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 <a href="http://www.iwd.state.ia.us/wia/regioninfo.html">http://www.iwd.state.ia.us/wia/regioninfo.html</a>.

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

A. Program Name Masters in Nursing

A <u>brief</u> program description At Kaplan University, we are committed to better preparing our nursing graduates for the demands of the profession today and the challenges of tomorrow. Our advanced degree programs are designed to enhance your professional opportunities throughout the entire course of your career. Kaplan University's online Master of Science in Nursing (MSN) degree program is a prime example of this unique partnership.

Our online MSN is designed for nurses who desire to advance to the next level in their careers and take advantage of a growing range of opportunities for professional and personal fulfillment—including management positions and becoming an advanced practice nurse.\*

The master's degree in nursing program at Kaplan University is accredited by the Commission on Collegiate Nursing Education (<u>www.aacn.nche.edu/ccne-accreditation</u>).

## Why Should You Earn a Master's Degree in Nursing at Kaplan University?

- We offer a structured program, designed with the flexibility needed for nurses to balance work and life responsibilities with their studies
- Prepare for managerial positions and advanced practice roles
- Specialize in areas such as: nurse educator, executive leader, nurse informatics, and adult-gerontology and family nurse practitioner

Length of Program 60 Credits

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68-0779 (07-15)

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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)	\$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

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I Susan Spivey	certify that I am the	Regional Campus President	of the traini
Name	·	Title	
institution named herein and furthe	a cottific that the information contain		
	a certur mai me mormation contair	ied in this application is true and correct. All	supporting documentation is true and factual.

Signature

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

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	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: Mich	naela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
68-0779 (07-15) All other applicants must complete the following informat	<b>2</b> tion and Part III - Part VI:
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 governmen	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:
	<b>RT III - FINANCIAL INFORMATION</b> 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	tuition, if applicable.
3. Does the institution have a refund policy for the unused any time prior to completion?	d portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at
Please state your refund policy:	

#### **PART IV - FACILITIES**

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

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

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

Please provide a description of each of the following:

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

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

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

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	ocation of Training Facility Davenport, Cedar Rapids, Cedar Falls, Mason City, Des Moines			
Name of Chief Executive Officer Susan Spivey				
Program Contact Information Susan Spivey				
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu		
Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship				

Act. (NAA)? ⊠Yes □ No

## PART II (a) - PROGRAM INFORMATION

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

A. Program Name Masters in Nursing – DNP Path

A <u>brief</u> 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 <u>Doctor of Nursing Practice</u>.

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

Length of Program 60 Credits

68-0779 (07-15)

⊠ 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 Spive	ey .	certify that I am the	Regional Campus President	of the training
Name	1		Title	-
institution nan	ned herein and further certif	that the information contain	ned in this application is true and correc	t./All supporting documentation is true and factual.
	MART	1	K	
	MATT		5/	$\langle \gamma \mathcal{V} \rangle   \langle 1 \rangle$
Signature		/	Date	· /·

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

FOR RWIB USE ONLY		
Date Received by RWIB	Date Approved by RWIB	
Application Date	Date RWIB Submitted to IWD	
	Region #:	
Authorized RWIB Signature		
The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309		

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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, 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 Master of Science in Management

A <u>brief</u> 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.<sup>†</sup>

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Length of Program 56 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)	\$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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Post-Secondary Educational Institution registered under HEA

□ Registered under the National Apprenticeship Act (NAA)

CERTIFICATION			
I Susan Spivey Name	certify that I am the	Regional Campus President Title	of the training
institution named herein and further sertify that	t the information contai		upporting documentation is true and factual.
If you are a Training Institution applying for pro Non-RWIB approved applications received dir	ogram certification, <u>app</u> ectly from Training Insti	lications must be forwarded to Regional Workf tutions to the address below will not be proces	orce Investment Board for consideration. sed and with no further notification.
	F	OR 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 se	nt to: Michaela Rotert,	lowa Workforce Development, 150 Des Mo	ines Street, Des Moines, IA 50309

68-0779 (07-15) All other applicants must complete the following information and Part III - Part VI	2
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.

