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	4/4/2019
Name of Institution	University of Iowa
Address	5 Calvin Hall
Telephone Number	319-335-0071 Fax
Location of Training Facility	Iowa City, IA
Name of Chief Executive Officer	Bruce Harreld - President
Program Contact Information	Julie Jones - Department Administrator
Telephone Number	319-335-8720 Email Address julie-jones@uiowa.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?   [X] Yes· [ ] No

PART II (a) - PROGRAM INFORMATION

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

A. Program Name	Communication Sciences & Disorders - Speech and Hearing Sciences BA
B. A brief program description	Undergraduate major in Speech & Hearing Science emphasizes the normal processes of speech, hearing, and language and does not qualify an individual to work professionally in the field. Instead, it is designed primarily to prepare students for graduate work. It also may be an appropriate major for students earning a Liberal Arts degree who are not planning careers in Speech Pathology and Audiology.
C. Length of Program	4 years Total Credit Hours Required 120 hours including 63-64 hours of work in major

D. What is the method of delivery?

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

☐ Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	$324.00
1b. Tuition (Out-of-State, per credit hour)	$1,239.00
2. Supplies, including tools, uniforms, etc.	
3. Fees, including laboratory, student rentals, deposits	
4. Miscellaneous charges	
5. Average cost per year for program	
6. Total cost to complete this program	

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.

[X] Post-Secondary Educational Institution registered under HEA
☐ Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I   Abby Humphrey   certify that I am the   Sponsor Billing Specialist
University of Iowa Billing Office   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.

_____   4/4/2019
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 April 24, 2019	Date Approved by LWDB _____
Application Date April 4, 2019	Date LWDB Submitted to _____
	IWD Region #: 10
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)	

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