



Length of Program 60 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) \$385
- 1b. Tuition (Out-of-State, per credit hour) \$385
- 2. Supplies, including tools, uniforms, etc. 0
- 3. Fees, including laboratory, student rentals, deposits \$295-technology, \$350-clinical fee, \$48-background
- 4. Miscellaneous charges [Click here to enter text.](#)
- 5. Average cost per year for program \$18,800
- 6. Total cost to complete this program \$37,600

Please use additional pages if necessary.

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

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

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

**CERTIFICATION**

I Susan Spivey certify that I am the Regional Campus President of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

\_\_\_\_\_  
Signature

5/12/17  
\_\_\_\_\_  
Date

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

**FOR RWIB USE ONLY**

Date Received by RWIB \_\_\_\_\_

Date Approved by RWIB \_\_\_\_\_

Application Date \_\_\_\_\_

Date RWIB Submitted to IWD \_\_\_\_\_

Region #: \_\_\_\_\_

Authorized RWIB Signature \_\_\_\_\_

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

**2**

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: \_\_\_\_\_

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

If so, what board? \_\_\_\_\_ Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: \_\_\_\_\_

**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

\*Availability of suitable training equipment

\*Handicap accessibility

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

**PART V - ORGANIZATION OF THE TRAINING INSTITUTION**

Please provide a description of each of the following:

\*The number of persons employed

\*Current number of students enrolled

\*Class size to instructor ratio

\*School Calendar

\*Availability of Transcripts

**PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM**

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

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

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

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

**PART I - GENERAL INFORMATION**

Date Of Application            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](mailto: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                Masters in Nursing – DNP Path

A brief program description Kaplan University's Master of Science in Nursing—DNP Path allows you to study online and earn the credentials to pursue career advancement in administrative or advanced practice roles.\* If you possess a bachelor's degree and apply to the Doctor of Nursing Practice program, you must enroll in this program. Successful completion of the Master of Science in Nursing—DNP Path is required to move on to the [Doctor of Nursing Practice](#).

The online Master of Science in Nursing program is accredited by the Commission on Collegiate Nursing Education (CCNE, [www.aacn.nche.edu/ccne-accreditation](http://www.aacn.nche.edu/ccne-accreditation)).

Length of Program    60 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)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology, \$350-clinical fee, \$48-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$18,800
6. Total cost to complete this program	\$37,600

Please use additional pages if necessary.

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

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

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

### CERTIFICATION

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

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

Signature

Date

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Date Approved by RWIB

Application Date

Date RWIB Submitted to IWD

Region #:

Authorized RWIB Signature

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**State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
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Telephone Number            319-363-0481                         Email Address [sspivey@kaplan.edu](mailto: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                         Master of Science in Management

A brief program description : To be a successful leader in today's fast-paced business world, it is important to be able to identify complex problems, implement solutions, and make sound decisions.\* The Master of Science in Management's curriculum is designed to help you develop these valuable skills. Our online program focuses on the most effective management and organizational strategies and concepts to help you make a difference in today's business environment. If you already have a bachelor's degree and want to advance your existing career or begin an exciting, new profession, this online master's in management program could prepare you with the knowledge and skills to help you succeed.†

Length of Program    56 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)	\$485
1b. Tuition (Out-of-State, per credit hour)	\$485
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology, \$64.50-Insights Profile
4. Miscellaneous charges	0
5. Average cost per year for program	\$14,662
6. Total cost to complete this program	\$29,324.50

Please use additional pages if necessary.

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

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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 VI:

- Date Institution was founded: \_\_\_\_\_
- Number of years the institution has been in continuous operation: \_\_\_\_\_
- Is the institution accountable to a policy or governmental board?  Yes  No  
If so, what board? \_\_\_\_\_ Please attach a member list.





Length of Program 55 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)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$11,473
6. Total cost to complete this program	\$22,945

Please use additional pages if necessary.

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

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Name Title

Signature \_\_\_\_\_ Date 5/12/07

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2

68-0779 (07-15)

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

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

If so, what board? \_\_\_\_\_ Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: \_\_\_\_\_

### 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.

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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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\*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.

