**State of Iowa**
**Iowa Workforce Development**
**Workforce Center Administration**
**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.

## PART I - GENERAL INFORMATION

Date Of Application        9/7/16

Name of Institution        New Horizons Computer Learning Center of Cedar Rapids

Address        1850 Boyson Rd. , Hiawatha, IA 52233

Telephone Number        319-294-9035        Fax

Location of Training Facility        1850 Boyson Rd. , Hiawatha, IA 52233

Name of Chief Executive Officer        Derek Wright

Program Contact Information        Alexis Amburgey

Telephone Number        512-349-9555 x2444        Email Address alexis.amburgey@ newhorizonslearning.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 <u>each</u> program for which you are applying, including:

A. Program Name        Security IT Associate

B. A <u>brief</u> program description        Students enrolled in the Security IT Associate program will utilize security concepts, tools, and proc

react to various security incidents regarding network security, compliance, operational vulnerability,

control identity management. Graduates will know how to provide IT assistance to people and organ

using computer software and equipment.

C. Length of Program        180 clock hours        Total Credit Hours Required        180 clock hours

68-0779 (07-15)        1

D. What is the method of delivery?

[x] Classroom  [ ] Computer-Based CD-Rom  [x] Distance (TV/Satellite/Cable)  [ ] Self-Study (Correspondence)

[ ] Web-Based (Internet) URL Address _____

## PROGRAM COSTS:

| | |
|---|---|
| 1a. Tuition (per credit hour) | $33.59 |
| 1b. Tuition (Out-of-State, per credit hour) | N/A |
| 2. Supplies, including tools, uniforms, etc. | $1453 |
| 3. Fees, including laboratory, student rentals, deposits | N/A |
| 4. Miscellaneous charges | N/A |
| 5. Average cost per year for program | N/A |
| 6. Total cost to complete this program | $7500 |

**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

I _____ certify that I am the _____ of the training

___Jamie Fiely___          ___President___
        Name                        Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature _____          Date ___9/7/16___

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training 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

2

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 insitiution 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 60% 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
*Handicap accessibility

*Availability of suitable training equipment
*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?   ☒ (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:     21.44

**State of Iowa**
**Iowa Workforce Development**
**Workforce Center Administration**
**150 Des Moines Street**
**Des Moines, IA 50309**

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## PART I - GENERAL INFORMATION

Date Of Application     9/7/16

Name of Institution     New Horizons Computer Learning Center of Cedar Rapids

Address     1850 Boyson Rd. , Hiawatha, IA 52233

Telephone Number     319-294-9035          Fax

Location of Training Facility     1850 Boyson Rd. , Hiawatha, IA 52233

Name of Chief Executive Officer     Derek Wright

Program Contact Information     Alexis Amburgey

Telephone Number     512-341-9555 x24414          Email Address     alexis.amburgey@ nhcomputerlearning.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     Network Systems Administrator Professional

B. A brief program description     The Network System Administrator Professional program is designed to teach students the knowled skills required to work with various computer systems within a business environment. Graduates of program will know how to oversee the performance of computer systems, maintain system functioni

data backups, troubleshoot, and ensure network security. They will also learn how to oversee the da

operations of an organization's computer network and communication system by installing, supporti managing networks and systems.

C. Length of Program     540 clock hours          Total Credit Hours Required     540 clock hours

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) _____ $29.12 _____

1b. Tuition (Out-of-State, per credit hour) _____ N|A _____

2. Supplies, including tools, uniforms, etc. _____ $3775 _____

3. Fees, including laboratory, student rentals, deposits _____ N|A _____

4. Miscellaneous charges _____ N|A _____

5. Average cost per year for program _____ N|A _____

6. Total cost to complete this program _____ $19500 _____

**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

I _____ certify that I am the _____ President _____ of the training

_____ Jamie Fiely _____  _____ President _____
Name                                               Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

_____                        _____ 9|7|16 _____
Signature                                            Date

If you are a Training Institution applying for program certification, <u>applications must be forwarded to Regional Workforce Investment Board for consideration.</u> Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

