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, Davenport, IA 52807		
Telephone Number	563-355-3500	Fax Click here to enter text.	
Location of Training Facility	y 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 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 Associate of Applied Science in Public Safety and Security

A <u>brief</u> program description An associate's degree in public safety and security can help you pursue a career in the public safety and security fields—rewarding professions that offer individuals an opportunity to make an immediate impact securing the safety of individuals and establishments in their community.

According to the Bureau of Labor Statistics, protective service occupations are expected grow through 2024.* The online associate's degree in public safety and security from Kaplan University focuses on:

- Foundational knowledge of public safety and security, including practical and technical skills and competencies required by many public safety and private security firms.
- · Skills to properly prepare, plan, and execute decisive and appropriate public safety and security plans of action
- Critical-thinking, decision-making, and communications skills and knowledge relevant to supporting public safety initiatives

Professors in this degree program are public safety and security professionals who bring real-world knowledge to the courses they teach.

Career paths that graduates can pursue include[†]:

- Private security
- Corporate security

Risk and security management

B. Length of Program 90 Credits

68-0779 (07-15)

1

C. What is the method of delivery?

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

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

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$405-part time, \$5109 for 12-16 credits		
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109 for 12-16 credits		
2. Supplies, including tools, uniforms, etc.	0		
3. Fees, including laboratory, student rentals, deposits	\$25-registration, \$45		
4. Miscellaneous charges	0		
5. Average cost per year for program	\$20,436		
6. Total cost to complete this program	\$30,654		
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 President Title

of the training

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

Signature

Date

If you are a Training Institution applying for program 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.

ų 1	
ŝ	FOR RWIB USE ONLY
Date Received by RWIE	B Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signat	ure
The RWIB-approved	l form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
68-0779 (07-15)	2
	omplete the following information and Part III - Part VI:
1. Date Institution was four	nded:
2. Number of years the ins	titution has been in continuous operation:
3. Is the institution account	able to a policy or governmental board? 🛛 🗆 Yes 🗔 No
If so, what board?	Please attach a member list.
4. Does each program leac	t to a degree or certification? Please Explain:
1.ls the institution financial institution's most recent au	PART III - FINANCIAL INFORMATION ly sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the ditor's report.
2. Attach a schedule of fee	s for in-state and out-of-state tuition, if applicable.
3. Does the institution have any time prior to completio	e a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at n?
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

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Location of Training Facility	Davenport, Cedar Rapids, Cedar Falls, Mason City, Des Moines		
Name of Chief Executive Officer Susan Spivey			
Program Contact Information	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 <u>each</u> program for which you are applying, including:

A. Program Name Associate of Applied Science in Business Administration

A <u>brief program description</u>: The ability to keep day-to-day operations running smoothly is highly valued in today's complex business environments. Whether you are preparing to enter the workforce or are seeking the credentials required to advance your career, earning an Associate of Applied Science in Business Administration at Kaplan University may help you establish your position as a member of this challenging profession.*

Length of Program 90 Credits

68-0779 (07-15)

1

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, \$200-adminisration, \$295-technology		
4. Miscellaneous charges	0		
5. Average cost per year for program	\$22,500		
6. Total cost to complete this program	\$22,500-cost of program is capped		
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 President of the training 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

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

	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: Mic	haela 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	tion and Part III - Part VI:
1. Date Institution was founded:	
2. Number of years the institution has been in continuo	is operation:
3. Is the institution accountable to a policy or governme	ntal 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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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 Associate of Applied Science in Legal Support and Services

A <u>brief</u> program description Legal roles are no longer limited to law firms. Legal services and support staff may hired not only by law firms but also by corporations, insurance firms, consulting firms, and health care institutions.*

If you are seeking to advance into a career in legal support and services, an associate of applied science at Kaplan University could be a strategic professional move. Our online associate's degree program is designed to focus on:

- Foundational knowledge of the law, including foundational legal administrative skills
- Practical and technical skills and competencies relevant to many legal support positions
- Professional competencies that prepare you to assist during legal proceedings or investigations, preparing documents, managing technology, and researching legal issues

You'll be taught by professors who are legal practitioners themselves, offering real-world expertise in legal services, law, and policy. And you can enjoy collaborating with your professors and classmates via live seminars, discussion boards, and one-on-one instructor interaction.

