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	4/26/17	
Name of Institution	Kaplan University	
Address	1801 E Kimberly Rd #1, Dave	enport, IA 52807
Telephone Number	563-355-3500	Fax Click here to enter text.
Location of Training Facility	Davenport, Cedar Rapids, Ce	dar Falls, Mason City, Des Moines
Name of Chief Executive Officer Susan Spivey		
Program Contact Information Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
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: Programming and Software Development Certificate
- B. A <u>brief</u> program description: With our postbaccalaureate certificate program, you will focus on website design, graphics, technologies and strategies, and multimedia. You will also explore different types of Web authoring software.

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371		
1b. Tuition (Out-of-State, per credit hour)	\$371		
2. Supplies, including tools, uniforms, etc.	0		
3. Fees, including laboratory, student rentals, deposits	\$295-technology		
4. Miscellaneous charges	0		
5. Average cost per year for program	\$10,160		
6. Total cost to complete this program	\$10,160		
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, Susan Spivey	certify that I am the	Regional Campus President	of the training
Name	A	Title	
institution named herein and further ce	y that the information contain	ned in this application is true and correct.	All supporting documentation is true and factual.
h All		-1.7	
	$P_{$	5/14	
Signature		Date	
If you are a Training Institution applying	a for program certification, appl	ications must be forwarded to Regional M	Independent Deard for consideration

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.

Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	

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Name of Chief Executive Officer Susan Spivey			
Program Contact Information Susan Spivey			
	Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
,	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: Private Security Certificate

B. A <u>brief</u> program description: Corporations are continually concerned with loss prevention, risk management, and the safety and security of their businesses and employees. These trends have led to an increasing need for qualified security professionals in a variety of industries. At Kaplan University, you can study to earn a Private Security Certificate while enjoying the convenience and flexibility of online learning.

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371		
1b. Tuition (Out-of-State, per credit hour)	\$371		
2. Supplies, including tools, uniforms, etc.	0		
3. Fees, including laboratory, student rentals, deposits	\$295-technology		
4. Miscellaneous charges	0		
5. Average cost per year for program	\$10,569		
6. Total cost to complete this program	\$21,138		
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, Susan Spivey Name	certify that I am the	Regional Campus President Title	of the training		
institution named herein and fu	the certify that the information contai	ned in this application is true and correct \mathcal{F}	ct. All supporting documentation is true and factual.		
Signature	/	Date			
If you are a Training Institution Non-RWIB approved applicatio	f 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.				
	F	OR RWIB USE ONLY			
Date Received by RWIB		Date Approved by RWIB			
Application Date		Date RWIB Submitted to IV	VD		
		Region #:			
Authorized RWIB Signature					
The RWIB-approved for	m must be sent to: Michaela Rotert	, Iowa Workforce Development, 150 E	Des Moines Street, Des Moines, IA 50309		

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Name of Chief Executive Officer Susan Spivey			
Program Contact Information Susan Spivey			
	Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
	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: Postgraduate Certificate in Applied Behavior Analysis

B. A <u>brief</u> program description: If you're interested expanding your competencies in psychology, Kaplan University's postgraduate certificate program is designed for motivated professionals like you. This program emphasizes the understanding of behavioral concepts and theories as well as their application to special populations. If you already possess a graduate degree in behavior analysis, education, or psychology, earning this certificate could help you prepare to advance or diversify within this field.[†]

The curriculum includes five courses that focus on the developmentally disabled, individuals with autism, and individuals with traumatic brain injuries. You'll also explore behavioral concepts and theories, and develop assessment and intervention skills.

The Behavior Analyst Certification Board, Inc.®, (BACB®) has approved the course sequence of the Postgraduate Certificate in Applied Behavior Analysis as meeting the coursework requirements for eligibility to take the Board Certified Behavior Analyst Examination®.* Please note: applicants will have to meet additional requirements to qualify, including degree, field experience, and practicum requirements. Please refer to the BACB's website (www.bacb.com) for full eligibility requirements.

The program consists of a minimum of 35 quarter credit hours. Upon successful completion of the program, you will be awarded a certificate.

C. Length of Program 35 Credit Hours

68-0779 (07-15)

D. What is the method of delivery?

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385		
1b. Tuition (Out-of-State, per credit hour)	\$385		
2. Supplies, including tools, uniforms, etc.	0		
3. Fees, including laboratory, student rentals, deposits	\$295-technology		
4. Miscellaneous charges	0		
5. Average cost per year for program	\$14,655		
6. Total cost to complete this program	\$14,655		
Please use additional pages if necessary.			