**State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
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Name of Institution            Kaplan University

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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](mailto: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                Master of Science in Instructional Design and Technology

A brief program description    Kaplan University's Master of Science in Instructional Design and Technology focuses on the design, development, and evaluation of instructional programs, materials, and media in corporate and military environments. Our program is designed to help you develop skills you can use to create new curricula to meet the demands of a changing society and the needs of new generations of students. Whether you are interested in pursuing a new career or a higher-level position, a [master's degree](#) from Kaplan University could help you keep up with the advancing instructional technology field.\*

B. Length of Program            50 Credits

68-0779 (07-15)

**1**

C. What is the method of delivery?

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

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

## PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$10,375
6. Total cost to complete this program	\$20,750

Please use additional pages if necessary.

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

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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: \_\_\_\_\_
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**State of Iowa  
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Program Contact Information Susan Spivey

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**PART II (a) - PROGRAM INFORMATION**

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

A. Program Name                 Master of Science in Information Technology

A brief program description A master's degree in information technology could prepare you with the communication skills, critical thinking abilities, and technical competencies to help advance your career.\* You will have the opportunity to apply appropriate technologies in the analysis and design of information systems, as well as assess ethical, legal, and social issues.

The Master of Science in Information Technology program is designed to provide you with an integrated design and technology background that may help you advance your career.\* You will have the opportunity to study:

- Information Technology Leadership: Lead teams and organizations in managing information systems and their business outcomes.
- Systems Analysis and Design: Develop efficient, effective, and secure systems solutions.
- Information System Security: Secure an organization's digital assets and intellectual property.
- Project Management: Manage scope, schedule, and resources to deliver quality information systems projects.
- Ethical Practices: Evaluate information systems' legal, ethical, social, and global implications to ground decisions and optimize social outcomes.

- Decision Analysis: Create business intelligence for use in evidence-based decision making.

Length of Program 60 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)	\$402
1b. Tuition (Out-of-State, per credit hour)	\$402
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$13,185
6. Total cost to complete this program	\$26,370

Please use additional pages if necessary.

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

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

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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

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

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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                 Master of Science in Human Services

B. A brief program description The Master of Science in Human Services program is designed for professionals who are committed to improving the quality of life for all people in the growing field of human services.\* The program is designed to prepare current professionals for leadership positions in a variety of nonprofit, government, or private agencies that help drive positive change for families and communities. Earning this degree can help you advance in a position or pursue a leadership career within the human services field.† The program adheres to the curriculum standards of the Council for Standards in Human Services Education and offers two degree concentrations‡: Family and community services Organizational and social services Both core courses and concentration courses provide a comprehensive education in theory and practice. You will work on developing critical-thinking and problem-solving skills that will assist you in meeting your personal and professional goals in your chosen specialization area.



C.Length of Program 45 Credits

68-0779 (07-15)

1

D.What is the method of delivery?

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

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

**PROGRAM COSTS:**

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$10,013
6. Total cost to complete this program	\$20,025

Please use additional pages if necessary.

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

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

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

**CERTIFICATION**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date 5/12/17

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

## FOR RWIB USE ONLY

Date Received by RWIB \_\_\_\_\_

Date Approved by RWIB \_\_\_\_\_

Application Date \_\_\_\_\_

Date RWIB Submitted to IWD \_\_\_\_\_

Region #: \_\_\_\_\_

Authorized RWIB Signature \_\_\_\_\_

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

2

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: \_\_\_\_\_

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

If so, what board? \_\_\_\_\_ Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: \_\_\_\_\_

### 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

\*Availability of suitable training equipment

\*Handicap accessibility

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

### PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

\*The number of persons employed

\*Current number of students enrolled

\*Class size to instructor ratio

\*School Calendar

\*Availability of Transcripts

### PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

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

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

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

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

**PART I - GENERAL INFORMATION**

Date Of Application            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](mailto: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                         Master of Science in Homeland Security and Emergency Management

B. A brief program description Environmental disasters, terrorism, espionage, border transgressions—stories about threats like these make headlines every day. Kaplan University could help you pursue an important and challenging career protecting the security and safety of our country.

If you already have a bachelor's degree from a regionally or nationally accredited college and want to earn an advanced degree to further your career, the Master of Science in Homeland Security and Emergency Management could help you pursue your goal. This criminal justice degree program could help prepare you to pursue management-level positions with employers such as the Department of Homeland Security and other federal, state, and local agencies, as well consulting companies in the private sector.\*

C. Length of Program            55 Credits

D. What is the method of delivery?

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

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

**PROGRAM COSTS:**

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$11,435
6. Total cost to complete this program	\$22,870

Please use additional pages if necessary.