<table>
<tr><td colspan="2" align="center"><b>FOR RWIB USE ONLY</b></td></tr>
<tr><td>Date Received by RWIB _____</td><td>Date Approved by RWIB _____</td></tr>
<tr><td>Application Date _____</td><td>Date RWIB Submitted to IWD _____</td></tr>
<tr><td></td><td>Region #: _____</td></tr>
<tr><td>Authorized RWIB Signature _____</td><td></td></tr>
</table>

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

2

68-0779 (07-15)

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 60% 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
*Handicap accessibility

*Availability of suitable training equipment
*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?   ☒ (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:   $24.49

**State of Iowa**
**Iowa Workforce Development**
**Workforce Center Administration**
**150 Des Moines Street**
**Des Moines, IA 50309**

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## PART I - GENERAL INFORMATION

Date Of Application        9/7/16

Name of Institution        New Horizons Computer Learning Center of Cedar Rapids

Address        1850 Boyson Rd. , Hiawatha, IA 52233

Telephone Number        319-294-9035        Fax

Location of Training Facility        1850 Boyson Rd. , Hiawatha, IA 52233

Name of Chief Executive Officer        Derek Wright

Program Contact Information        Alexis Amburgey

Telephone Number        512-349-9555 x 2444        Email Address        alexis.amburgey@ nhcomputerlearning.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        Medical Office Administration

B. A brief program description        The Medical Office Administration program is designed to teach students the knowledge and skills r

ensure the quality, accuracy, and accessibility of health information data within various healthcare f

Graduates of this program will be able to manage, coordinate, and distribute information surroundin

billing, patient records, and laws, ethics and regulations surrounding the healthcare industry.

C. Length of Program        324 clock hours        Total Credit Hours Required        324 clock hours

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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) | $15.93 |
| 1b. Tuition (Out-of-State, per credit hour) | N\A |
| 2. Supplies, including tools, uniforms, etc. | $2338 |
| 3. Fees, including laboratory, student rentals, deposits | N\A |
| 4. Miscellaneous charges | N\A |
| 5. Average cost per year for program | N\A |
| 6. Total cost to complete this program | $7500 |

**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

I _____ certify that I am the _____ of the training

    Jamie Fiely                                   President
           Name                                        Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

                                                              01/7/16

_____                                    Date
Signature

If you are a Training Institution applying for program certification, <u>applications must be forwarded to Regional Workforce Investment Board for consideration.</u> Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

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| | 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

**2**

68-0779 (07-15)

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 insitition 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 60% 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
*Handicap accessibility

*Availability of suitable training equipment
*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?   ☒ (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:   _____$16.00_____

68-0779 (07-15)

**3**

# State of Iowa
## Iowa Workforce Development
## Workforce Center Administration
## 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

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Name of Institution          New Horizons Computer Learning Center of Cedar Rapids

Address          1850 Boyson Rd. , Hiawatha, IA 52233

Telephone Number          319-294-9035          Fax

Location of Training Facility          1850 Boyson Rd. , Hiawatha, IA 52233

Name of Chief Executive Officer          Derek Wright

Program Contact Information          Alexis Amburgey

Telephone Number          512-349-9555x7444          Email Address          alexis.amburgey@nhcomputerlearning.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          Database Administrator Professional

B. A _brief_ program description          The Database Administrator Professional program is designed to teach students the skills required

implement, and operate computer database systems. Students will learn how to utilize specialized s

store and organize data according to user needs as well as how to operate comprehensive data wa

systems.

C. Length of Program          432 clock hours          Total Credit Hours Required          432 clock hours

68-0779 (07-15)          1

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) | $38.18 |
| 1b. Tuition (Out-of-State, per credit hour) | N\A |
| 2. Supplies, including tools, uniforms, etc. | $3003 |
| 3. Fees, including laboratory, student rentals, deposits | N\A |
| 4. Miscellaneous charges | N\A |
| 5. Average cost per year for program | N\A |
| 6. Total cost to complete this program | $19500 |

**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
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# CERTIFICATION

I _____ certify that I am the _____ of the training

_____Jamie Fiely_____        _____President_____
Name                              Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

_____        _____7\7\16_____
Signature                              Date

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68-0779 (07-15)

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.

