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	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 Bachelor of Science in Fire Science

A <u>brief program description</u> If you are looking to enhance your career in fire services or pursue a career in the field, Kaplan University's Bachelor of Science in Fire Science may be the right choice to help you reach your goal. Kaplan University is recognized by the U.S. Fire Administration as an official Fire and Emergency Services Higher Education (FESHE) institution. The fire science degree program closely follows the FESHE national curriculum and is designed to provide you with foundational skills in firefighter safety, building codes, fire prevention, code inspection, and firefighting strategy and tactics.

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

Students of the degree program are assessed each term on their mastery of the course outcomes which measure the skills, knowledge, abilities and behaviors employers expect.

B. Length of Program 180 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, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 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
6. Total cost to complete this program	\$61,308
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
Name	\bigcirc	Title	·
institution named herein and fu	ther certify that the information contained in th	nis application is true and correct	ct./All supporting documentation is true and factual.
IN M	7)	5/1-	
		0/14	5/
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.

1

1	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: Mi	naela 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 tion and Part III - Part VI:
1. Date Institution was founded:	
2. Number of years the institution has been in continuc	s operation:
3. Is the institution accountable to a policy or governme	ital board? □ Yes □ No
If so, what board?	Please attach a member lis
4. Does each program lead to a degree or certification	Please Explain:
	RT III - FINANCIAL INFORMATION Detential 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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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 <u>each</u> program for which you are applying, including:

A. Program Name Bachelor of Science in Psychology in Industrial/Organizational Psychology

A <u>brief</u> program description : Kaplan University's Bachelor of Science Psychology in Industrial/ Organizational Psychology is designed to broaden your knowledge of the principles of psychology as it relates to business and organizational settings.

- This online program provides you with fundamental knowledge that prepares you to seek a variety of functions within human resource roles in business, government, and nonprofit organizations.*
- Managing and motivating talent in the workplace, helping to develop leadership skills, and assessing an organization to improve its
 effectiveness are just a few of the many business-setting functions that can benefit from psychological insight.
- If you have already completed an associate's or bachelor's degree from an accredited institution, you may be eligible for our advanced start degree option. Refer to the general Policy Information section for details.

The bachelor's degree in industrial/organizational psychology can also serve as a foundation for pursuing your Master of Science in Psychology at Kaplan University.[†]

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-administration, \$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$22,500
6. Total cost to complete this program	\$45,000-capped tuition and fees
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
Name	Δ	Title	
institution named herein and further ce	ptify that the information contained in th	is application is true and correct.	All supporting documentation is true and factual.
	¥	5/12/17	
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.

Date Approved by RWIB Date RWIB Submitted to IWD Region #:
Region #:
Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
2 III - Part VI:
🗆 Yes 🗆 No
Please attach a member list
in: INANCIAL INFORMATION ties arising from its participation? Please enclose a certified financial statement and the
licable.
uition, fees, and other charges in the event the enrollee withdraws or discontinues at

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, C	edar 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 Bachelor of Science in Psychology in Applied Behavior Analysis

A <u>brief</u> program description : If you have ever wondered what you can do to help someone move on with their life successfully, Kaplan University's online Bachelor of Science in Psychology in Applied Behavior Analysis might interest you.

- "Behavior analysis" refers to the study of how people learn. "Applied" means using psychology rather than researching it.
- Applied behavior analysis uses an individual understanding of people, how they learn, and what they need to devise successful behavioral interventions to help them succeed.

With your bachelor's degree in applied behavior analysis, you'll have foundational skills that demonstrate your ability to address behavior and solve social problems and relationships between individual, family members, or people in the community. Use of applied behavior analysis methods is widely recognized as an effective method of treating behavior disorders (most specifically children with autism) and those who are affected by trauma.

Work settings for behavior analysis professionals can include autism clinics, community mental health centers, home- and communitybased settings, schools, adult day-training facilities, child-welfare agencies, and a variety of other areas.* This bachelor's degree could also be a stepping-stone for earning your master's degree in psychology at Kaplan University.[†] 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-administration, \$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$22,500
6. Total cost to complete this program	\$45,000-capped tuition and fees
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)

V 1 (

CERTIFICATION

I Susan Spivey	certify that I am the	Regional President	of the training
Name	Λ	Title	
institution named herein and	further certify that the information contained in t	his application is true and corr	eot. All supporting documentation is true and factual.
/	SMAT	Rhaz	1.7
		$\Lambda V M$	'\ /

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: Mi	ichaela 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 continuo	ous operation:
3. Is the institution accountable to a policy or governm	ental board?
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 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	te tuition, if applicable.
3. Does the institution have a refund policy for the unu	used portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at

any time prior to completion? Please state your

ž

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 *Availability of suitable training equipment *Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

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

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

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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, Co	edar 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 Bachelor of Science in Psychology in Addictions

A <u>brief program description</u> As a National Association for Alcoholism and Drug Abuse Counselors (NAADAC)-approved education provider, Kaplan University can prepare you for a career assisting those suffering from substance abuse with a recognized degree by a national leader in the industry.