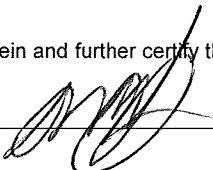
**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

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

**CERTIFICATION**

I Susan Spivey certify that I am the Regional Campus President of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

\_\_\_\_\_  
Signature 

\_\_\_\_\_  
Date 5/12/17

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

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



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

## PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$10,398
6. Total cost to complete this program	\$20,795

Please use additional pages if necessary.

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

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 Registered under the National Apprenticeship Act (NAA)

## CERTIFICATION

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Date Approved by RWIB

Application Date

Date RWIB Submitted to IWD

Region #:

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



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)	\$402
1b. Tuition (Out-of-State, per credit hour)	\$402
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology, \$48-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$12,288
6. Total cost to complete this program	\$24,577

Please use additional pages if necessary.

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

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Date

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Application Date \_\_\_\_\_

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Authorized RWIB Signature \_\_\_\_\_

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## 2

68-0779 (07-15)

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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?  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.

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Please state your  
refund policy:

\_\_\_\_\_  
\_\_\_\_\_

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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

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



**PROGRAM COSTS:**

1a. Tuition (per credit hour)	\$460
1b. Tuition (Out-of-State, per credit hour)	\$460
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$13,930
6. Total cost to complete this program	\$27,860

Please use additional pages if necessary.

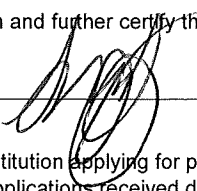
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- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I Susan Spivey certify that I am the Regional Campus President of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

\_\_\_\_\_  
 Signature  \_\_\_\_\_  
 Date 5/12/17

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**FOR RWIB USE ONLY**

Date Received by RWIB	_____	Date Approved by RWIB	_____
Application Date	_____	Date RWIB Submitted to IWD	_____
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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 VI:

- Date Institution was founded: \_\_\_\_\_
- Number of years the institution has been in continuous operation: \_\_\_\_\_
- Is the institution accountable to a policy or governmental board?  Yes  No

If so, what board? \_\_\_\_\_ Please attach a member list.

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

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**PART I - GENERAL INFORMATION**

Date Of Application 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](mailto: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 Master of Science in Educational Psychology

A brief program description Kaplan University's Master of Science in Educational Psychology teaches you how to build, implement, and evaluate instructional regimens that are both competitive and educationally effective. You'll receive training in the latest instructional techniques, technologies, educational trends, and learning behaviors.

Whether you are interested in pursuing a new career or an advanced position, a master's degree from Kaplan University could help you keep pace with the fascinating field of educational psychology.

B. Length of Program 52 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)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$11,928
6. Total cost to complete this program	\$23,855

Please use additional pages if necessary.

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

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Signature

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1. Date Institution was founded: \_\_\_\_\_



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)	\$402
1b. Tuition (Out-of-State, per credit hour)	\$402
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$13,185
6. Total cost to complete this program	\$26,370

Please use additional pages if necessary.

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

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D. What is the method of delivery?

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

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

## PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology, \$45-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$11,435
6. Total cost to complete this program	\$22,870

Please use additional pages if necessary.

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

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**2**

68-0779 (07-15)

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If so, what board? \_\_\_\_\_ Please attach a member list.

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\_\_\_\_\_

**PART III - FINANCIAL INFORMATION**

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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.

**State of Iowa  
Iowa Workforce Development  
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Location of Training Facility   Davenport, Cedar Rapids, Cedar Falls, Mason City, Des Moines

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Program Contact Information Susan Spivey

Telephone Number            319-363-0481                         Email Address [sspivey@kaplan.edu](mailto: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                 Master of Science in Business Administration

A brief program description : Today's employers are looking for MBA graduates with an international mindset; those who can understand global issues, manage relationships across cultures, and grow businesses in emerging world markets.

The objective of Kaplan University's Master of Business Administration program is to help students pursue leadership positions in competitive business environments, wherever they exist.\* The curriculum was developed by a select panel of global business professionals and features international business case studies and examples.

Length of Program    76 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)	\$485
1b. Tuition (Out-of-State, per credit hour)	\$485
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology, \$64.50-insights profile, \$50-capstone, \$40-marketplace simulation
4. Miscellaneous charges	0
5. Average cost per year for program	\$15,752-no specialization and no specialization
6. Total cost to complete this program	\$31,504.50-no specialization, \$39,864.50-specialization

Please use additional pages if necessary.