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## **PART I - GENERAL INFORMATION**

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

Act. (NAA)? ⊠Yes □ No

## PART II (a) - PROGRAM INFORMATION

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

A. Program Name Master of Science in Legal Studies

A <u>brief program description</u> Legal issues have a broad impact in many industries and the need for legal knowledge is no longer relegated to the legal department. Our online program is designed for working adults seeking to take advantage of expanded career opportunities by arming themselves with the knowledge of the law, legal terminology, and procedures.

The Master's in Legal Studies online program provides a solid foundation in legal doctrine and concepts while developing and refining your ability to identify and analyze legal issues. The curriculum focuses on the legal system, dispute resolution, legal research and writing, legal reasoning and analysis, ethical decision making, jurisprudence, legal history, and substantive areas of law. You can select the curriculum track that best suits your needs and design your curriculum by choosing electives to help enhance your expertise in your career field.

Attending classes online at Kaplan University is an interactive, supportive, and engaging experience. The program was developed by professors who are professionals in law, social science, and teaching, and is guided by a national advisory board of subject matter experts in a variety of law-related areas. Courses include live seminars, discussion boards, and one-on-one instructor feedback.

As one of the largest providers of online legal studies programs in the United States<sup>+</sup>, Kaplan University has helped over 6,500 legal studies graduates achieve their educational goals since 2001. This means that 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 55 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		
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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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/fu	ther certify that the information contain	ned in this application is true and	correct. All supporting documentation is true and factual.
		51	13/17
Signature		Date	l

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	FOR RWIB USE O	NLY
Date Received by RWIB	Date Approve	d by RWIB
Application Date	Date RWIB St	ubmitted to IWD
	Region #:	
Authorized RWIB Signature		
The RWIB-approved form	n must be sent to: Michaela Rotert, Iowa Workforce Develo	
68-0779 (07-15) All other applicants must comple	<b>2</b> ete the following information and Part III - Part VI:	
	n has been in continuous operation:	
	o 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:	
1.ls the institution financially sou institution's most recent auditor's	PART III - FINANCIAL INFO nd and able to satisfy potential liabilities arising from its particips report.	
2. Attach a schedule of fees for in	n-state and out-of-state tuition, if applicable.	
3. Does the institution have a ref any time prior to completion?	und policy for the unused portion of tuition, fees, and other cha	rges in the event the enrollee withdraws or discontinues at
Please state your refund policy:		
	PART IV - FACILITIE	
Describe your facility. Provide na	arrative that describes at a minimum a description on each of th	e following:
*The number of buildings *Handicap accessibility	*Availability of suitable training equipment *Compliance with fire, building and safety codes, inclu	uding off-campus locations or other sites
Please provide a description of e	PART V - ORGANIZATION OF THE TRA	AINING INSTITUTION
*The number of persons employe		

\*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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## **PART I - GENERAL INFORMATION**

	Date Of Application	4/26/17	
	Name of Institution	Kaplan University	
	Address	1801 E Kimberly Rd #1, Dave	enport, IA 52807
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	Location of Training Facility	Davenport, Cedar Rapids, Ce	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
	ls your organization a post-se	econdarv educational institutio	n eliaible under the Higher Education Act (HEA) or registered under the national Apprenti

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 <u>brief program description</u> 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 <u>master's degree</u> from Kaplan University could help you keep up with the advancing instructional technology field.\*

B. Length of Program 50 Credits

68-0779 (07-15)

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C. What is the method of delivery?