While some of the career options in psychology in addictions may need additional requirements, such as specific experience and training, earning a bachelor's degree in psychology can potentially help you earn licensure or certification credentials in your state. Keep in mind that state credentials and their associated requirements vary from state to state. Therefore we encourage you to research your particular state's requirements if these credentials are part of your ultimate goal.*

A recent study by the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that over the last 12 years, 22.5 million Americans required treatment for the abuse of alcohol and drugs. If you have a passion for making a difference in the lives of those afflicted with addictions, earning a bachelor's degree in psychology may be the path for you.

Psychology is the study of human thought, emotion, and behavior. Many individuals in our communities face the serious psychological issues of an addictive personality. Substance abuse is often one of the unfortunate results. Addiction professionals are trained to assist these persons, and are committed to help improve their quality of life.

The Bachelor of Science in Psychology in Addictions at Kaplan University curriculum is designed to equip you with a fundamental understanding of the major concepts, values, theories, psychological studies, research methods, and historical trends in psychology as they apply to:

- Addiction science
- Assessment
- Prevention
- Intervention
- Treatment
- Case management.

This online psychology degree helps you acquire knowledge and skills that can make you a desirable candidate for a wide range of careers.[†] It can also serve as a strong foundation for pursuing an online Master of Science in Psychology at Kaplan University.[‡]

B. Length of Program 180 Credits		
68-0779 (07-15)	1	
C. What is the method of delivery?		
□ Classroom □ Computer-Based CD-Rom □ Dista	nce (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-administration, \$295-technology
4. Miscellaneous charges	Click here to enter text.
5. Average cost per year for program	\$22,500

\$45,000-capped tuition and fees 6. Total cost to complete this program

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 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

[[2]] 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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Date Received by RWIB	Date Approved by RWIB	
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Authorized RWIB Signature		
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68-0779 (07-15) All other applicants must complete the following information and Part III - Part \	2 /I:	
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 degree or certification? Please Explain:		
 PART III - FINANC 1.Is the institution financially sound and able to satisfy potential liabilities arising 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, fee 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*Availability of suitable training equipment*Handicap accessibility*Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

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

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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 <u>each</u> program for which you are applying, including:

A. Program Name Bachelor of Science in Nutrition Science

A <u>brief</u> program description The science of nutrition is one of the most rapidly advancing areas of focus in the health care industry. With the nation's increasing emphasis on the role of nutrition in living healthier lives, new opportunities are emerging for professionals trained and skilled in this vital area. Kaplan University's Bachelor of Science in Nutrition Science is designed to prepare you to enter this exciting field in which the health and lives of others may be significantly improved through your knowledge and skills.

The Health Sciences programs at Kaplan University are designed to equip you with the relevant knowledge and extensive real-world experience to start a new career or advance to higher levels.* With our online program, you can continue working in your current job while you earn your <u>bachelor's degree</u> from the convenience of your home, office, or virtually anywhere you have Internet access.

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, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 credits
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3. Fees, including laboratory, student rentals, deposits	\$25-registration
4. Miscellaneous charges	0
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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 Spivey Name

Signature

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.

JIZ Date

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A	
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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	ease Explain:
	T 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 tui	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:

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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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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 Bachelor of Science in Liberal Studies

A <u>brief program description</u> To stand out in today's job market, you need to develop a variety of skills and basic knowledge of your chosen field. That's why our Bachelor of Science in Liberal Studies degree allows you to choose a combination of courses from several disciplines. This online program gives you the opportunity to transfer previously earned credits from an accredited college or university, or design a program of study based on a sequence of selected elective courses.

A concentration in leadership is also available within the Bachelor of Science in Liberal Studies program and is designed to prepare you with the knowledge and skills to lead others in diverse settings.

В.