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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CERTIFICATION

I, Susan Spive	certify that I am the	e Regional Campus President	of the training
Name	h	Title	
institution name	herein and further certify that the information con	tained in this application is true and correct. All su	pporting documentation is true and factual.
·			
Signature		Date / /	

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1

§	
e	FOR RWIB USE ONLY
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Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to: N	/lichaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
	2
68-0779 (07-15)	
All other applicants must complete the following infor	mation and Part III - Part VI:
1. Date Institution was founded:	
2. Number of years the institution has been in continu	uous operation:
3. Is the institution accountable to a policy or governn	nental board? Yes No
If so, what board?	Please attach a member list.
4. Does each program lead to a degree or certification	n? Please Explain:
Р	PART III - FINANCIAL INFORMATION
 Is the institution financially sound and able to satisfy institution's most recent auditor's report. 	y potential liabilities arising from its participation? Please enclose a certified financial statement and the
2. Attach a schedule of fees for in-state and out-of-sta	ate tuition, if applicable.
3. Does the institution have a refund policy for the unu any time prior to completion?	used portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at

Please state your refund policy:

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.

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Name of Chief Executive Officer Susan Spivey		
Program Contact Information Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
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: Pathway to Paralegal Postbaccalaureate Certificate

B. A brief program description: If you've earned a bachelor's degree and you're interested in making a transition into the legal field, this certificate program is designed to help you build your knowledge of the profession and gain the foundational coursework to pursue a career as a paralegal or legal assistant.¹ In this program you will explore how to communicate effectively in a legal environment, conduct legal research, and evaluate legal sources. Our Paralegal Postbaccalaureate Certificate program online concentrates on building practical skills that could give you a competitive edge. You'll apply learned concepts to relevant legal arguments and examine ethics in legal environments. Courses include live seminars, discussion boards, and one-on-one instructor feedback. And, our professors are legal practitioners with real-world experience in legal services, law, and policy.

D. What is the method of delivery?

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$14,536
6. Total cost to complete this program	\$14,536
Please use additional pages if necessary.	

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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CERTIFICATION

I, Susan Spivey Name	certify that I am the	Regional Campus President Title	of the training	
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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.				
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Authorized RWIB Signature				
The RWIB-approved form	n must be sent to: Michaela Rotert,	lowa Workforce Development, 150 Des	Moines Street, Des Moines, IA 50309	

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	Program Contact Information Susan Spivey		
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	Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship Act. (NAA)?		

PART II (a) - PROGRAM INFORMATION

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

A. Program Name: Nurse Educator Graduate Certificate

B. A <u>brief</u> program description: Sharing knowledge—general or specialized—with nursing students could be a rewarding and challenging career option for many nursing professionals. If you have a **master's degree in nursing**, this certificate program this certificate program offers you the opportunity to study the theory and practice of nursing education as well as advanced nursing concepts. The Nurse Educator Graduate Certificate program consists of 30 quarter credit hours. Upon successful completion of this program, you will be awarded a certificate.

5

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$12,435
6. Total cost to complete this program	\$12,435
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, Susan Spivey Name	certify that I am the	Regional Campus President Title	of the training
institution named herein and fur	ther certify that the information contain	ned in this application is true and correct. Al 571717	I supporting documentation is true and factual.
Signature	/	Date /	
If you are a Training Institution a Non-RWIB approved application	applying for program certification, <u>appl</u> ns received directly from Training Insti	lications must be forwarded to Regional Wo tutions to the address below will not be proc	rkforce Investment Board for consideration. cessed and with no further notification.
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Authorized RWIB Signature			
The RWIB-approved forr	n must be sent to: Michaela Rotert,	Iowa Workforce Development, 150 Des N	Moines Street, Des Moines, IA 50309

2

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Name of Chief Executive Officer Susan Spivey			
Program Contact Information Susan Spivey			
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu	
Is your organization a post-se Act. (NAA)? ⊠Yes □ No	econdary educational institution	n eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship	

PART II (a) - PROGRAM INFORMATION

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

A. Program Name: Microsoft Operating Systems Postbaccalaureate Certificate

B. A <u>brief</u> program description: A dominant player in the personal computer market, Microsoft has approximately 91 percent of the market share of client operating systems.* Our Microsoft Operating Systems Postbaccalaureate Certificate program could help prepare you to pursue an entry-level position working with a variety of Microsoft operating systems.[†]

D. What is the method of delivery?

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$10,531
6. Total cost to complete this program	\$10,531
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

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CERTIFICATION

I, Susan Spivey Name	certify that I am the	Regional Campus President Title	of the training
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Signature		Date /	<i>l</i> '
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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 Certificate

A <u>brief program description</u> Understanding the needs of today's health care industry and anticipating the needs of tomorrow is at the heart of the School of Health Sciences programs at Kaplan University. We know that one of the most important areas of growth in the expanding health care field is the management of medical information. In every medical office across the country, you will find a team of trained professionals who work with patient records, medical documents, and other medical office matters.