✓ ⊠ 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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Dest-Secondary Educational Institution registered under HEA

□ Registered under the National Apprenticeship Act (NAA)

I Susan Spivey	certify that I am the	Regional Campus President	of the training
Name		Title	
institution named herein and fu	rther certify that the information contain	ned in this application is true and corr	ect. All supporting documentation is true and factual.
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MI II		/	

Signature

Date 1

Signature Date 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
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to: M	lichaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
8-0779 (07-15)	2
All other applicants must complete the following infor	nation and Part III - Part VI:
. Date Institution was founded:	
Number of vears the institution has been in continu	lous operation:

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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 organization a post-se	condany educational institution	a eligible under the Higher Education Act (HEA) or registered under the national Appr	

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 Information Technology

A <u>brief</u> 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.

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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Post-Secondary Educational Institution registered under HEA

□ Registered under the National Apprenticeship Act (NAA)

#### CERTIFICATION

I Susan Spivey Name certify that I am the Regional Campus President

gional Campus President Title of the training

institution named herein and, further partify that the information contained in this application is true and cogrect. All supporting documentation is true and factual.

Signature

5/12/17 Date

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

	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to: Michaela Ro	tert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
68-0779 (07-15) All other applicants must complete the following information and l	<b>2</b> Part III - Part VI:
1. Date Institution was founded:	
2. Number of years the institution has been in continuous operation	on:
3. Is the institution accountable to a policy or governmental board	d? □ Yes □ No
If so, what board?	Please attach a member list.
4. Does each program lead to a degree or certification? Please E	Explain:
	- FINANCIAL INFORMATION abilities 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 any time prior to completion?	n of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at
Please state your refund policy:	
 P Describe your facility. Provide narrative that describes at a minim	PART IV - FACILITIES

\*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 offices can be found at <a href="http://www.iwd.state.ia.us/wia/regioninfo.html">http://www.iwd.state.ia.us/wia/regioninfo.html</a>.

## **PART I - GENERAL INFORMATION**

Date Of Application	4/26/17	
Name of Institution	Kaplan University	
Address	1801 E Kimberly Rd #1, Dave	enport, IA 52807
Telephone Number	563-355-3500	Fax Click here to enter text.
Location of Training Facility	Davenport, Cedar Rapids, Ce	dar Falls, Mason City, Des Moines
Name of Chief Executive Officer Susan Spivey		
Program Contact Information	Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
le vour ergenization a nest o	andon advastional institution	a clicible under the Uinber Education Act (UEA) or registered under the national Amerantic

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 <u>brief</u> 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.<sup>+</sup> The program adheres to the curriculum standards of the Council for Standards in Human Services Education and offers two degree concentrations<sup>‡</sup>. 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)

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 names if necessary	

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 0

Regional Campus President Title of the training

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

Signature

Date

If you are a Training Institution applying for program certification, <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

	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: Mich	aela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
	2
68-0779 (07-15) All other applicants must complete the following informati	ion and Part III - Part VI:
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:
PAF	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	tuition, if applicable.
3. Does the institution have a refund policy for the unused any time prior to completion?	d 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

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 <a href="http://www.iwd.state.ia.us/wia/regioninfo.html">http://www.iwd.state.ia.us/wia/regioninfo.html</a>.

## 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
ls 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 Master of Science in Homeland Security and Emergency Management

B. A <u>brief</u> 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 Security and companies in the private sector.\*

□ 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

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

Authorized RWIB Signature

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

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 office. Addresses for regional Workforce Development offices can be found at <a href="http://www.iwd.state.ia.us/wia/regioninfo.html">http://www.iwd.state.ia.us/wia/regioninfo.html</a>.

#### **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-se	econdary educational institutior	eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship

Act. (NAA)? ⊠Yes □ No

## PART II (a) - PROGRAM INFORMATION

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

A. Program Name Master of Science in Higher Education

A <u>brief program description</u> The Master of Science in Higher Education program stresses the practical knowledge, critical thinking, research, and writing skills relevant to leaders in today's colleges and universities. Whether your interests are in administration, teaching, student development, or other areas within higher education, you will have the opportunity to work closely with your instructors and other students who share your interests. Enjoy the convenience and flexibility of <u>online learning</u> while you study to maximize your career choices and strengthen your knowledge and skills as a practitioner of higher education.