□ 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, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 credits
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration
4. Miscellaneous charges	0
5. Average cost per year for program	\$20,436
6. Total cost to complete this program	\$61,308
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
Name		Title	
institution named herein and further certify	that the information contained in th	is application is true and co	rect. All supporting documentation is true and factual.
AMA		Elis Ir	7
			·
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.

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			

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

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

PART I - GENERAL INFORMATION

Date Of Application	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	edar Falls, Mason City, Des Moines	
Name of Chief Executive Officer Susan Spivey			
Program Contact Information	n 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 Bachelor of Science in Human Services in Youth/Family Services and Administration

A <u>brief</u> program description : Making a difference in the lives of those who are unable to help themselves can be a fulfilling career—one that can impact your community and society in a positive way. Our online Bachelor of Science in Human Services in Youth/Family Services and Administration program teaches you how to assess client needs, identify community resources, problem solve, and advocate for your clients. It addition, you will also learn how to:

- Plan, direct, and coordinate the activities of social service programs or a community outreach organization
- Oversee the programs or organization's budget and policies regarding participant involvement, including program requirements and benefits
- Collaborate with or direct the work of case workers, social service workers, or probation officers
- Provide interventions and develop intervention strategies

Professors are skilled and many are licensed human services professionals who bring real-world expertise to the courses they teach.

B. Length of Program 180 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)	\$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-administration, \$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$22,500
6. Total cost to complete this program	\$45,000-tuition and fees 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

C Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Susan Spivey Name

Signature

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.

certify that I am the

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.

1

				
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1. Date Institution was founded:				
2. Number of years the institution has been in continuous	s operation:			
3. Is the institution accountable to a policy or government	tal board? □ Yes □ No			
If so, what board?	Please attach a member list.			
4. Does each program lead to a degree or certification? F	Please Explain:			
	RT III - FINANCIAL INFORMATION			
1.Is the institution financially sound and able to satisfy po institution's most recent auditor's report.	tential 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 t	uition, 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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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 each program for which you are applying, including:

A. Program Name Bachelor of Science in Health Science

A <u>brief program description</u> The world of health care is changing like never before. While there will always be uncertainty about the future, there are two things that will be constant. One—people will need the best health services humanly possible. And two—Kaplan University will be leading the way in providing innovative education programs so that tomorrow's health science professionals may be up to the challenge of meeting these needs.

Kaplan University's Bachelor of Science in Health Science program is designed for those who want to be part of not only improving people's health, but enhancing their quality of life. The opportunities in health care services are expanding every day. To help prepare for your future in this exciting and rewarding industry, our Bachelor of Science in Health Science program may be just right for you.

□ 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, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 credits
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration
4. Miscellaneous charges	0
5. Average cost per year for program	\$20,436
6. Total cost to complete this program	\$61,308
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 Spivey	certify that I am the	Regional President	of the training
Name		Title	
institution named herein an	further certify that the information contained in th	is 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 correct All supporting documentation is true and factua

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

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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 Workforce Development, 150 Des Moines Street, Des Moines, IA 50309			
68-0779 (07-15)	2		
All other applicants must complete the following information ar	nd Part III - Part VI:		

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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)? Syss D 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 Bachelor of Science in Health Information Management

A <u>brief program description</u> Technology is transforming health care, opening up a new world of opportunities for health information management (HIM) professionals with specialized skills in collecting, analyzing, and protecting vital patient information and medical records. The Bureau of Labor Statistics projects that jobs for medical and health services managers, which include health information jobs, will grow by 17 percent between 2014 and 2024, which is much faster than the average for all occupations.* Kaplan University's online Bachelor of Science in Health Information Management program can prepare you to play a key role in this dynamic field.

If you received a CAHIIM-approved Associate of Applied Science in Health Information Technology, your prior degree could put you on the fast track to your bachelor's degree. Completion of an associate's degree is not a prerequisite for the 4-year program.

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, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 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	\$20,436
6. Total cost to complete this program	\$61,308
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 **Regional President** certify that I am the 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.

of the training

Signature

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1. Date Institution was founded:	
2. Number of years the institution has been in continuo	ous 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 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	e tuition, if applicable.
3. Does the institution have a refund policy for the unus	sed portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at

Please state your refund policy:

any time prior to completion?