The Medical Office Administration Certificate is designed to prepare you to be well positioned for a career as part of this professional team. This is a career field that is expected to offer much faster-than-average job growth between 2012 and 2022.* At Kaplan University, we want you to be exceptionally prepared to take advantage of the opportunities in this rewarding field.

B. V/hat is the method of delivery?

🗆 Classroom 🛛 Computer-Based CD-Rom 🗆 Distance (TV/Satellite/Cable) 🔹 Self-Study (Correspondence)

Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$405-part time, \$5,109-12-16 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5,109-12-16 credits
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$23,085
6. Total cost to complete this program	\$23,085
Please use additional pages if necessary.	

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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CERTIFICATION

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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	4/26/17		
Name of Institution	Kaplan University		
Address	1801 E Kimberly Rd #1, Davenport, IA 52807		
Telephone Number	563-355-3500	Fax Click here to enter text.	
Location of Training Facility	Davenport, Cedar Rapids, Cedar Falls, Mason City, Des Moines		
Name of Chief Executive Officer Susan Spivey			
Program Contact Information Susan Spivey			
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu	
Is your organization a post-se	econdary educational institution	n eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship	

PART II (a) - PROGRAM INFORMATION

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

A. Program Name Medical Billing and Coding Certificate

A <u>brief program description</u> Due in part to an aging population and an increase in insurance claims, employment of health information technicians, a category that includes medical coders, is expected to increase much faster than the average for all occupations through 2024.* This trend has created new opportunities within the industry, and not all of today's health care jobs require patient contact. Medical billing and coding is an administrative support specialty that is expected to increase in need as patient records are being increasingly scrutinized by health insurance companies, regulators, courts, and consumers.* At Kaplan University, you could develop the skills required to seek entry-level employment in this field.[†]

Act. (NAA)? ⊠Yes □ No

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

⊠ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

3

1a. Tuition (per credit hour)	\$405
1b. Tuition (Out-of-State, per credit hour)	\$405
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25
4. Miscellaneous charges	0
5. Average cost per year for program	\$15,820
6. Total cost to complete this program	\$15,820
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 Susan Spivey Name	certify that I am the	Regional Campus President Title	of the training
institution named herein and furt	her certify that the information contain	ed in this application is true and co 5/12/1	rrect. All supporting documentation is true and factual.
			onal Workforce Investment Board for consideration. be processed and with no further notification.
	FC	OR RWIB USE ONLY	

FOR RWID USE ONLY		
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Application Date	Date RWIB Submitted to IWD	
	Region #:	
Authorized RWIB Signature		
The RWIB-approved form must be sent to: Michaela Rotert, Iowa Wor	kforce Development, 150 Des Moines Street, Des Moines, IA 50309	
68-0779 (07-15)	2	

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: _

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Name of Chief Executive Officer Susan Spivey		
Program Contact Information Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
ls your organization a post-se Act. (NAA)? ⊠Yes □ No	econdary educational institutior	eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship

PART II (a) - PROGRAM INFORMATION

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

A. Program Name Medical Assistant Certificate

A <u>brief</u> program description As a medical assistant, you could have the opportunity to work directly with patients and assist with their care and well-being. If you are interested in pursuing opportunities in this rewarding field, our medical assistant certificate program can help you gain the relevant experience and skills to become a qualified candidate. At Kaplan University, we strive to prepare you with the necessary clinical and administrative knowledge to seek various entry-level positions.

Our medical assistant certificate online and onsite programs offer a comprehensive curriculum combined with hands-on training on equipment typically used in a medical setting. The various courses offered can train you to perform specific duties such as assisting the supervising physician with administering injections, taking vital signs, recording EKGs, assisting in minor surgical procedures, carrying out basic accounting procedures, and understanding the fundamentals of charting and documentation. To enhance your career-based experience, you will also complete a practicum that enables you to apply classroom learning in a real-world setting.

Length of Program 57 Credits

68-0779 (07-15)

B. What is the method of delivery?

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

Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$405-part time, \$5109-12-16 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-16 credits
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration, \$48-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$22,393
6. Total cost to complete this program	\$22,393
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

l Susan Spive Name	y	certify that I am the	Regional Campus President Title		of the training
institution nam	ed herein and further certify that	t the information contain	ed in this application is true and $\frac{5}{5}$	d correct. All supporting documentatio	on is true and factual.
Signature			Date		

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.

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	Region #:	
Authorized RWIB Signature		
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68-0779 (07-15) All other applicants must complete the following inform	2 nation and Part III - Part VI:	
1. Date Institution was founded:		
2. Number of years the institution has been in continuc	bus operation:	
3. Is the institution accountable to a policy or governme	ental board? 🛛 Yes 🖓 No	
If so, what board?		Please attach a member list.
4. Does each program lead to a degree or certification	? Please Explain:	
	ART 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.

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:

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.

