: 2015
- 3. Average hourly wages of all students who obtained unsubsidized employment for this program: \$60-75 hr.

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

PART I - GENERAL INFORMATION

Date of Application: 04/27/2016

Name of Institution: The Ding King Training Institute, Inc.

Address: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Location of Training Facility: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Telephone Number: 800-304-3464 Fax: 1-714-754-0080

Name of Chief Executive Officer: Todd Sudeck

Program Contact Information: School Director - Michelle Scher

Telephone Number 951-252-7676 Email Address michelle@dingking.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: Interior Repair

B. A brief program description:

The Interior Repair and Restoration System allows for repairing cloth, vinyl, leather, carpet and velour inside a vehicle. Cigarette burns, rips, tears and cracked dashes can easily be repaired with this system.

This program provides the necessary knowledge and skills to function the title of an Automobile-Interior Repairer. There are no prerequisites for this course. This program is designed to provide extensive hands-on training in the interior repair and restoration aspect of the Automobile-Body Repair field.

C. Length of Program: 24 hrs. Total Credit Hours Required: Certificate Earned after completing 24 hrs.

D. What is the method of delivery?				
Classroom X Self-Study (Correspondence)	Computer-Based CD-Rom		Distance (TV/Satellite/Cable)	
Web-Based (Internet) URL Add	dress			
PROGRAM COSTS:				
1a. Tuition (per credit hour) \$3	1925.00 (\$80.21 hr)			
1b. Tuition (Out-of-State, per o	credit hour) Same			
2. Supplies, including tools, un	iforms, etc. \$4000.00			
3. Fees, including laboratory, s	student rentals, deposits: Re	egistration fee \$7	5	
4. Miscellaneous charges:				
5. Average cost per year for pr	ogram N/A			
6. Total cost to complete this p	program \$6,000.00			
Please use additional pages if	necessary.			
If you are a post-secondary education Apprenticeship Act (NAA), please platwo (2) pages for initial certification subsequent eligibility. Post-Secondary Education	ace a checkmark next to the desc	igher Education Act (ription that applies to tial certification, you ler HEA	(HEA) or registered under the National oyour institution and submit only these	
I Michelle Scher	certify that I am th	ne Sch e	ool Director	
Name	certify that I am ti		Title	
of the training institution nam true and correct. All supporting		•	ation contained in this application is	
Signature		Date		
		ing Institutions to the a	d to Regional Workforce Investment Board for address below will not be processed and with no	
	FOR RWIB U	SE ONLY		
Date Received by RWIB	Date Appro	oved by RWIB		
Application Date	Date RWIB	Submitted to IWI	D	
Region #:				
Authorized RWIB Signature				
			elopment, 150 Des Moines Street, Des	
Moines, IA 50309				

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- 1. Date Institution was founded: December 1993
- 2. Number of years the institution has been in continuous operation: 23 years
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program, upon completion of course hours and curriculum leads to a Certificate of Completion.

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.

The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and Equipment	Total Cost
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

20% deposit is required to book your class and date, balance to be paid on first day of class.

3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

SEE ATTACHED

*The number of buildings *Availability of suitable training equipment

SEE ATTACHED

*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites YES, business/occupancy license attached

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed: 13

*Current number of students enrolled: 12

*Class size to instructor ratio: 3 to 1

*School Calendar: SEE ATTACHED

*Availability of Transcripts: All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

- 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? D. One must complete the entire curriculum of the program to be a completer and receive a certificate.

- 2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 80%
- *how the information was obtained: With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion
- So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.
- *what percentage of all students' data was collected: employment data collected- 95%
- *what year is being used: 2015
- 3. Average hourly wages of all students who obtained unsubsidized employment for this program: \$35-45 hr.

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

PART I - GENERAL INFORMATION

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Name of Institution: The Ding King Training Institute, Inc.

Address: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Location of Training Facility: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Telephone Number: 800-304-3464 Fax: 1-714-754-0080

Name of Chief Executive Officer: Todd Sudeck

Program Contact Information: School Director - Michelle Scher

Telephone Number 951-252-7676 Email Address michelle@dingking.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

- A. Program Name: Alloy Wheel Repair
- B. A brief program description: The Alloy Wheel Repair system is a complete comprehensive package offering the tools and equipment needed for all types of wheel repairs, including minor chips and scratches, scuffs and gouges, rust spots and clear coat damage. This system comes complete with the option to function the system either in a fixed or mobile setting.
- C. Length of Program: 16 hrs. Total Credit Hours Required: Certificate Earned after completing 16 hrs.