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

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 Registered under the National Apprenticeship Act (NAA)

## CERTIFICATION

I Susan Spivey certify that I am the Regional Campus President of the training  
Name Title  
institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature

Date

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Date Received by RWIB

Date Approved by RWIB

Application Date

Date RWIB Submitted to IWD

Region #:

Authorized RWIB Signature

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

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

1. Date Institution was founded: \_\_\_\_\_
2. Number of years the institution has been in continuous operation: \_\_\_\_\_

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

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

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

**PART I - GENERAL INFORMATION**

Date Of Application            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](mailto: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                Master of Science in Accounting

A brief program description : Stricter laws and regulations, particularly in the financial sector, are expected to create opportunities for accounting and auditing professionals as businesses seek to comply with new standards.\* If you have successfully completed a [bachelor's degree in business](#) with a major in accounting or finance, Kaplan University's Master of Science in Accounting could be your next step in the pursuit of a mid-to-senior-level position within the field of accounting.† This master's in accounting program is designed to provide students with critical thinking and problem-solving skills, as well as the knowledge base to prepare for professional practice within the field of accounting.

Length of Program    52 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)	\$460
1b. Tuition (Out-of-State, per credit hour)	\$460
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150 technology fee
4. Miscellaneous charges	0
5. Average cost per year for program	\$12,935
6. Total cost to complete this program	\$25,870

Please use additional pages if necessary.

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

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Post-Secondary Educational Institution registered under HEA

Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I Susan Spivey certify that I am the Regional Campus President of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

\_\_\_\_\_  
 Name Signature

\_\_\_\_\_  
 Title Date

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Authorized RWIB Signature \_\_\_\_\_

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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?  Yes  No

If so, what board? \_\_\_\_\_ Please attach a member list.



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)	\$402
1b. Tuition (Out-of-State, per credit hour)	\$402
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology, \$48-background
4. Miscellaneous charges	0
5. Average cost per year for program	\$12,288
6. Total cost to complete this program	\$24,577

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

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Iowa Workforce Development  
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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](mailto: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 Master of Public Administration

B. A brief program description The public sector needs strong, educated leaders who can make decisions that make a difference. Kaplan University's Master of Public Administration is designed to help practicing and aspiring administrators develop the skills and techniques needed to provide leadership in a wide variety of public service fields.\* The program focuses on teaching you management and decision-making skills; knowledge to help you become a successful leader in the public sector.

C. Length of Program 55 Credits

D. What is the method of delivery?

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

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

### PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295 technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$11,472
6. Total cost to complete this program	\$22,945

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

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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: \_\_\_\_\_

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

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

If so, what board? \_\_\_\_\_ Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: \_\_\_\_\_

### 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:

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---

### PART IV - FACILITIES

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

\*The number of buildings

\*Availability of suitable training equipment

\*Handicap accessibility

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

### PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

\*The number of persons employed

\*Current number of students enrolled

\*Class size to instructor ratio

\*School Calendar

\*Availability of Transcripts

### PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

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

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

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**PART I - GENERAL INFORMATION**

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Name of Institution            Kaplan University

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Telephone Number            563-355-3500                         Fax Click here to enter text.

Location of Training Facility    Davenport, Cedar Rapids, Cedar Falls, Mason City, Des Moines

Name of Chief Executive Officer Susan Spivey

Program Contact Information Susan Spivey

Telephone Number            319-363-0481                         Email Address [sspivey@kaplan.edu](mailto: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            Master of Health Information Management

A brief program description : Health information management is a diverse, rapidly evolving field with many opportunities for qualified professionals. The Master of Health Information Management can help prepare you with the knowledge and skills to pursue leadership positions in the dynamic fields of health information management, administration, education, and research.\*

The online Master of Health Information Management is focused on the strategic and operational relevance and robustness of clinical information, resources, workflow, and connectivity within the health care industry and public health sectors.

We also offer a sequence of programs that serves as a specialized career pathway for health informatics professionals looking to build on their skills and expertise. The [Bachelor of Science in Health Information Management](#) lay the foundation for continued study at the graduate level in the Master of Health Information Management and Master of Health Informatics programs.

Length of Program    48 Credits

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)	\$441
1b. Tuition (Out-of-State, per credit hour)	\$441
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$11,469
6. Total cost to complete this program	\$22,938

Please use additional pages if necessary.

