

**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 IowaWORKS Center with attention to the Local Workforce Development Board. Addresses for IowaWORKS Centers can be found at <http://www.iowaworkforcedevelopment.gov/locations>.

PART I - GENERAL INFORMATION

Date of Application 9/28/2018

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-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 Medical Assistant

B. A brief program description This program is shared between IHCC and SCC. This program is three semesters in length and is conducted over a period of 11 months. Provides accurate knowledge in practical situations, making judgments, applying reason, thinking independently and engaging in problem solving.

C. Length of Program 3 Semesters (11 Months) Total Credit Hours Required 48

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

1. Date Institution was founded: _____

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

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

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

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

PART III - FINANCIAL INFORMATION

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

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

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

Please state your refund policy:

PART IV - FACILITIES

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

*The number of buildings

*Availability of suitable training equipment

*Handicap accessibility

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

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed

*Current number of students enrolled

*Class size to instructor ratio

*School Calendar

*Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

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

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: _____