PART IV - FACILITIES

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

*The number of buildings *Availability of suitable training equipment *Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

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

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

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

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 Bachelor of Science in Health Care Administration

A <u>brief program description</u> The world of health care is changing at an unprecedented pace. Kaplan University is meeting the challenge with a curriculum designed to quickly embrace industry updates and innovations and to help prepare you for a career in health care administration. The need for well-prepared health care managers across the country is expected to increase at a rate faster than the average for all other occupations.* Kaplan University offers the curriculum, the faculty, and the real-world experience that may not only prepare you for these opportunities, but keep you ahead of the curve.

Kaplan University's Bachelor of Science in Health Care Administration is designed to provide you with a solid foundation in the core disciplines of health care administration and management. As a graduate, you may be well equipped to further your studies and pursue a <u>master's degree</u>.[†] Professional opportunities may be found with insurance companies, hospitals, long-term care facilities, public health agencies, outpatient facilities, doctors' offices, and many other employment settings that need additional college-educated professionals to run day-to-day operations.

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)	\$405-part time, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 credits
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration
4. Miscellaneous charges	0
5. Average cost per year for program	\$20,436
6. Total cost to complete this program	\$61,308
Please use additional pages if necessary.	

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA

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CERTIFICATION

I 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 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			
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68-0779 (07-15) All other applicants must complete the following information and Part III - Part VI:			
1. Date Institution was founded:			
2. Number of years the institution has been in continuous operation	ation:		
3. Is the institution accountable to a policy or governmental boa	ard? □ Yes □ No		
If so, what board?		Please attach a member list.	
4. Does each program lead to a degree or certification? Please 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

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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 <u>each</u> program for which you are applying, including:

A. Program Name Bachelor of Science in Health and Wellness

A <u>brief program description</u> With the growing emphasis on preventative health care, new opportunities in the health care and wellness related industries are emerging every day. The Bachelor of Science in Health and Wellness at Kaplan University provides the relevant curriculum and broad perspective to prepare students for careers in this rewarding field.

Professionals with knowledge and training in health and wellness provide support, encouragement, and education to help people live healthier lives and prevent illness or injury. If you would like to broaden your knowledge and skills with a mind-body-spirit approach to health and wellness, then our online Bachelor of Science in Health and Wellness may be just the program for you.

Length of Program 180 Credits

68-0779 (07-15)

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

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$405-part time, \$5109-12-18 credits	
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 credits	
2. Supplies, including tools, uniforms, etc.	0	
3. Fees, including laboratory, student rentals, deposits	\$25, registration	
4. Miscellaneous charges	0	
5. Average cost per year for program	\$20,436	
6. Total cost to complete this program	\$61,308	
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.

Image: Post-Secondary Educational Institution registered under HEA

□ Registered under the National Apprenticeship Act (NAA)

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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	s application is true and correct. All s	upporting documentation is true and factual.		
Signature		Date / /			
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Authorized RWIB Signature					
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		2			

68-0779 (07-15)

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

1. Date Institution was founded: _

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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 Bachelor of Science in Fire and Emergency Management

A <u>brief program description</u> The general public and government appointees are demanding higher levels of training and education for those who lead our nation's first response teams to catastrophic disasters, terrorist incidents, and typical emergencies. This degree program is designed for emergency services personnel who want to increase their administrative and management knowledge as well as occupational and life safety awareness. It also prepares students to face new challenges in technology, human resource management, and fiscal responsibility.

The degree serves professionals seeking enhanced skills and a broad spectrum of knowledge in the field of fire science and emergency management. Each term students are assessed on their mastery of the course outcomes which measure the skills, knowledge, abilities and behaviors employers expect. A summary of these assessments can be found <u>here</u>. Official Fire and Emergency Services Higher Education (FESHE) Institution

Kaplan University is recognized by the U.S. Fire Administration as an official Fire and Emergency Services Higher Education (FESHE) institution. The fire and emergency management program closely follows the FESHE model.

B. Length of Program 180 Credits

68-0779 (07-15)

6

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, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 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
6. Total cost to complete this program	\$61,308

Please use additional pages if necessary.

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.

