

**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 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-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 Nutrition and Dietary Management

B. A brief program description Graduates are prepared to function as allied health professionals under the direction of a registered dietitian and in institutional food service operations in hospitals, long term care facilities or school districts. Upon completion of the Nutrition and Dietary Management program, students are awarded an AAS degree and are eligible to take the Certified Dietary Manager credentialing exam.

C. Length of Program 6 Terms (18 Months) Total Credit Hours Required 66

D. What is the method of delivery?

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

Web-Based (Internet) URL Address www.indianhills.edu

**PROGRAM COSTS:**

1a. Tuition (per credit hour)	<u>\$176</u>
1b. Tuition (Out-of-State, per credit hour)	<u>\$240</u>
2. Supplies, including tools, uniforms, etc.	<u>\$1,344</u>
3. Fees, including laboratory, student rentals, deposits	<u>\$330</u>
4. Miscellaneous charges	<u>                    </u>
5. Average cost per year for program	<u>\$9,467.60</u>
6. Total cost to complete this program	<u>\$14,062.40</u>

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, Shelle Harvey certify that I am the Executive Assistant 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.

Shelle Harvey 10-3-18  
Signature Date

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

FOR LWDB USE ONLY	
Date Received by LWDB _____	Date Approved by LWDB _____
Application Date _____	Date LWDB Submitted to _____
	IWD Region #: _____
Authorized LWDB _____	
Signature _____	

Approved forms must be sent to: ETPL Unit, Iowa Workforce Development, 1000 East Grand Avenue, Des Moines, IA 50319 (ETPL@iwd.iowa.gov)

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: \_\_\_\_\_