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Name of Chief Executive Officer Susan Spivey			
Program Contact Information	Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu	
Is your organization a post-se	econdary educational institutior	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: Management and Supervision Certificate in Criminal Justice

B. A <u>brief</u> program description: If you have an associate's degree or have worked in criminal justice, law enforcement, or the military within the past 18 months, this online certificate program is designed to help you qualify for managerial or supervisory criminal justice positions. With Kaplan University's Web-based training, you study the foundational knowledge and skills required to become an effective manager or supervisor without interrupting your work schedule or other obligations.

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

URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$14,536
6. Total cost to complete this program	\$14,536
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, Susan Spivey	certify that I am the	Regional Campus President	of the training
Name		Title	

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

MM

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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Name of Chief Executive Officer Susan Spivey		
Program Contact Information	Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
Is your organization a post-se	econdary educational institutior	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: Legal Secretary Certificate

B. A <u>brief</u> program description: Law firms rely on trained secretaries and assistants to handle day-to-day operations such as preparing legal correspondence, summonses, motions, and subpoenas so that lawyers and paralegals can focus on preparing cases. The Legal Secretary Certificate could prepare you to meet these needs as you learn how to communicate effectively in a legal environment, conduct legal research, analyze theoretical and practical concepts of law, produce written legal correspondence, and evaluate legal sources.

You will study the role of the paralegal in the civil litigation process and develop the skills necessary for effective legal writing, document processing, and use of software applications. Courses include live seminars, discussion boards, and one-on-one instructor feedback. And, our professors are legal practitioners with real-world experience in legal services, law, and policy.

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

URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$12,386
6. Total cost to complete this program	\$12,386
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

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CERTIFICATION

I, Susan Spivey Name	certify that I am the	Regional Campus President Title	of the training
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Signature	U	Date / /	
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Name of Chief Executive Offi	cer Susan Spivey	
Program Contact Information	Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
ls your organization a post-se Act. (NAA)? ⊠Yes □ No	econdary educational institution	n eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship

PART II (a) - PROGRAM INFORMATION

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

- A. Program Name: Information Security Postbaccalaureate Certificate
- B. A <u>brief</u> program description: Today's businesses rely on information, such as personnel details, client lists, marketing information, and more, stored entirely on network databases. Because hackers could infiltrate a network if a firewall shuts down for even a minute, information security, including protecting databases with a range of policies, products, technologies, and procedures, is more important than ever.

D. What is the method of delivery?

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

URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$10,902
6. Total cost to complete this program	\$10,902
Please use additional names 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, Susan Spivey	certify that I am the	Regional Campus President	of the training
Name		Title	

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\overline{N}	

12 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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Is your organization a post-se	econdary educational institutior	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 Human Services Certificate in Elder Care Services

A <u>brief program description</u>: Human services are the collection of services offered by public and private agencies to help improve clients' living situations. The Human Services Certificate in Elder Care Services is designed for individuals who wish to enter the field of gerontology with a basic foundation centered on working with the older adult population. Earning this certificate can help students secure a first position or assist with a potential promotion in the field.

1

Length of Program 43 Credits

68-0779 (07-15)

B. What is the method of delivery?

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

Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. fuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25, \$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$16,838
6. Total cost to complete this program	\$16.838
Please use additional pages if necessary.	

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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Secondary Educational Institution registered under HEA

□ Registered under the National Apprenticeship Act (NAA)

CERTIFICATION			
I Susan Spivey Name	certify that I am the	Regional Campus President Title	of the training
institution named herein and turther c	witify that the information contain	ned in this application is true and correct. All sup	oporting documentation is true and factual.
Signature //		Date / l	
If you are a Training Institution apply Non-RWIB approved applications fee	ng for program certification, <u>appl</u> eived directly from Training Insti	ications must be forwarded to Regional Workfor tutions to the address below will not be process	rce Investment Board for consideration. ed and with no further notification.
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Authorized RWIB Signature			
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		2	
68-0779 (07-15) All other applicants must complete th	ne following information and Part	III - Part VI:	
1. Date Institution was founded:			
2. Number of years the institution ha	s 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.

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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Program Contact Information	Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
Is your organization a post-se	econdary educational institution	n eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship

Act. (NAA)? ⊠Yes □ No

•. *

11

PART II (a) - PROGRAM INFORMATION

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

A. Program Name Human Services Certificate in Child and Family Services

A <u>brief program description</u>: How families and children fare has an impact on many societal systems, including schools, the economy, health, welfare, and criminal justice systems. The Human Services Certificate in Child and Family Services is designed for individuals who want to pursue a position or potential promotion in the field of human services. Consider this program if you have a goal of making a difference in the lives of others, including children and families. The degree program could help you make a difference in a child or family's life which in turn will contribute to the greater good of society.