□ Post-Secondary Educational Institution registered under HEA

□ Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Susan Spivey

Signature

Name institution named here

	certify that I am the	Regional President	of the training
,	A	Title	
ĥ	and further certify that the information contained in th	his application is true)and correct. All supp	orting documentation is true and factual.
		61117	

) *[1]* [1] Date

of the training

If you are a Training netitution 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.

k	
4 ¹	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	n must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
	2
68-0779 (07-15) All other applicants must comple	te the following information and Part III - Part VI:
1. Date Institution was founded:	
2. Number of years the institution	n has been in continuous operation:
3. Is the institution accountable to	o a policy or governmental board? 🛛 🗆 Yes 🗔 No
	Please attach a member list.
4. Does each program lead to a	degree or certification? Please Explain:
1.Is the institution financially sou institution's most recent auditor's	PART III - FINANCIAL INFORMATION Ind and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the s report.
2. Attach a schedule of fees for i	n-state and out-of-state tuition, if applicable.
3. Does the institution have a ref any time prior to completion?	fund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at
Please state your refund policy:	
	PART IV - FACILITIES
Describe your facility. Provide na	arrative 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 e	
*The number of persons employe *Current number of students enr	

*Class size to instructor ratio

*School Calendar

*Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

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	nport, 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 Bachelor of Science in Finance

A <u>brief program description</u>: As technology continues to evolve at a rapid pace, it stimulates business growth and generates new business opportunities. Kaplan University's Bachelor's of Science in Finance program is designed to help you gain technical knowledge and skills in a wide range of financial areas, and develop an understanding of the factors that influence financial decision-making.

As a student, you'll have opportunities to grow and apply your critical-thinking skills to find solutions to a variety of financial problems. The curriculum covers subjects such as financial planning, corporate finance, banking, real estate, financial markets, and investment management. This degree focuses on helping students do the following:

- Gain technical knowledge and skills in a range of financial areas
- Acquire an understanding of factors that influence financial decision-making
- Develop/implement critical thinking skills to solve in-depth financial problems

B. What is the method of delivery?

□ 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)	\$405-part time, \$5109-12-18 credits	
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 credits	
2. Supplies, including tools, uniforms, etc.	0	
3. Fees, including laboratory, student rentals, deposits	\$25-registration	
4. Miscellaneous charges	0	
5. Average cost per year for program	\$20,436	
6. Total cost to complete this program	\$61,308	
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

Signature

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

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.

<u></u>	
	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: Mi	chaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
L	2
68-0779 (07-15) All other applicants must complete the following inform	
1. Date Institution was founded:	·
	ous operation:
3. Is the institution accountable to a policy or governme	ental board? Yes No
If so, what board?	Please attach a member list.
 Does each program lead to a degree or certification' 	? Please Explain:
P	ART III - FINANCIAL INFORMATION
1.Is the institution financially sound and able to satisfy institution's most recent auditor's report.	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-stat	e tuition, if applicable.
3. Does the institution have a refund policy for the unus any time prior to completion?	sed portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at

Please state your refund policy:

*The number of buildings

*Handicap accessibility

PART IV - FACILITIES

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

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

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PART I - GENERAL INFORMATION

Date Of Application	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 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 Bachelor of Science in Early Childhood Administration

A <u>brief program description</u> he online Bachelor of Science in Early Childhood Administration builds on the foundations of early childhood development best practices while also preparing you to become a leader in the early childhood field. You could be prepared to pursue opportunities in many different arenas, from operating or owning your own early childhood program to managing an early childhood agency or organization.*

Both **government and private-sector organizations** have been placing a greater emphasis on improving early childhood care and learning. According to the Bureau of Labor and Statistics, there is expected to be a growing need for early childcare center directors and non-licensed teachers, and employers may prefer candidates who possess a bachelor's degree in the field.[†] This social science bachelor's degree is designed to build your knowledge and skillset in:

- Early child growth and development
- Early childhood education and curriculum
- Business and management

j

• Early childhood leadership and advocacy

Kaplan University instructors are themselves professionals in business and early childhood, with years of experience in early childhood leadership positions, including oversight of special needs programs in both private and public organizations, and in agencies such as Head

Start. Many have also owned and operated their own preschools. Their experience can provide you with opportunities to develop a broader perspective and real-world knowledge across the early childhood field.

Completion of our Bachelor of Science in Early Childhood Administration can help your career in*:

- Center-based programs servicing young children
- Public and private agencies providing or overseeing services to young children
- Fundamentals in teaching young children
- Professional development positions of early childhood programs
- Owning your own early childhood care or education facility

B. Length of Program	180 Credits
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68-0779 (07-15)

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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-administration, \$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$22,500
6. Total cost to complete this program	\$45,000-capped tuition
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 President	of the training
Name		Title	
institution named herein and further c	ertify that the information contained in th	is application is true and,	correct. All supporting documentation is true and factual.
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/// //		<i>إ</i> د	1411
Signatura	//	Date	l