D. What is the method of deliv	very?	Attachment B, Page 70
Classroom X Self-Study (Correspondence)	Computer-Based CD-Rom	Distance (TV/Satellite/Cable)
Web-Based (Internet) URL Add	dress	
PROGRAM COSTS:		
1a. Tuition (per credit hour) \$3	1425.00 (\$89.06 hr)	
1b. Tuition (Out-of-State, per o	credit hour) Same	
2. Supplies, including tools, un	iforms, etc. \$3500.00	
3. Fees, including laboratory, s	tudent rentals, deposits: Regist	ration fee \$75
4. Miscellaneous charges:		
5. Average cost per year for pr	ogram N/A	
6. Total cost to complete this p	program \$3,500.00	
Please use additional pages if	necessary.	
subsequent eligibility. Post-Secondary Education	onal Institution registered under HE tional Apprenticeship Act (NAA)	ertification, you will receive instructions regarding
I Michelle Scher	certify that I am the	School Director
Name of the training institution nam	,	Title It the information contained in this application is
Signature	<u>Da</u>	ate
		ust be forwarded to Regional Workforce Investment Board for titutions to the address below will not be processed and with no
	FOR RWIB USE O	ONLY
Date Received by RWIB	Date Approved	by RWIB
Application Date	Date RWIB Subr	mitted to IWD
		Region #:
Authorized RWIB Signature		
The RWIB-approved form must be Moines, IA 50309	e sent to: Michaela Rotert, Iowa W	orkforce Development, 150 Des Moines Street, Des

Pg. 2

- 1. Date Institution was founded: December 1993
- 2. Number of years the institution has been in continuous operation: 23 years
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program, upon completion of course hours and curriculum leads to a Certificate of Completion.

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.

The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and	Total Cost
		Equipment	
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

20% deposit is required to book your class and date, balance to be paid on first day of class.

3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

SEE ATTACHED

*The number of buildings *Availability of suitable training equipment

SEE ATTACHED

*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites YES, business/occupancy license attached

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed: 13

*Current number of students enrolled: 12

*Class size to instructor ratio: 3 to 1

*School Calendar: SEE ATTACHED

*Availability of Transcripts: All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

- 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

- 2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 100%
- *how the information was obtained: With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.
- So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.
- *what percentage of all students' data was collected: employment data collected- 100%
- *what year is being used: 2015
- 3. Average hourly wages of all students who obtained unsubsidized employment for this program: \$45 hr.

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

PART I - GENERAL INFORMATION

Date of Application: 04/27/2016

Name of Institution: The Ding King Training Institute, Inc.

Address: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Location of Training Facility: 3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626

Telephone Number: 800-304-3464 Fax: 1-714-754-0080

Name of Chief Executive Officer: Todd Sudeck

Program Contact Information: School Director - Michelle Scher

Telephone Number 951-252-7676 Email Address michelle@dingking.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

- A. Program Name: Windshield Repair
- B. A brief program description: The Alloy Wheel Repair system is a complete comprehensive package offering the tools and equipment needed for all types of wheel repairs, including minor chips and scratches, scuffs and gouges, rust spots and clear coat damage. This system comes complete with the option to function the system either in a fixed or mobile setting.
- C. Length of Program: 8.5 hrs. Total Credit Hours Required: Certificate Earned after completing 8.5 hrs.

D. What is the method of delivery?		Attachment B, Page 74	
Classroom X Self-Study (Correspondence)	Computer-Based CD-Rom	Distance (TV/Satellite/Cable)	
Web-Based (Internet) URL Add	lress		
PROGRAM COSTS:			
1a. Tuition (per credit hour) \$4	25.00 (\$50.00 hr)		
1b. Tuition (Out-of-State, per o	redit hour) Same		
2. Supplies, including tools, un	iforms, etc. \$1000.00		
3. Fees, including laboratory, s	tudent rentals, deposits: Registr	ration fee \$75	
4. Miscellaneous charges:			
5. Average cost per year for pr	ogram N/A		
6. Total cost to complete this p	program \$1,500.00		
Please use additional pages if r	necessary.		
two (2) pages for initial certification. subsequent eligibility. Post-Secondary Education		n that applies to your institution and submit only these rtification, you will receive instructions regarding	
		Calcad Blanca	
Name of the training institution name	certify that I am theed herein and further certify that g documentation is true and fact	Title t the information contained in this application is	
Signature	<u>Da</u>	nte	
		ust be forwarded to Regional Workforce Investment Board for titutions to the address below will not be processed and with no	
	FOR RWIB USE C	DNLY	
Date Received by RWIB	Date Approved I	py RWIB	
Application Date	Date RWIB Subn	nitted to IWD	
Region #:			
Authorized RWIB Signature			
		orkforce Development, 150 Des Moines Street, Des	

- 1. Date Institution was founded: December 1993
- 2. Number of years the institution has been in continuous operation: 23 years
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program, upon completion of course hours and curriculum leads to a Certificate of Completion.