1

Length of Program 43 Credits

68-0779 (07-15)

B. What is the method of delivery?

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

⊠ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration, \$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$16,838
6. Total cost to complete this program	\$16,838
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)

l Susan Spivey Name	certify that I am the	Regional Campus President Title	of the training
Signature	plying for program certification, appl	Date Date	ect. All supporting documentation is true and factual.
		OR RWIB USE ONLY	
Date Received by RWIB		Date Approved by RWIB	

Application Date

Region #:

Date RWIB Submitted to IWD

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)
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All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: _

2. Number of years the institution has been in continuous operation:

3. Is the institution accountable to a policy or governmental board? \Box Yes \Box No

If so, what board?

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PART I - GENERAL INFORMATION

Date Of Application	4/26/17	
Name of Institution	Kaplan University	
Address	1801 E Kimberly Rd #1, Davenport, IA 52807	
Telephone Number	563-355-3500	Fax Click here to enter text.
Location of Training Facility	Davenport, Cedar Rapids, Ce	dar Falls, Mason City, Des Moines
Name of Chief Executive Officer Susan Spivey		
Program Contact Information Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship Act. (NAA)?		

PART II (a) - PROGRAM INFORMATION

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

A. Program Name: Human Resources Postbaccalaureate Certificate

B. A <u>brief</u> program description: Study to gain the knowledge, skills, and confidence to change career paths and enter this growing industry.* If you already hold a bachelor's degree from an accredited college or university, our Human Resources Postbaccalaureate Certificate program could offer you a convenient route to pursue a new career in human resources.[†]

At Kaplan University, you can enjoy the convenience and flexibility of online learning. This professional certificate program offers targeted study that could enhance your professional expertise and help you stand out to employers.

D.What is the method of delivery?

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371		
1b. Tuition (Out-of-State, per credit hour)	\$371		
2. Supplies, including tools, uniforms, etc.	0		
3. Fees, including laboratory, student rentals, deposits	\$295-technology		
4. Miscellaneous charges	0		
5. Average cost per year for program	\$12,015		
6. Total cost to complete this program	\$12,015		
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, Susan Spivey	certify that I am the	Regional Campus President	of the training
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.

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.

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		

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Name of Chief Executive Officer Susan Spivey		
Program Contact Information	Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
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: Graduate Certificate in Project Management

B. A <u>brief</u> program description: Are you a take-charge person? Do you love to plan, organize, and manage resources to successfully complete specific project goals and objectives? If you hold a bachelor's degree from an accredited college or university, earning a Graduate Certificate in Project Management could provide you with the critical knowledge and skills to grow and expand your talents, and prepare you to advance your career.* You will study project initiation; project planning and execution; project cost and scheduling; and project risk, quality, and assessment. Upon completion of the program, you may also be eligible to take the Project Management Professional (PMP) certification exam.[†]

D./What is the method of delivery?

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$485
1b. Tuition (Out-of-State, per credit hour)	\$485
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$8360
6. Total cost to complete this program	\$8360
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, Susan Spivey	certify that I am the	Regional Campus President	of the training
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

00	

Date

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Program Contact Information Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
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: Graduate Certificate in Information Security

B. A <u>brief</u> program description: Today's businesses rely on information, such as personnel details, client lists, marketing information, and more, stored entirely on network databases.

Because hackers could infiltrate a network if a firewall shuts down for even a minute, information security, including protecting databases with a range of policies, products, technologies, and procedures, is more important than ever.

D. What is the method of delivery?

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$441		
1b. Tuition (Out-of-State, per credit hour)	\$441		
2. Supplies, including tools, uniforms, etc.	0		
3. Fees, including laboratory, student rentals, deposits	\$150-technology		
4. Miscellaneous charges	0		
5. Average cost per year for program	\$7656		
6. Total cost to complete this program	\$7656		
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

Signature

I, Susan Spivey	certify that I am the	Regional Campus President	0	of the training
Name		Title		

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Date

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Name of Chief Executive Officer Susan Spivey			
Program Contact Information Susan Spivey			
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu	
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

-3

PART II (a) - PROGRAM INFORMATION

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

A. Program Name: Graduate Certificate in Industrial/Organizational Psychology

B. A <u>brief</u> program description: As part of our comprehensive portfolio of psychology offerings that help build professionals and leaders in this field, our graduate certificate program in industrial/organizational psychology is designed to broaden the working professional's knowledge to apply the principles of industrial/organizational (I/O) psychology in business and organizational settings. Individuals interested in the scientific study of employees, workplaces, and organizations can learn to apply psychology to the workplace by using psychological principles and research methods to solve problems and improve the quality of work life. Students will explore workplace motivation and attitudes, employee training, evaluation and leadership, organizational behavior, and human resource management. Upon successful graduation from the industrial/organizational psychology graduate certificate program, students could help drive positive **change** in organizations by improving employee performance, attitudes, or behaviors by applying the theories, methods, and current practices used in industrial/organizational psychology.