Signature

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

	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to: Michae	ela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
68-0779 (07-15) All other applicants must complete the following information	2 n and Part III - Part VI:
1. Date Institution was founded:	
2. Number of years the institution has been in continuous o	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	ease Explain:
	T III - FINANCIAL INFORMATION ntial 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 tuil	tion, if applicable.
3. Does the institution have a refund policy for the unused p any time prior to completion?	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:

*Availability of suitable training equipment *The number of buildings *Handicap accessibility

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

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

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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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 each program for which you are applying, including:

A. Program Name Bachelor of Science in Cybersecurity

A <u>brief program description</u>: Information security breaches, cyberattacks, and online threats continue to increase in frequency and make news around the world. Businesses, government agencies, and individuals are all at risk, and the demand for cybersecurity professionals is expected to grow.* Kaplan University's bachelor's degree program is designed to help you master the fundamentals of cybersecurity, applying industry-accepted and emerging practices to solve real-world security problems.[†]

Upon completion of the program, you could be able to evaluate security trends, recognize best practices, and understand IT security products and threats. You'll explore the depth and breadth of materials to enable you to pursue many of the critical certifications recognized by the information assurance community and for the Department of Defense personnel.[‡]

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, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 credits
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration
4. Miscellaneous charges	0
5. Average cost per year for program	\$20,436
6. Total cost to complete this program	\$61,308
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.

 \boxtimes 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
Name		Title	
institution named herein and fu	urther certify that the information contained in th	is application is true and corre	ct. All supporting documentation is true and factual.
			17
Signature	ſ]]	Date / ' '	,

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

	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to: Micha	aela 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:
I. Date Institution was founded:	
2. Number of years the institution has been in continuous	operation:
3. Is the institution accountable to a policy or governmenta	al board? 🛛 Yes 🗆 No
	al board? □ Yes □ No Please attach a member list
	Please attach a member list
If so, what board?4. Does each program lead to a degree or certification? P	Please attach a member list
If so, what board? Does each program lead to a degree or certification? P PAR Is the institution financially sound and able to satisfy pot	Please attach a member list lease Explain:
If so, what board? Does each program lead to a degree or certification? P PAR I.Is the institution financially sound and able to satisfy pot institution's most recent auditor's report. 2. Attach a schedule of fees for in-state and out-of-state to	Please attach a member list lease Explain:

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.

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.

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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 Office	cer 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 Bachelor of Science in Corrections

A <u>brief</u> program description According to the American Jail Association there are over 3,000 jail facilities across the county and approximately 150 federal correctional institutions nationwide. It's estimated these institutions facilitate care for over 6.5 million individuals.

This program is designed to build your knowledge and skill sets in areas such as:

- · How prisons and rehab facilities function, including their hierarchies, regulations, and communications systems
- Security factors such as procedures and institutional policies, inmate protection, riot control, disarming weapon-bearing prisoners, social and facility disturbance management, and hostage negotiation
- Treatment opportunities available for offenders, treatment conditions upon release, counselors in corrections, community supervision, and training requirements
- The ethical and legal aspects of corrections with an overview and discussion on what is working in the field and what is not

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

Completion of our online Bachelor of Science in Corrections program can prepare you to pursue a career such as*:

• Adult or juvenile corrections officer

- Probation and parole officer or counselor
- Leadership and legal associated roles within corrections

B. Length of Program 180 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, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 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
6. Total cost to complete this program	\$61,308
Please use additional pages if necessary.	

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

1

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Post-Secondary Educational Institution registered under HEA

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

CERTIFICATION			
l Susan Spivey	certify that I am the	Regional President	of the training
Name	1	Title	
institution named herein and further c	ortify that the information contained in thi	is application is true and	correct. All supporting documentation is true and factual.
		_x /	
Signature		Date	l ,
If you are a Training Institution any	a for program cortification opplications	must be ferwarded to Pe	gional Workforce Investment Board for consideration

If you are a Training Institution by 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.

m		
	FOR RWIB USE C	DNLY
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Application Date	Date RWIB S	Submitted to IWD
	Region #:	
Authorized RWIB Signature		
The RWIB-approved form n	nust be sent to: Michaela Rotert, Iowa Workforce Develo	
68-0779 (07-15) All other applicants must complete	2 the following information and Part III - Part VI:	
1. Date Institution was founded:		
2. Number of years the institution h	has been in continuous operation:	
3. Is the institution accountable to	a policy or governmental board? 🛛 🛛 Yes 🗔 No	
If so, what board?		Please attach a member list.
4. Does each program lead to a de	egree or certification? Please Explain:	