B. Length of Program 50 Credits

68-0779 (07-15)

1

C. What is the method of delivery?

⊠ 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

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.

 $\hfill\square$  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	In the second se	Title	
institution named herein	and further kertify that the information contai	ned in this application is true and corre	ect. All supporting documentation is true and factual.
	hand	_1 /	2
	/////////	5/2/	
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 Signatur	e	
The RWIB-approved f	orm must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309	
<b>2</b> 68-0779 (07-15) All other applicants must complete the following information and Part III - Part VI:		
1. Date Institution was found	ed:	
2. Number of years the institu	ition has been in continuous operation:	

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, 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 Master of Science in Health Education

A <u>brief program description</u>: In a continuously changing health care world, Kaplan University continues to offer programs designed to meet the evolving needs of the industry. We want our students to be prepared for the challenges of this rewarding field the day they graduate and throughout their careers. With the focus of America's health care system shifting to the prevention of illness and injury and the promotion of healthier lifestyles, a master's degree in health education from Kaplan University may empower you to help others stay well and live healthier lives.

By successfully completing this program, you will learn to design, implement, and evaluate health programs. The responsibilities of a health educator include helping to solve community health issues by designing and implementing educational programs that promote healthy lifestyles and behaviors. The health educator collects and analyzes data to identify community needs as well as plan, implement, monitor, and evaluate health education programs that focus on individual and social health issues such as teen pregnancy, HIV prevention, and controlling the spread of infectious diseases. This may include grant writing, resource evaluations, referrals, social marketing and media, community organizing, developing training methods and materials, and publishing.\*

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

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

Post-Secondary Educational Institution registered under HEA

□ Registered under the National Apprenticeship Act (NAA)

#### CERTIFICATION

Signature

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

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: Mic	haela Rotert, Iowa Workforce Development, 150 Des Moines	Street, Des Moines, IA 50309	
68-0779 (07-15)	2		
All other applicants must complete the following informa	ation and Part III - Part VI:		
1. Date Institution was founded:			
2. Number of years the institution has been in continuou	us operation:		
3. Is the institution accountable to a policy or government	ntal 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 \*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 <a href="http://www.iwd.state.ia.us/wia/regioninfo.html">http://www.iwd.state.ia.us/wia/regioninfo.html</a>.

## **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, Ced	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 Master of Science in Finance

A <u>brief program description</u>: Services provided by financial managers, such as planning, directing, and coordinating investments, are expected to remain in demand as the economy grows.\* Gaining advanced technical knowledge and skills in a range of financial areas could be a wise career move.<sup>†</sup> Our Master of Science in Finance curriculum offers two concentrations designed to help you develop professional expertise: financial analysis and financial planning. In both areas, you will have the opportunity to develop and implement your critical-thinking skills to solve complex financial problems. If you already have a bachelor's degree and wish to advance your existing career or begin an exciting, new profession, this program could prepare you with the knowledge and skills to help you succeed.<sup>†</sup>

1

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)	\$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.	

## 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 Campus President Title	of the training
institution named herein and fur	ther certify that the information contain	ned in this application is true and correct. All s	upporting documentation is true and factual.
Signature		Date	
		ications must be forwarded to Regional Worki tutions to the address below will not be proces	
	F	OR 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			
68-0779 (07-15)		2	
All other applicants must complete the following information and Part III - Part VI:			
1. Date Institution was founded:			
2. Number of years the institutio	n has been in continuous operation: _		
3. Is the institution accountable t	to a policy or governmental board?	🗆 Yes 🗆 No	
If so, what board?			Please attach a member list.

