### State of Iowa Iowa Workforce Development Workforce Services Division 1000 East Grand Avenue Des Moines, IA 50319

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014, Public Law 113-128, Department of Labor, Employment and Training Administration, 20 CFR Parts 680-530. Approval as an Eligible WIOA 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 closest lowa *WORKS* Center with attention to the Local Workforce Development Board. Addresses for lowa *WORKS* Centers can be found at <a href="http://www.iowaworkforcedevelopment.gov/locations">http://www.iowaworkforcedevelopment.gov/locations</a>.

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

Date of Application	10/3/2018			
Name of Institution	Indian Hills Community College			
Address	525 Grandview Avenue, Ottumwa, IA 52501			
Telephone Number	641-683-5103 Fax 641-683-5160			
Location of Training Facility	Ottumwa Campus			
Name of Chief Executive Officer	Dr. Marlene Sprouse			
Program Contact Information	Shelle Harvey			
Telephone Number	641-683-5103 Email Address shelle.harvey@indianhills.edu			
Is your organization a post-second Act. (NAA)? X Yes No	dary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship			
PART II (a) - PROGRAM INFORMATION				
Please provide a brief description of each program for which you are applying, including:				
A. Program Name	Business Specialist Office Management			
B. A <u>brief</u> program description	Students learn the personal and technical skills needed to be successful in a			
	modern office environment. Students learn current software applications,			
	Accounting procedures, and administrative assistant functions. Prepares			
	graduates to work in a variety of office settings including medical, legal,			
	accounting, insurance, manufacturing and education.			
C. Length of Program	6 Terms (18 Months) Total Credit Hours Required 81			

🗶 Classroom 🗌 Computer-Based CD-Rom 🔲 🛛	Distance (TV/Satellite/Cable) Self-Study (Correspondence)				
Web-Based (Internet) URL Address					
PROGRAM COSTS:					
1a. Tuition (per credit hour)					
· · · · · · · · · · · · · · · · · · ·	\$176				
1b. Tuition (Out-of-State, per credit hour)	\$240				
2. Supplies, including tools, uniforms, etc.	\$1,344				
3. Fees, including laboratory, student rentals, deposits	\$330				
4. Miscellaneous charges					
5. Average cost per year for program	\$10,940.84				
6. Total cost to complete this program	\$15,711				
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.

Rest-Secondary Educational Institution registered under HEA

Registered under the National Apprenticeship Act (NAA)

#### CERTIFICATION

certify that I am the	of the training			
Executive Assistant				
Title				
contained in this application is true and correct. All supporting	documentation is true and factual.			
10-3-18				
Date	······			
n, applications must be forwarded to Local Workforce Developing Institutions to the address below will not be processed and	ment Board for consideration. with no further notification.			
FOR LWDB USE ONLY				
Date Approved by LWDB				
Date LWDB Submitted to				
IWD Region #:				
wa Workforce Development, 1000 East Grand Avenue, Des Moines, IA	50319 (ETPL@iwd.iowa.gov)			
	Executive Assistant         Title         contained in this application is true and correct. All supporting         10-3-18         Date         n, applications must be forwarded to Local Workforce Developing Institutions to the address below will not be processed and         FOR LWDB USE ONLY         Date       Date Approved by LWDB         Date LWDB Submitted to			

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

1. Date Institution was founded:	and the second
2. Number of years the institution has been in continuous operation:	
3. Is the institution accountable to a policy or governmental board?	
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	
<ol> <li>Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclos institution's most recent auditor's report.</li> </ol>	e a certified financial statement and the

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy:

#### PART IV - FACILITIES

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

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

## PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

\*The number of persons employed

\*Current number of students enrolled

\*Class size to instructor ratio

\*School Calendar

\*Availability of Transcripts

# PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

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

68-0779 (01-18)