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 *Availab *Handicap accessibility *Complia

*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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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-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 Bachelor of Science in Communication

B. A <u>brief</u> program description As the U.S. economy continues to transition from goods-producing to service-providing employment, job candidates who have the ability to interact and communicate effectively with others—both interpersonally and through various forms of media—will be at a tremendous advantage. Service-providing industries are expected to account for approximately 18 million new wage and salary jobs generated over the decade ending in 2020.* Study to prepare for your role in this exciting industry by earning a Bachelor of Science in Communication at Kaplan University.

C. Length of Program 180 Credits

68-0779 (07-15)

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

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$405-part time, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 credits
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration
4. Miscellaneous charges	0
5. Average cost per year for program	\$20,436
6. Total cost to complete this program	\$61,308
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			
l 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 s	supporting documentation is true and factual.
If you are a Training Institutio	// n applying for program certification, <u>applications m</u> ions received directly from Training Institutions to t	ust be forwarded to Regional Work	
	FOR RW	IB USE ONLY	
Date Received by RWIB		Date Approved by RWIB	
Application Date		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

Region #:

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

1. Date Institution was founded: ____

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

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

PART I - GENERAL INFORMATION

Date Of Application	4/26/17		
Name of Institution	Kaplan University		
Address	1801 E Kimberly Rd #1, Dave	nport, 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 Bachelor of Science in Accounting

A <u>brief program description</u>: With stricter financial laws and tougher scrutiny of company finances, the Bureau of Labor Statistics predicts an 11 percent growth rate for accountants and auditors through 2024. Most of these positions will require at least a bachelor's degree in accounting or a related field.*

As new businesses emerge, accountants and auditors are expected to be needed to set up books, prepare taxes, and provide management advice.* At Kaplan University, you can earn your bachelor's degree, prepare to become an accountant, and study to attain job proficiencies to prepare for a career in accounting.[†] Kaplan University's campus and online accounting degree programs offer flexible start dates.

Length of Program 180 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)	\$405-part time, \$5109-12-18		
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18		
2. Supplies, including tools, uniforms, etc.	0		
3. Fees, including laboratory, student rentals, deposits	\$25-registration		
4. Miscellaneous charges	0		
5. Average cost per year for program	\$20436		
6. Total cost to complete this program	\$61,308		
Please use additional pages if necessary.			

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

credits

credits

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
	that the information contained in th		pporting documentation is true and factual.
Signature		Date	
If you are a Training Institution applying for Non-RWIB approved applications received			
	FOR R	WIB 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 W	/orkforce Development, 150 Des Moi	nes Street, Des Moines, IA 50309
68-0779 (07-15) All other applicants must complete the follo	wing information and Part III., Part	2	
All other applicants must complete the lolid	owing information and Part III - Part	. vi.	
1. Date Institution was founded:			
2. Number of years the institution has been	n in continuous operation:		
3. Is the institution accountable to a policy	or governmental board? 🛛 🛛 Yes	s 🗆 No	
If so, what board?			Please attach a member list.

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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	
le vour craenization a post or	and any advantional institution	a clicible under the Higher Education Act (HEA) or registered under the national Appropriateshin	

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 Bachelor of Nursing

A <u>brief program description</u> In a health care industry that is experiencing unprecedented change, nurses are taking on many new responsibilities. Kaplan University's Bachelor of Science in Nursing, RN-to-BSN completion program, is designed to prepare you for that next level of professional opportunity. Kaplan University's online RN-to-BSN program can help you earn the credentials to qualify for new positions in specialized nursing and nursing management.

A Bachelor of Science in Nursing degree is considered a standard requirement for registered nurses (RNs) seeking to advance their careers. If you are an RN, our online program can prepare you to advance your career and better meet the demands of today's dynamic health care environment and pursue advanced professional roles.*

The baccalaureate degree in nursing at Kaplan University is accredited by the Commission on Collegiate Nursing Education (www.aacn.nche.edu/ccne-accreditation).