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

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#### **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, Cedar Falls, Mason City, Des Moines		
Name of Chief Executive Officer Susan Spivey			
Program Contact Information	Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu	
Is your organization a post-se	econdary educational institutior	eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship	

Act. (NAA)? ⊠Yes □ No

## PART II (a) - PROGRAM INFORMATION

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

A. Program Name Master of Science in Educational Psychology

A <u>brief</u> 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 <u>master's degree</u> from Kaplan University could help you keep pace with the fascinating field of educational psychology.

B. Length of Program 52 Credits

□ 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

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 R	Regional Campus President	of the training
Name	1	Title	
institution named	herein and further cartify that the information contained	in this application is true and correct. All sup	porting documentation is true and factual.
	MAND	5/12/17	
Signature	Nº UJ	Date / / /	

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

FOR RWIB USE ONLY			
Date Received by RWIB	Date Approved by RWIB		
Application Date	Date RWIB Submitted to IWD		
	Region #:		
Authorized RWIB Signature			
The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309			
68-0779 (07-15)	2		
All other applicants must complete the following information a	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 <u>http://www.iwd.state.ia.us/wia/regioninfo.html</u>.

## **PART I - GENERAL INFORMATION**

Date Of Application	4/26/17		
Name of Institution	Kaplan University		
Address	1801 E Kimberly Rd #1, Davenport, IA 52807		
Telephone Number	563-355-3500	Fax Click here to enter text.	
Location of Training Facility	Davenport, Cedar Rapids, Ce	dar Falls, Mason City, Des Moines	
Name of Chief Executive Officer Susan Spivey			
Program Contact Information	Susan Spivey		
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu	

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

A <u>brief program description</u>: As information security breaches, cyberattacks, and online threats continue to make news around the world, organizations are looking for qualified executives with an advanced degree and experience in the field to lead the development of critical infrastructures. In fact, employment of information systems managers is projected to grow by 15% from 2014 to 2024. Kaplan University's master's degree program is designed to prepare you for leadership roles directing and protecting critical information infrastructures. You'll study how to develop, implement, evaluate, and update the security policies and practices that help organizations respond effectively to cyber attacks. As a graduate, you could be skilled in the management of information continuity, asset clarification and control, compliance management, incident response, and secure administration of information systems.

⊠ 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

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	1	certify that I am the	Regional Campus President	of the training
Name	. /		Title	
institution named herein	and further certify th	hat the information contair	ed in this application is true and corr	rect. All supporting documentation is true and factual.
		X	5/12/	17
Signature V	X		Date U U	

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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Application Date	Date RWIB Submitted to IWD	
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Authorized RWIB Signature		
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## **PART I - GENERAL INFORMATION**

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Location of Training Facility	Davenport, Cedar Rapids, Ce	dar Falls, Mason City, Des Moines
Name of Chief Executive Offi	cer Susan Spivey	
Program Contact Information	Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
ls your organization a post-se	econdary educational institution	eligible under the Higher Education Act (HEA) or registered under the national Annrentices

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 Master of Science in Criminal Justice

B. A <u>brief</u> program description Rising concern over homeland security and increasing emphasis on education in law enforcement agencies have led to a greater demand for qualified criminal justice administrators and instructors nationwide. If you already have a bachelor's degree from a regionally or nationally accredited college and want to further your career by earning an advanced criminal justice degree, Kaplan University's Master of Science in Criminal Justice program offers a convenient, flexible opportunity to help achieve your goal.

