

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

ATTACHMENT "A"

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

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

PART I - GENERAL INFORMATION

Date Of Application 10-6-17

Name of Institution Bio-Chi Institute of Massage

Address 1925 Geneva St.

Telephone Number 712-252-1157 Fax 712-252-2066

Location of Training Facility Sioux City, IA

Name of Chief Executive Officer Kathy Spencer Jensen

Program Contact Information Robin Freeman

Telephone Number 712-252-1157 Email Address rffreeman1mt@gmail.com

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 Massage and Bodywork I

B. A brief program description massage program I is a 36 week program that will give students the tools to become a licensed massage therapist

C. Length of Program 625 Total Credit Hours Required 38

D. What is the method of delivery?

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

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) 171.05

1b. Tuition (Out-of-State, per credit hour) 0

2. Supplies, including tools, uniforms, etc. 0

3. Fees, including laboratory, student rentals, deposits 0

4. Miscellaneous charges 0

5. Average cost per year for program 6,500.00

6. Total cost to complete this program 6,500.00

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 Robin Freeman certify that I am the student services of the training
Name Title

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

Robin Freeman Signature Date 10-6-17

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

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____

Application Date _____ Date RWIB Submitted to IWD _____

Region #: _____

Authorized RWIB Signature _____

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

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

1. Date Institution was founded: 1995

2. Number of years the institution has been in continuous operation: 22

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

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

4. Does each program lead to a degree or certification? Please Explain: yes - massage license

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

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed 7
- *Current number of students enrolled 4
- *Class size to instructor ratio 1-10
- *School Calendar
- *Availability of Transcripts yes

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.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
- *what percentage of all student's data was collected
- *what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: \$ 20-25.00 a hour

Bio- Chi Institute of Massage Therapy
1925 Geneva St.
Sioux City, IA 51103
(712) 252-1157

This Bio-Chi Institute of Massage was founded in 1995 with the original owners Lonnie & Kathy Jensen. Who continues to teach today? From 2012-2017 the school has had 53 students attend with 45 of the completing the program and are working licensed massage therapist.

Bio-Chi Institute offers 2 massage programs:

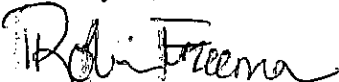
Massage and Bodywork 1- 625 hours, 38 credits, 2-18 week semesters 36 weeks total
This program is an entry-level program the will teach students the basic skills to be a successful Licensed Massage Therapist.

Massage and Bodywork 2- 1000 hours, 54 credits, 3-18 week semesters 54 weeks total
This is a continuing program from Massage and Bodywork 1. The program is designed to teach advance techniques. The 1000 hours is also requires by the state of Nebraska. Since we are a school that boards them we like to give that option.

All costs are included in tuition. Students are required to take their State boards before the y graduate. After the boards are passes, and they have graduated students will then apply to the state for a licenses.

The school offers assistant with job placement. Currently we hold a 100% placement rating for students.

Thank you,



Robin Freeman
Student Services

9/22/17