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)	\$315
1b. Tuition (Out-of-State, per credit hour)	\$315
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration, \$295-tech fee per term, \$48-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$12,230
6. Total cost to complete this program	\$31,005
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 Spive	/ (certify that I am the	Regional President	of the training
Name			Title	
institution nam	ed herein and further pertify that the inform	nation contained in thi	is application is true and	correct. All supporting documentation is true and factual.
	MM		5/1.	2/17
Signature			Date	/

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

	FOR RWIB USE ONLY	
Date Received by RWIB	Date Approved by RWIB	
Application Date	Date RWIB Submitted to IWD	
	Region #:	
Authorized RWIB Signature		
The RWIB-approved form must be sent to: Mi	lichaela Rotert, Iowa Workforce Development, 150 Des Moines Stre	eet, Des Moines, IA 50309
68-0779 (07-15) All other applicants must complete the following inform	2 mation and Part III - Part VI:	
1. Date Institution was founded:		
2. Number of years the institution has been in continue	ious operation:	
3. Is the institution accountable to a policy or governm	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:	
P	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.

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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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 Bachelor of Science in Environmental Policy and Management

A <u>brief program description</u> Pursue a path to sustainability by acquiring green-related knowledge and skills that could make you an asset to employers in a variety of settings.* Our Bachelor of Science in Environmental Policy and Management degree offers an interdisciplinary opportunity to study environmental issues and policy by exploring the interrelationship between public and private sectors and society, economics, and the environment.

Explore the latest case studies, research, and knowledge as you learn from professors with real-world expertise in the environmental and sustainability fields. And enjoy collaborating with professors and classmates via live seminars, discussions boards, and one-on-one instructor interaction.

□ 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, \$5109-12-18 credits
1b. Tuition (Out-of-State, per credit hour)	\$405-part time, \$5109-12-18 credits
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$25-registration
4. Miscellaneous charges	Click here to enter text.
5. Average cost per year for program	\$20,436
6. Total cost to complete this program	\$61,308
Please use additional pages if necessary.	

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

☑ Post-Secondary Educational Institution registered under HEA

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CERTIFICATION

I Susan Spivey Name	certify that I am the	Regional President Title	of the training
institution named herein and fu	Inther certify that the information contained in th	is application is true and correct. All s	supporting documentation is true and factual.
Signature	0/	Date	
	applying for program certification, <u>applications</u> ons received directly from Training Institutions to		
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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	

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 Bachelor of Science in Legal Support and Services

A <u>brief program description</u> The Bachelor of Science in Legal Support and Services degree program provides a solid foundation in legal theory and practice, offering you a broad-based knowledge of the law as well as practical areas of study required by many professions both inside and outside the legal field. The program could also prepare you for or enhance your skills within the paralegal field. The program could also prepare you for or enhance your skills within the paralegal field. The curriculum is regularly evaluated and updated so your courses are based on current knowledge, research, and case studies in the field. You'll learn from professors who are legal practitioners with real-world experience in legal services, law, and policy. And you'll have regular opportunities to collaborate with faculty members and classmates via live seminars, discussions boards, and one-on-one instructor interactions.

The legal support and services bachelor's degree is not just for those seeking to work in a law firm. Corporations, insurance firms, consulting firms, and health care institutions often hire legal support and services staff.

Students of the program also have the option of selecting the paralegal studies concentration, which includes courses in litigation, criminal law, and administrative law.

You may wish to consider this program if you are interested in starting or enhancing your career in the legal support and services or paralegal field, or changing your current career status.* Individuals with an <u>associate's degree</u> who wish to advance into a position requiring a higher level of legal knowledge should also consider this program.

As one of the largest providers of online legal studies programs in the United States[†], Kaplan University has helped over 6,500 legal studies graduates achieve their educational goals since 2001. So when you earn your degree from Kaplan University, you join one of the most active and diverse alumni communities in the legal field.

Length of Program 180 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, \$200-adminisration, \$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$22500
6. Total cost to complete this program	\$45,000-capped on tuition
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

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.

	MA	
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.

1

ι.	FOR RWIB USE ONLY
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Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
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	2
8-0779 (07-15) \II other applicants must complete the following informati	
	s operation:
. Is the institution accountable to a policy or government	tal board? □ Yes □ No
	Please attach a member lis
. Does each program lead to a degree or certification? F	Please Explain:
	Please Explain:
PAI	
.Is the institution financially sound and able to satisfy po	RT III - FINANCIAL INFORMATION otential liabilities arising from its participation? Please enclose a certified financial statement and the
PAI Is the institution financially sound and able to satisfy pon stitution's most recent auditor's report.	RT III - FINANCIAL INFORMATION otential liabilities arising from its participation? Please enclose a certified financial statement and the

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

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1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.