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$12,435
6. Total cost to complete this program	\$12,435
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, Susan Spivey	certify that I am the	Regional Campus President	of the training
Name		Title	
institution named herein and	further certify that the information contain	ned in this application is true and correct. A	All supporting documentation is true and factual.
	In Alther	Mala	
		_5/10/1	
Signature		Date / / /	

Signature

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Program Contact Information Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
ls your organization a post-s	econdary educational institutio	n 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: Graduate Certificate in Human Resources

B. A <u>brief</u> program description: If you hold a bachelor's degree from an accredited college or university, our Graduate Certificate in Human Resources program could offer you a convenient route to advanced career opportunities in this growing industry.* Study to acquire the knowledge, skills, and confidence to build a brighter future.

At Kaplan University, you can enjoy the convenience and flexibility of online learning. Our graduate certificate program offers targeted study that could enhance your professional expertise and help you stand out to employers.[†]

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$485
1b. Tuition (Out-of-State, per credit hour)	\$485
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$8360
6. Total cost to complete this program	\$8360
Disease use additional pages if pacespary	

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

Signature

I, Susan Spivey	certify that I am the	Regional Campus President	of the training
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.

MM

Date

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Application Date	Date RWIB Submitted to IWD	-	
	Region #:	-	
Authorized RWIB Signature		-	
The RWIB-approved form must be sent to: M	chaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309		

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Program Contact Information Susan Spivey			
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu	
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: Graduate Certificate in Addictions

B. A <u>brief</u> program description: Addiction is one of the most severe health and social problems facing our nation. According to a 2009 survey conducted by the Substance Abuse and Mental Health Services Administration, an estimated 22.5 million Americans (8.9 percent of the population aged 12 or older) were classified with substance dependence or abuse in the past year.*

Kaplan University's Graduate Certificate in Addictions is designed to provide you with the knowledge and skills to pursue employment or career advancement as an addiction professional.[†] The program is accredited by the National Addiction Studies Accreditation Commission (NASAC, nasacaccreditation.org), and students who complete the program will meet the coursework requirements to take the National Certification Commission for Addiction Professionals (NCC AP) Master Addictions Counselor (MAC) certification examination.[‡]

Courses in the program focus on chemical and psychological dependency counseling, advanced addictions counseling, group counseling, psychopharmacology, and co-occurring disorders, with an emphasis on application.

\$ 2

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$16,500
6. Total cost to complete this program	\$16,500
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

Signature

I. Susan Spivey	certify that I am the	Regional Campus President		of the training
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.

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Program Contact Information Susan Spivey				
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Is your organization a post-s	econdary educational institution	n 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: Graduate Certificate in Accounting

B. A <u>brief</u> program description: Thinking about your future in accounting? Maybe you are working in the field already and want to take your career to the next level. Or maybe you would like to change careers.

In Kaplan University's graduate certificate program, you will explore accounting and financial reporting systems, business law, auditing techniques, and cost accounting. Study to gain the knowledge and skills to pursue a mid-level accounting position.* Kaplan University's Graduate Certificate in Accounting could help you prepare to take the Uniform Certified Public Accountant (CPA) Exam.[†] The program consists of a minimum of 16 quarter credit hours. Upon successful completion of the program, graduates will be awarded a certificate.

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$460			
1b. Tuition (Out-of-State, per credit hour)	\$460			
2. Supplies, including tools, uniforms, etc.	0			
3. Fees, including laboratory, student rentals, deposits	\$150-technology			
4. Miscellaneous charges	0			
5. Average cost per year for program	\$7960			
6. Total cost to complete this program	\$7960			
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, Susan Spivey certify that I am the Name		Regional Campus President Title	of the training
institution named herein and further o	erfify that the information contai	ned in this application is true and correct. All supp	orting documentation is true and factual.
Signature		Date /	
If you are a Training Institution apply Non-RWIB approved applications red	ing for program certification, <u>app</u> ceived directly from Training Inst	lications must be forwarded to Regional Workforc itutions to the address below will not be processe	and with no further notification.
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Authorized RWIB Signature

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Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship Act. (NAA)?				

PART II (a) - PROGRAM INFORMATION

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

A. Program Name: Family Nurse Practitioner Certificate

B. A <u>brief</u> program description: Prepare for exciting new opportunities in a variety of health care settings. Consider earning a post-master's Family Nurse Practitioner Certificate online at Kaplan University. Our program is designed to help professional nurses like you promote holistic health care to adults and children in a family context, and diagnose and manage their acute and chronic health problems. Prepare to serve as an advocate for clients as they interface with the health care system.