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-backgrouond
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
Name		Title	
institution named herein and fu	her, certify that the information contai	ned in this application is true and correct. All suppo	rting documentation is true and factual.
	MA	571217	
Signature	11	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 RW	IB USE ONLY	
Date Received by RWIB		Date Approved by RWIB	
Application Date		Date RWIB Submitted to IWD	
		Region #:	****
Authorized RWIB Signature	·		
The RWIB-approved fo	rm must be sent to: Michaela Rotert, Iowa Wor	rkforce Development, 150 Des Moines Street, D	es Moines, IA 50309
68-0779 (07-15) All other applicants must com	olete the following information and Part III - Part V	<b>2</b> 1:	
1. Date Institution was founde	d:		
2. Number of years the institut	ion has been in continuous operation:		
3. Is the institution accountabl	e 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:		
1.Is the institution financially s institution's most recent audito	ound and able to satisfy potential liabilities arising	FIAL INFORMATION from its participation? Please enclose a certified f	inancial statement and the
2. Attach a schedule of fees for	r in-state and out-of-state tuition, if applicable.		
3. Does the institution have a any time prior to completion?	refund policy for the unused portion of tuition, fees	s, and other charges in the event the enrollee witho	lraws or discontinues at

Please state your refund policy:

.

## **PART IV - FACILITIES**

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

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

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

Please provide a description of each of the following:

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

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

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

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 <a href="http://www.iwd.state.ia.us/wia/regioninfo.html">http://www.iwd.state.ia.us/wia/regioninfo.html</a>.

## **PART I - GENERAL INFORMATION**

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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 Offi	cer Susan Spivey	
Program Contact Information	Susan Spivey	
Telephone Number	319-363-0481	Email Address sspivey@kaplan.edu
ls your organization a post-se	econdary 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 Master of Science in Business Administration

A <u>brief</u> 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?

## **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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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 fu	ther certify that the information contain	ned in this application is true and correct. $5$	All supporting documentation is true and factual.
Signature		Date	

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

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Application Date	Date RWIB Submitted to IWD	
	Region #:	
Authorized RWIB Signature		
The RWIB-approved form must be sent to: <b>N</b>	/lichaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309	
68-0779 (07-15)	2	
All other applicants must complete the following info	mation and Part III - Part VI:	
. Date Institution was founded:		
. Number of years the institution has been in contin	uous operation:	
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## **PART I - GENERAL INFORMATION**

Date Of Application	4/26/17	
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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 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 Master of Science in Accounting

A <u>brief program description</u>: 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 <u>bachelor's degree in</u> <u>business</u> 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.<sup>†</sup> 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
Name	Λ	Title	
institution named herein and f	orthe <u>(certify that</u> the information contain	ned in this application is true and	dorrect. All supporting documentation is true and factual.
Signature	9	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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Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent to: Mich	aela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
68-0779 (07-15) All other applicants must complete the following informal	<b>2</b> on and Part III - Part VI:
	· ·
2. Number of years the institution has been in continuou	operation:
3. Is the institution accountable to a policy or governmen	al board? □ Yes □ No
If so, what board?	Please attach a member lie

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

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## **PART I - GENERAL INFORMATION**

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Name of Institution	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 Offic	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 Master of Public Health

A <u>brief program description</u>: At Kaplan University, we work with health care organizations to give us the clearest possible picture of the evolving health care environment. This allows us to continue to develop and adapt our curriculum so that our graduates will be equipped with the skills and knowledge to meet the expanding needs of the industry. With a degree from Kaplan University, you may be one of the sought-after professionals to help meet the challenge.

The Master of Public Health degree is a widely recognized professional credential for those seeking leadership and managerial positions in governmental, nonprofit, and private organizations in the health industry. Kaplan University's Master of Public Health could help you develop the administrative, ethical, and professional skills to apply public health principles to health education and communication programs.

⊠ 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

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 sertify that	t the information contair	ned in this application is <del>t</del> rue and correct. All supp	porting documentation is true and factual.
//////		5/12/17	
Signature		Date / /	

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Authorized RWIB Signature		
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68-0779 (07-15)	2	
All other applicants must complete the following inform	nation and Part III - Part VI:	

1. Date Institution was founded:

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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, Ce	dar Falls, Mason City, Des Moines
Name of Chief Executive Offi	icer 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	n eligible under the Higher Education Act (HEA) or registered under the national Apprenticeship

Act. (NAA)? ⊠Yes □ No

# PART II (a) - PROGRAM INFORMATION

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

A. Program Name Master of Public Administration

B. A <u>brief</u> 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.

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

l Susan Spivey Name certify that I am the

Regional Campus 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

application is true		col. An supporting docum
5/	12/	17
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.