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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 60% 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
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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:   $32.08 _____

3

68-0779 (07-15)

**State of Iowa**
**Iowa Workforce Development**
**Workforce Center Administration**
**150 Des Moines Street**
**Des Moines, IA 50309**

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Location of Training Facility     1850 Boyson Rd. , Hiawatha, IA 52233

Name of Chief Executive Officer     Derek Wright

Program Contact Information     Alexis Amburgey

Telephone Number     512-379-9555 x24414     Email Address     alexis.amburgey@nhcomputerlearning.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     Business Administration Associate

B. A brief program description     The Business Administration Associate program is a comprehensive course designed to teach stud

skills and knowledge necessary to successfully perform administrative duties in office and business

environments. Graduates of this program will be able to draft messages, organize files, maintain ac

records, and utilize Microsoft Office products. Students will also learn effective time management a

etiquette skills.

C. Length of Program     216 clock hours     Total Credit Hours Required     216 clock hours

D. What is the method of delivery?

[x] Classroom   [ ] Computer-Based CD-Rom   [x] 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.     $1093 _____

3. Fees, including laboratory, student rentals, deposits     N|A _____

4. Miscellaneous charges     N|A _____

5. Average cost per year for program     N|A _____

6. Total cost to complete this program     $7500 _____

**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

I _____ certify that I am the _____ President _____ of the training

    Jamie Fiely
         Name                                            Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

                                                      9|7|16
_____           _____
Signature                                        Date

If you are a Training Institution applying for program certification, <u>applications must be forwarded to Regional Workforce Investment Board for consideration.</u> Non-RWIB approved applications received directly from Training 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

**2**

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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 60% 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
*Handicap accessibility
*Availability of suitable training equipment
*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?   ☒ (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: _____ $18.00

**3**

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**State of Iowa**
**Iowa Workforce Development**
**Workforce Center Administration**
**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.

## PART I - GENERAL INFORMATION

| | |
|---|---|
| Date Of Application | 9|7|16 |
| Name of Institution | New Horizons Computer Learning Center of Cedar Rapids |
| Address | 1850 Boyson Rd. , Hiawatha, IA 52233 |
| Telephone Number | 319-294-9035    Fax |
| Location of Training Facility | 1850 Boyson Rd. , Hiawatha, IA 52233 |
| Name of Chief Executive Officer | Derek Wright |
| Program Contact Information | Alexis Amburgey |
| Telephone Number | 312-349-9555 x2444    Email Address   alexis.amburgey@nhcomputerlearning.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     Business Administration Professional

B. A brief program description     The Business Administration Professional program is designed to teach students the knowledge an

associated with business operations and project management within a business environment. Stude

learn business analyses, logistics, automation, workflow, and how to improve company efficiency ar

| | | |
|---|---|---|
| C. Length of Program     450 clock hours | Total Credit Hours Required     450 clock hours | |

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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)                          $35.36 _____

1b. Tuition (Out-of-State, per credit hour)            N/A _____

2. Supplies, including tools, uniforms, etc.           $3585 _____

3. Fees, including laboratory, student rentals, deposits   N/A _____

4. Miscellaneous charges                               N/A _____

5. Average cost per year for program                   N/A _____

6. Total cost to complete this program                 $19500 _____

**Please use additional pages if necessary.**

## PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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☐ Post-Secondary Educational Institution registered under HEA
☐ Registered under the National Apprenticeship Act (NAA)

## CERTIFICATION

I _____ certify that I am the _____ of the training
       Jamie Fiely                                                     President
              Name                                                       Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

_____                          9/7/16
Signature                                              Date

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2

68-0779 (07-15)

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2. Number of years the insitituion 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

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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 60% completion mark, after which no refund is due.

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*Handicap accessibility             *Compliance with fire, building and safety codes, including off-campus locations or other sites

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*Current number of students enrolled
*Class size to instructor ratio
*School Calendar
*Availability of Transcripts

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1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.
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c. received a passing grade in the program; or
d. finished the required curriculum of the program

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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:            $27.85