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.

The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and	Total Cost
		Equipment	
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

20% deposit is required to book your class and date, balance to be paid on first day of class.

3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

SEE ATTACHED

*The number of buildings *Availability of suitable training equipment

SEE ATTACHED

*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites
YES, business/occupancy license attached

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed: 13

*Current number of students enrolled: 12

*Class size to instructor ratio: 3 to 1

*School Calendar: SEE ATTACHED

*Availability of Transcripts: All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

- 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

- 2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 73%
- *how the information was obtained: With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise

So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.

3. Average hourly wages of all students who obtained unsubsidized employment for this program: \$35 hr.

^{*}what percentage of all students' data was collected: employment data collected- 80%

^{*}what year is being used: 2015

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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Name of Chief Executive Officer: Todd Sudeck

Program Contact Information: School Director - Michelle Scher

Telephone Number 951-252-7676 Email Address michelle@dingking.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

Program Name: Odor Removal

A brief program description: The Odor Removal System eliminates unwanted odors from the inside of a vehicle. It's not a cover-up, but a true odor-oxidizing agent that wipes out odors permanently, leaving the interior of the vehicle smelling like new.

This program provides the necessary knowledge and skills to function the title of an Automobile-Body Repairer. There are no prerequisites for this course. This program is designed to provide extensive hands-on training in the odor removal aspect of the Automobile-Body Repair field.

C. Length of Program: 4 hrs. Total Credit Hours Required: Certificate Earned after completing 4 hrs.

D. What is the method of deliv	ery?	Attachment B, Page 78
Classroom X Self-Study (Correspondence)	Computer-Based CD-Rom	Distance (TV/Satellite/Cable)
Web-Based (Internet) URL Add	ress	
PROGRAM COSTS:		
1a. Tuition (per credit hour) \$1	.00.00 (\$25.00 hr)	
1b. Tuition (Out-of-State, per c	redit hour) same	
2. Supplies, including tools, uni	forms, etc. \$525.00	
3. Fees, including laboratory, s	tudent rentals, deposits: Registra	ation fee \$75
4. Miscellaneous charges:		
5. Average cost per year for pr	ogram N/A	
6. Total cost to complete this p	rogram \$700.00	
Please use additional pages if r	necessary.	
Apprenticeship Act (NAA), please pla two (2) pages for initial certification. subsequent eligibility. Post-Secondary Education Registered under the National Registered Process	ce a checkmark next to the description	Education Act (HEA) or registered under the National that applies to your institution and submit only these tification, you will receive instructions regarding
CERTIFICATION		
Name of the training institution name	certify that I am theed herein and further certify that g documentation is true and fact	Title t the information contained in this application is
Signature	Da	te
		ust be forwarded to Regional Workforce Investment Board for itutions to the address below will not be processed and with no
	FOR RWIB USE O	NLY
Date Received by RWIB	Date Approved b	py RWIB
Application Date	Date RWIB Subm	nitted to IWD
	F	Region #:
Authorized RWIB Signature		
The RWIB-approved form must be Moines, IA 50309	e sent to: Michaela Rotert, Iowa Wo	orkforce Development, 150 Des Moines Street, Des

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- 1. Date Institution was founded: December 1993
- 2. Number of years the institution has been in continuous operation: 23 years
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program, upon completion of course hours and curriculum leads to a Certificate of Completion.

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1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.

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2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and Equipment	Total Cost
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

20% deposit is required to book your class and date, balance to be paid on first day of class.

3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

SEE ATTACHED

*The number of buildings *Availability of suitable training equipment

SEE ATTACHED

*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites YES, business/occupancy license attached

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed: 13

*Current number of students enrolled: 12

*Class size to instructor ratio: 3 to 1

*School Calendar: SEE ATTACHED

*Availability of Transcripts: All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

- 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? **D. One must complete the entire curriculum of** the program to be a completer and receive a certificate.

- 2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 75%
- *how the information was obtained: With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.

So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.

- *what percentage of all students' data was collected: employment data collected- 85%
- *what year is being used: 2015
- 3. Average hourly wages of all students who obtained unsubsidized employment for this program: \$35 hr.