Does each program lead to a degree or certification? Please Explain:     PART III - FINANCIAL INFORMATION     I.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.     Attach a schedule of fees for in-state and out-of-state tuition, if applicable.     So 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:		FOR RWIB USE ONLY
Region #:         Authorized RWIB Signature         The RWIB-approved form must be sent to: Michaela Rotert, lowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309         2         88-0779 (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 \Bo         If so, what board?         Please attach a membe         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 financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the aschedule of fees for in-state and out-of-state tuilion, if applicable.         2. Attach a schedule of fees for in-state and out-of-state tuilion, 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 efford policy.         "Please state your efford policy.	Date Received by RWIB	Date Approved by RWIB
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any time prior to completion? Please state your refund policy:		
efund policy:		ed portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at
	•	
		PART IV - FACILITIES

\*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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#### 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 Master of Health Information Management

A <u>brief</u> 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 <u>Bachelor of Science in Health Information Management</u> lay the foundation for continued study at the graduate level in the Master of Health Information Management and Master of Health Informatics programs.

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

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

Signature

certify that I am the Regional Campus President Title of the training

institution named herein and further cerfify 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, <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: Mic	haela 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	ation and Part III - Part VI:
	us operation:
3. Is the institution accountable to a policy or government	
If so, what board?	Please attach a member list.
4. Does each program lead to a degree or certification?	Please Explain:
	ART III - FINANCIAL INFORMATION
1.Is the institution financially sound and able to satisfy p 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-state	e tuition, if applicable.
3. Does the institution have a refund policy for the unuse any time prior to completion?	ed portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at
Please state your refund policy:	

# **PART IV - FACILITIES**

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

\*The number of buildings \*Handicap accessibility

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\*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 offices can be found at <a href="http://www.iwd.state.ia.us/wia/regioninfo.html">http://www.iwd.state.ia.us/wia/regioninfo.html</a>.

## PART I - GENERAL INFORMATION

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

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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

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 l	nerein and further certify that the information contain	ned in this application is trye and/correct. All s	upporting documentation is true and factual.
	MANA	5/17/07	
Signature		Date	

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.

<i>I</i>		
	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	ו must be sent to: Michaela Rotert, Iowa א	orkforce Development, 150 Des Moines Street, Des Moines, IA 50309
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68-0779 (07-15) All other applicants must comple	ete 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	to a policy or governmental board? $\Box$ Yes	s 🗆 No
If so, what board?		Please attach a member list.
4. Does each program lead to a d	degree or certification? Please Explain:	
institution's most recent auditor's	nd and able to satisfy potential liabilities arisi s report.	CIAL INFORMATION ng from its participation? Please enclose a certified financial statement and the
	n-state and out-of-state tuition, if applicable.	
<ol><li>Does the institution have a refi any time prior to completion?</li></ol>	und policy for the unused portion of tuition, fe	es, and other charges in the event the enrollee withdraws or discontinues at
Please state your refund policy:		
Describe your facility. Provide na	PART IV arrative that describes at a minimum a descrip	- FACILITIES otion on each of the following:
*The number of buildings *Handicap accessibility	*Availability of suitable training equi *Compliance with fire, building and	pment safety codes, including off-campus locations or other sites
Please provide a description of e		OF THE TRAINING INSTITUTION

\*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 <a href="http://www.iwd.state.ia.us/wia/regioninfo.html">http://www.iwd.state.ia.us/wia/regioninfo.html</a>.

#### **PART I - GENERAL INFORMATION**

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

A <u>brief program description</u> 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 <u>master's degree</u> online.