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology, \$48-background, \$350-clinical
4. Miscellaneous charges	0
5. Average cost per year for program	\$14,020
6. Total cost to complete this program	\$28,040
Disease was additional pages if pagesary	

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)

Signature

CERTIFICATION			
I, Susan Spivey	certify that I am the	Regional Campus President	of the training
Name		Title	
	bet the information company	and in this application is true and correct	All supporting documentation is true and factual

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

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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					

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PART I - GENERAL INFORMATION

Date Of Application	4/26/17				
Name of Institution	Kaplan University				
Address	1801 E Kimberly Rd #1, Davenport, IA 52807				
Telephone Number	563-355-3500	Fax Click here to enter text.			
Location of Training Facility	Davenport, Cedar Rapids, Cedar Falls, Mason City, Des Moines				
Name of Chief Executive Officer Susan Spivey					
Program Contact Information Susan Spivey					
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu			
Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered Act. (NAA)? ⊠Yes □ No					

PART II (a) - PROGRAM INFORMATION

under the national Apprenticeship

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

A. Program Name: Executive Leader Graduate Certificate

B. A <u>brief</u> program description: Do you want to pursue a more responsible, rewarding position in health care? Consider earning your Executive Leader Graduate Certificate online at Kaplan University. The Executive Leader Graduate Certificate is designed to help professional nurses like you pursue managerial positions and leadership roles in hospitals, community health, long-term care facilities, and other health care systems.*

The Executive Leader Graduate Certificate program consists of 30 quarter credit hours. Upon successful completion of this program, you will be awarded a certificate.

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385			
1b. Tuition (Out-of-State, per credit hour)	\$385			
2. Supplies, including tools, uniforms, etc.	0			
3. Fees, including laboratory, student rentals, deposits	\$295-technology			
4. Miscellaneous charges	0			
5. Average cost per year for program	\$12,435			
6. Total cost to complete this program	\$12,435			
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

		m t to Duraldant	of the training
I, Susan Spivey	certify that I am the	Regional Campus President	
Name		Title	
Name			 the sum exterior is true and factual

Date

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Signature

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Application Date	Date RWIB Submitted to IWD			
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Name of Chief Executive Officer Susan Spivey			
Program Contact Information	a Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu	
ls your organization a post-s Act. (NAA)? ⊠Yes ⊟ No	econdary educational institutio	n eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship	

PART II (a) - PROGRAM INFORMATION

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

A. Program Name: Crime Scene Technician Certificate

B. A <u>brief</u> program description: Police and other law enforcement agencies depend on the expertise of professional crime scene technicians to uncover evidence that will stand up in a court of law. This meticulous process requires a keen eye, an analytical mind, and dedication to cracking the case.

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$16,391
6. Total cost to complete this program	\$16,391
Blasse use additional pages if pecessary	

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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CERTIFICATION

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Name		Title	

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Program Contact Informatior	n Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu	
ls your organization a post-s	econdary educational institutio	n 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: Corrections Certificate

B. A <u>brief</u> program description: If you want to pursue entry-level positions in a corrections facility, or want to advance in your current corrections career, Kaplan University's online Corrections Certificate program may provide you with the necessary skills and credentials to excel in this rapidly growing, increasingly complex career field.

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$14,536
6. Total cost to complete this program	\$14,536
Please use additional pages if necessary.	

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

1	Susan Spivey	certify that I am the	Regional Campus President		
1,	Susan Opwey	,	Title		
	Name		The		

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

	5/12/17	
Date		

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Name of Chief Executive Officer Susan Spivey		
Program Contact Informatior	n Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
Is your organization a post-s	econdary educational institutio	n 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: Computer Forensics Postbaccalaureate Certificate

B. A <u>brief</u> program description: Cases of identity theft, check fraud, auction fraud, phishing, and other forms of digital crime have increased substantially over the years. If you hold a bachelor's degree from an accredited college or university, a postbaccalaureate certificate program could help you acquire the knowledge and technical skills to pursue an entry-level position in computer forensics.

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$11,253
6. Total cost to complete this program	\$11,253
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)

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I. Susan Spivey	certify that I am the	Regional Campus President	of the training
Name		Title	

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Date

Signature

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Program Contact Information	Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
Is your organization a post-s	econdary educational institutio	n 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: Cisco Networks Postbaccalaureate Certificate

B.A <u>brief</u> program description: Cisco Systems, Inc., is an international innovator of networking and communications technology. If you hold a bachelor's degree from an accredited college or university, our postbaccalaureate certificate program could prepare you with the knowledge, skills, and confidence to help you succeed in the rapidly changing world of IT.