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

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Authorized RWIB Signature \_\_\_\_\_

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**2**

68-0779 (07-15)

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

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

If so, what board? \_\_\_\_\_ Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: \_\_\_\_\_

**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

\*Availability of suitable training equipment

\*Handicap accessibility

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

**PART V - ORGANIZATION OF THE TRAINING INSTITUTION**

Please provide a description of each of the following:

\*The number of persons employed

\*Current number of students enrolled

\*Class size to instructor ratio

\*School Calendar

\*Availability of Transcripts

**PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM**

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

**State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
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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](mailto: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            Master of Health Informatics

A brief program description : Improving the health care system means integrating innovative technology into patient care. The field of health informatics (HI) connects computer science, information science, and health care. HI professionals work with the processes and tools used to record, store, and analyze health care information; and communicate with both health care providers and IT professionals.

Kaplan University's online Master of Health Informatics could prepare you for an exciting career and open doors to a variety of HI management and leadership positions.\* We also offer a sequence of programs that serves as a specialized career pathway for health informatics professionals looking to build on their skills and expertise. The Bachelor of Science in Health Information Management lay the foundation for continued study at the graduate level in the Master of Health Information Management and Master of Health Informatics programs.

Length of Program    48 Credits

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)	\$441
1b. Tuition (Out-of-State, per credit hour)	\$441
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
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6. Total cost to complete this program	\$22,938

Please use additional pages if necessary.

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2

68-0779 (07-15)

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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

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refund policy:

---

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

\*The number of buildings

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\*Handicap accessibility

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Please provide a description of each of the following:

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\*Current number of students enrolled

\*Class size to instructor ratio

\*School Calendar

\*Availability of Transcripts

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

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**PART II (a) - PROGRAM INFORMATION**

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

A. Program Name            Master of Science in Education

A brief program description Today's P-12 classrooms come in all shapes and sizes, accommodating students in public and private schools, vocational programs, and even home schooling environments. At Kaplan University, we understand the value of nurturing students in unique teaching and learning environments. Our own virtual classrooms focus on adding a human touch to the high technology of learning online, allowing you to earn a Master of Science in Education entirely on your own schedule from anywhere you have access to the Internet. If you are already teaching and want to enhance your knowledge and advance your career, Kaplan University offers a convenient, flexible solution for earning your [master's degree](#) online.

B. Length of Program            46 Credits

68-0779 (07-15)

**1**

C. What is the method of delivery?

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

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

## PROGRAM COSTS:

1a. Tuition (per credit hour)	\$385
1b. Tuition (Out-of-State, per credit hour)	\$385
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$150-technology fee
4. Miscellaneous charges	0
5. Average cost per year for program	\$11,520
6. Total cost to complete this program	\$23,040

Please use additional pages if necessary.

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

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Name Title

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Date

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

**PART I - GENERAL INFORMATION**

Date Of Application            4/26/17

Name of Institution            Kaplan University

Address                        1801 E Kimberly Rd #1, Davenport, IA 52807

Telephone Number            563-355-3500                      Fax Click here to enter text.

Location of Training Facility    Davenport, Cedar Rapids, Cedar Falls, Mason City, Des Moines

Name of Chief Executive Officer Susan Spivey

Program Contact Information Susan Spivey

Telephone Number            319-363-0481                      Email Address [sspivey@kaplan.edu](mailto: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            Master of Arts in Teaching- Iowa Certification

A brief program description Teaching children during their formative years of adolescence is a challenge that can be personally and financially rewarding. In this profession you will serve as both mentor and coach—imparting academic knowledge and helping to shape students' views of their own self-worth and their roles in the world around them. If you are ready to experience the tremendous satisfaction that comes from preparing adolescents for the future, the Master of Arts in Teaching program at Kaplan University is designed to help you develop the necessary professional competencies to teach grades 5 through 12.

The Iowa certification track is designed for professionals living in the state of Iowa or close enough to be able to conduct weekly field experiences in an Iowa school. Candidates who successfully complete all program and graduation requirements will be recommended for Iowa licensure.\*

B. Length of Program            54 Credits

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) \$385
- 1b. Tuition (Out-of-State, per credit hour) \$385
- 2. Supplies, including tools, uniforms, etc. 0
- 3. Fees, including laboratory, student rentals, deposits \$75-background check Iowa Board of Examiners, \$150-technology D track, \$295-A,C track
- 4. Miscellaneous charges 0
- 5. Average cost per year for program \$11,515
- 6. Total cost to complete this program \$23030

Please use additional pages if necessary.