B. Length of Program 46 Credits

68-0779 (07-15)

C. What is the method of delivery?

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

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

Dest-Secondary Educational Institution registered under HEA

□ Registered under the National Apprenticeship Act (NAA)

## CERTIFICATION

I Susan Spivey	certify that I am the	Regional Campus President	of the training
Name	4	Title	
institution named herein and fu	the fertily that the information contain	ned in this application is trye and ¢orred	ct. All supporting documentation is true and factual.
h		rinn	
		5/1/11	

Signature

\_\_\_\_\_5/12/17\_\_\_\_ 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: M	lichaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309
8-0779 (07-15)	2
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. Date Institution was founded:	
. Number of vears the institution has been in continu	ious operation:

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

Act. (NAA)? ⊠Yes □ No

# PART II (a) - PROGRAM INFORMATION

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

A. Program Name Master of Arts in Teaching- Iowa Certification

A <u>brief program description</u> 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 lowa certification track is designed for professionals living in the state of lowa or close enough to be able to conduct weekly field experiences in an lowa school. Candidates who successfully complete all program and graduation requirements will be recommended for lowa licensure.\*

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

certify that I am the

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

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	Title
institution named herein and further pertify that the information cont	tained in this application is true and correct. All supporting documentation is true and factual.
	5/12/17
Signature	Date / / / t
If you are a Training Institution applying for program certification, ar	pplications must be forwarded to Regional Workforce Investment Board for consideration.
Non-RWIB approved applications received directly from Training In-	nstitutions to the address below will not be processed and with no further notification.

**Regional Campus President** 

of the training

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Date Received by RWIB	Date Approved by RWIB		
Application Date	Date RWIB Submitted to IWD		
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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 office. Addresses for regional Workforce Development offices can be found at <a href="http://www.iwd.state.ia.us/wia/regioninfo.html">http://www.iwd.state.ia.us/wia/regioninfo.html</a>.

## 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)?			

## 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 <u>brief program description</u> 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)

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

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 Name certify that I am the

m the Regional Campus President Title of the training

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

Signature

Date

If you are a Training Institution applying for program certification, <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.

5 d'		
e.e.	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 Moine	əs, IA 50309
68-0779 (07-15) All other applicants must comple	<b>2</b> te the following information and Part III - Part VI:	
1. Date Institution was founded:		
	has been in continuous operation:	
3. Is the institution accountable to	o a policy or governmental board? 🛛 🗆 Yes 🗆 No	
If so, what board?	Please	attach a member list.
4. Does each program lead to a e	degree or certification? Please Explain:	
1.Is the institution financially sour institution's most recent auditor's	PART III - FINANCIAL INFORMATION nd and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial s report.	tatement and the
2. Attach a schedule of fees for in	n-state and out-of-state tuition, if applicable.	
3. Does the institution have a refany time prior to completion?	und policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or o	discontinues at
Please state your refund policy:		
	PART IV - FACILITIES	
Describe your facility. Provide na	rrative that describes at a minimum a description on each of the following:	
*The number of buildings *Handicap accessibility	*Availability of suitable training equipment *Compliance with fire, building and safety codes, including off-campus locations or other sites	

## PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

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

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

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

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## **PART I - GENERAL INFORMATION**

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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 ExcelTrack -Bachelor of Science in Information Technology

A <u>brief program description</u>: 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 <u>ExcelTrack</u> 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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Post-Secondary Educational Institution registered under HEA

□ Registered under the National Apprenticeship Act (NAA)

#### CERTIFICATION

I Susan Spivey Name certify that I am the

Regional Campus President Title of the training

institution named herein and 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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	Region #:		
Authorized RWIB Signature			
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68-0779 (07-15)	2		
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1. Date Institution was founded:			

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

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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 Excel Track: Bachelor of Science in Business Administration

A <u>brief program description</u>: 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.

Length of Program 180 Credits

68-0779 (07-15)

1

B. What is the method of delivery?

⊠ 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.			

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#### CERTIFICATION

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Name		Title	

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5/12/1 Date

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