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$10,902
6. Total cost to complete this program	\$10,902
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

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CERTIFICATION

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I. Susan Spivey	certify that I am the	Regional Campus President	0, 0.0
Name		Title	
Name		List this surplication is true and correct. All SU	porting documentation is true and factual.
institution named herein and further ce	ertify that the information contain	ed in this application is true and correct. All su	pporting documentation to a de and rest

Date

Signature

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Authorized RWIB Signature		
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Name of Chief Executive Officer Susan Spivey		
Program Contact Information	Susan Spivey	
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Is your organization a post-s	econdary educational institutio	n 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: Autism Spectrum Disorder (ASD) Postbaccalaureate Certificate

B. A <u>brief</u> program description: As the number of autism diagnoses continues to climb, the demand for professionals with the proper knowledge to effectively serve these children is also increasing. Kaplan University has been at the forefront of providing online degrees and certificates in areas such as applied behavior analysis and is committed to help build the leaders and professionals of tomorrow who have a passion and commitment to serving the autistic population. Developed specifically for early childhood professionals working with and supporting young children, the certificate is based on current research in the field of autism and coursework focuses on applied theory, ethics, and professionals in various education and support settings. Whether you're an early childhood teacher, special educator, school psychologist, speech language pathologist, occupational therapist, or social service professional, this certificate is designed to provide the knowledge and skills to better help and be sensitive to the nuances of assisting children with autism and their families.

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$371
1b. Tuition (Out-of-State, per credit hour)	\$371
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$9789
6. Total cost to complete this program	\$9789
Disease use additional pages if pacessary	

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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Name		Title	

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Date

Signature

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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 Applied Behavior Analysis Postbaccalaureate Certificate

B. A <u>brief</u> program description The curriculum includes five courses that focus on the developmentally disabled, the autistic, and individuals with traumatic brain injuries. You'll also explore behavioral concepts and theories, and develop assessment and intervention skills.

The Behavior Analyst Certification Board, Inc.®, (BACB®) has approved the course sequence of the Applied Behavior Analysis Postbaccalaureate Certificate as meeting the coursework requirements for eligibility to take the Board Certified Assistant Behavior Analyst Examination[™].* Please note: applicants will have to meet additional requirements to qualify, including degree, field experience, and practicum requirements. Please refer to the BACB's website (www.bacb.com) for full eligibility requirements.

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

□ Web-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$45-background, \$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$14,655
6. Total cost to complete this program	\$14,655
Please use additional pages if necessary.	

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CERTIFICATION

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I, Susan Spivey	certify that I am the	Regional Campus President	of the training
Name	1	Title	
institution named herein and further	certify that the information contain	ned in this application is true and correct. All supr	orting documentation is true and factual.
M.	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	11-117	
	(1)		
	<u> </u>	Date	

Signature

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L		2
68-0779 (07-15) All other applicants must complet	e the following information and Part III - Part	
1. Date Institution was founded:		
2. Number of years the institution	has been in continuous operation:	
3. Is the institution accountable to	a policy or governmental board?	□ No
If so, what board?		Please attach a member list.
4. Does each program lead to a c	legree or certification? Please Explain:	
	PART III - FINAN	CIAL INFORMATION
1.Is the institution financially sour institution's most recent auditor's	nd and able to satisfy potential liabilities arisin	ng from its participation? Please enclose a certified financial statement and the
2. Attach a schedule of fees for ir	n-state and out-of-state tuition, if applicable.	
3. Does the institution have a refu any time prior to completion?	and policy for the unused portion of tuition, fe	es, and other charges in the event the enrollee withdraws or discontinues at
Please state your refund policy:		
		- FACILITIES
Describe your facility. Provide na	rrative that describes at a minimum a descrip	tion on each of the following:
*The number of buildings *Handicap accessibility	*Availability of suitable training equi *Compliance with fire, building and	pment safety codes, including off-campus locations or other sites
	PART V - ORGANIZATION O	OF THE TRAINING INSTITUTION
Please provide a description of e	ach of the following:	
*The number of persons employe *Current number of students enro	ed olled	

*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.

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Address	1801 E Kimberly Rd #1, Davenport, IA 52807	
Telephone Number	563-355-3500	Fax Click here to enter text.
Location of Training Facility	Davenport, Cedar Rapids, Cedar Falls, Mason City, Des Moines	
Name of Chief Executive Officer Susan Spivey		
Program Contact Informatio	n Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
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 Adult-Gerontology Nurse Practitioner Certificate

B. A <u>brief</u> program description Prepare for exciting new opportunities in a variety of health care settings. Consider earning a post-master's Adult-Gerontology Nurse Practitioner Certificate online at Kaplan University. Our program is designed to help professional nurses like you promote holistic health care to the adult population, and diagnose and manage their acute and chronic health problems. Prepare to serve as an advocate for clients as they interface with the health care system.

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

UWeb-Based (Internet) URL Address Click here to enter text.

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology, \$350-clinical, \$48-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$12,398
6. Total cost to complete this program	\$24,795
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. Susan Spivey Name

certify that I am the

Regional Campus President

of the training

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

₽. 	
	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: Michael	a Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
68-0779 (07-15)	2
All other applicants must complete the following information	and Part III - Part VI:
1. Date Institution was founded:	
2. Number of years the institution has been in continuous or	peration:
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? Ple	ase Explain:

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.

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:

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.