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

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

**CERTIFICATION**

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

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

\_\_\_\_\_  
Signature  Date 5/12/17

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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

**State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
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Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

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

A. Program Name                 Master in Health Care Administration

A brief program description Kaplan University's curriculum is continuously reviewed by experienced industry experts who see the big picture and the ways you may fit into it. With America's health care system undergoing dramatic changes—and experiencing faster-than-average growth\*—the management of this shifting landscape is expected to require professionals with special knowledge, insight, and problem-solving skills. The new wave of medical and health services managers must be prepared to handle complex new developments in technology, economics, ethics, finance, policy, and management.

Kaplan University master's degree in health care administration could help prepare you to seek leadership and management positions in governmental, nonprofit, public and private organizations. The rising costs and shifting accessibility of quality health care are critical issues to individuals and organizations nationwide. Effective leadership in the industry could help improve management structures and find solutions to unique challenges facing individuals and communities.

B. Length of Program 52 Credits

68-0779 (07-15)

1

C. What is the method of delivery?

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

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

**PROGRAM COSTS:**

1a. Tuition (per credit hour)	\$441
1b. Tuition (Out-of-State, per credit hour)	\$441
2. Supplies, including tools, uniforms, etc.	0
3. Fees, including laboratory, student rentals, deposits	\$295-technology
4. Miscellaneous charges	0
5. Average cost per year for program	\$15,292
6. Total cost to complete this program	\$24,997

Please use additional pages if necessary.

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

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**CERTIFICATION**

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Signature

Date

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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: \_\_\_\_\_

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

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

If so, what board? \_\_\_\_\_ Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: \_\_\_\_\_

**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

\*Availability of suitable training equipment

\*Handicap accessibility

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

**PART V - ORGANIZATION OF THE TRAINING INSTITUTION**

Please provide a description of each of the following:

\*The number of persons employed

\*Current number of students enrolled

\*Class size to instructor ratio

\*School Calendar

\*Availability of Transcripts

**PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM**

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



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

**PART II (a) - PROGRAM INFORMATION**

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

A. Program Name            ExcelTrack -Bachelor of Science in Information Technology

A brief program description : Technology-based careers exist in nearly every industry, offering diverse opportunities for job applicants with the right credentials. If you're ready to advance your career in IT, earning a degree in information technology through Kaplan University's **ExcelTrack** can prepare you with the technical knowledge and communication, critical thinking, and creative skills relevant to the modern workplace.\*

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) \$2200 flat rate
- 1b. Tuition (Out-of-State, per credit hour) \$2200 flat rate
- 2. Supplies, including tools, uniforms, etc. Click here to enter text.
- 3. Fees, including laboratory, student rentals, deposits Click here to enter text.
- 4. Miscellaneous charges Click here to enter text.
- 5. Average cost per year for program Click here to enter text.
- 6. Total cost to complete this program Click here to enter text.

Please use additional pages if necessary.

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

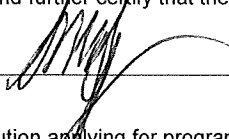
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**PART II (a) - PROGRAM INFORMATION**

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

A. Program Name            Excel Track: Bachelor of Science in Business Administration

A brief program description : Careers in management are available in nearly every industry, offering diverse opportunities for job applicants with the right knowledge, skills, and credentials. If you're ready to advance your career in management, earning a degree in business administration through Kaplan University's **ExcelTrack** can prepare you with knowledge and skills relevant to today's competitive business environment.\*

This program has received programmatic accreditation from the Accreditation Council for Business Schools and Programs (ACBSP). ACBSP promotes continuous improvement and recognizes excellence in the accreditation of business education programs around the world. For more information on Kaplan University's ACBSP accreditation, visit [www.acbsp.org](http://www.acbsp.org).

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)                            | \$2,200 per term flat rate |
| 1b. Tuition (Out-of-State, per credit hour)              | \$2,200 per term flat rate |
| 2. Supplies, including tools, uniforms, etc.             | Click here to enter text.  |
| 3. Fees, including laboratory, student rentals, deposits | Click here to enter text.  |
| 4. Miscellaneous charges                                 | Click here to enter text.  |
| 5. Average cost per year for program                     | Click here to enter text.  |
| 6. Total cost to complete this program                   | Click here to enter text.  |

Please use additional pages if necessary.

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

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