Graduates with an associate's degree in legal support and services can pursue career paths that include1:

Contract driven industries such as real estate and licensing

- Corporate legal departments
- The court and judicial system
- Legal firms

Length of Program	90 Credits		
68-0779 (07-15)	1		
B. What is the me	hod 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)\$3711b. Tuition (Out-of-State, per credit hour)\$3712. Supplies, including tools, uniforms, etc.03. Fees, including laboratory, student rentals, deposits\$25 registration, \$200-adminisration, \$295-technology4. Miscellaneous charges05. Average cost per year for program\$22,5006. Total cost to complete this program\$22,500-program is capped for tuitionPlease 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 President Title of the training

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

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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: M	lichaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
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 continu	ious operation:
3. Is the institution accountable to a policy or government	nental board? 🛛 Yes 🖾 No
If so, what board?	Please attach a member list.
4. Does each program lead to a degree or certificatior	n? Please Explain:
	ART III - FINANCIAL INFORMATION / 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-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

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Name of Institution	Kaplan University			
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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 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 Associate of Applied Science in Fire Science

A <u>brief program description</u> Kaplan University is recognized by the U.S. Fire Administration as an official Fire and Emergency Services Higher Education (FESHE) institution. The Associate of Applied Science in Fire Science closely follows the FESHE model and is designed to provide students with foundational skills in firefighter safety, building codes, fire prevention, code inspection, and firefighting strategy and tactics. The degree serves fire service professionals seeking enhanced skills and a broad spectrum of knowledge in the field of fire science.

Additionally, Kaplan University's College of Social and Behavioral Sciences has received programmatic accreditation from the International Fire Service Accreditation Congress (IFSAC) for the Associate of Applied Science in Fire Science.

The degree serves fire service professionals seeking enhanced skills and a broad spectrum of knowledge in the field of fire science. Each term students are assessed on their mastery of the course outcomes which measure the skills, knowledge, abilities and behaviors employers expect.

B. Length of Program 90 Credits

68-0779 (07-15)

C. 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 flate rate for 12-16 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time	\$5109 flate rate for 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	\$20,436	
 Total cost to complete this program Please use additional pages if necessary. 	\$30,654	

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

1

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.

Dest-Secondary Educational Institution registered under HEA

Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Susan Spivey	certify that I am the	Regional President	of the training
Name		Title	
institution named herein and further certify	that the information contained in th	is application is true and corr	ect. All supporting documentation is true and factual.
I MIII		51,-	1/17
)//	///
Signature		Date	

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.

4					
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: Micha	ela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309				
68-0779 (07-15) All other applicants must complete the following informatio	2 on and Part III - Part VI:				
1. Date Institution was founded:					
2. Number of years the institution has been in continuous of	operation:				
3. Is the institution accountable to a policy or governmenta	al board? 🛛 Yes 🗆 No				
If so, what board?	Please attach a member list.				
4. Does each program lead to a degree or certification? Pl	lease Explain:				
	RT III - FINANCIAL INFORMATION ential 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-state tu	ition, 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

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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 Associate of Applied Science in Criminal Justice and Criminology

A <u>brief program description</u> An associate's degree in criminal justice can help you pursue a career in the criminal justice and criminology field a rewarding profession that offers individuals an opportunity to make an immediate impact within their community. This online associate's degree from Kaplan University is designed to help you develop:

- Foundational knowledge of criminal justice and criminology, including practical and technical skills and competencies required by many law enforcement agencies and private security firms
- Skills on how to analyze crime data, predict patterns of criminal behavior, create criminal profiles, and establish agency protocols and procedures designed to improve agency response to crime
- Critical-thinking, decision-making, and communication skills and knowledge that is relevant to supporting criminal justice initiatives

Professors in this degree program are professionals who bring real-world knowledge to the courses they teach.

Career paths that graduates can pursue include the following—note, however, that local, state and federal law enforcement jobs may require additional training or education beyond the associate's level. You should fully research the requirements of any such position you intend to seek*:

Crime scene investigations or forensics

- Police or patrol officer positions
- Other local and federal law enforcement jobs in local and federal agencies

B. Length of Program 90 Credits

68-0779 (07-15)

1

C. 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, \$200-adminisration, \$295-technology, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$22500
6. Total cost to complete this program	\$22500-cost of program is capped
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

 $\hfill\square$ Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

Susan	Spi	vey
N	ame	Э

certify that I am the

Regional President Title of the training

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

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		Date	/		l		
-	analiantiana mua	the ferrer	ما امما			- 1	Markforce Investment Deard for consideratio

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68-0779 (07-15) All other applicants must complete the following information a	2 and Part III - Part VI:				
1. Date Institution was founded:					
2. Number of years the institution has been in continuous ope	eration:				
3. Is the institution accountable to a policy or governmental b	oard? 🗌 Yes 🗌 No				
If so, what board?	Please attach a member	list.			
4. Does each program lead to a degree or certification? Plea	se Explain:				
	III - FINANCIAL INFORMATION al 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-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?

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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