

Eligible Training Provider List - Provider & Program Application



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State's ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

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>. If this application is approved by the Local Workforce Development Board, the training provider will be contacted by a representative from Iowa Workforce Development with further instructions on creating an account and adding this training program to the IowaWORKS data management system at <http://www.iowaworks.gov> in order for it to be placed on the Iowa Eligible Training Provider List.

Provider Information

Federal Employer ID	
Federal Employer ID No:	42-0924685
Institution Identification	
Institution Name:	Kirkwood Community College
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

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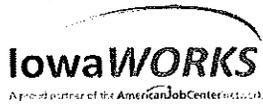
Address 1:	6301 Kirkwood Blvd. SW
Address 2:	
City:	Cedar Rapids
State:	IA
Zip:	52404
Contact Information	
Title:	Department Coordinator
First Name:	Victoria
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	Dabler
Contact Phone Number:	319-398-5460
Cell Phone:	
Contact Fax Phone Number:	319-398-5590
Email Address:	victoria.dabler@kirkwood.edu
Institution URL:	www.kirkwood.edu
Provider Information	
Local Workforce Development Area:	Region 10
Type of Business:	<input type="checkbox"/> College/University <input checked="" type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

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This provider is an accredited postsecondary education institution:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	10301 Kirkwood Blvd SW
Billing Address 2:	
Billing City:	Cedar Rapids
Billing State:	Iowa
Billing Zip:	52404
Attention:	Cashier
Mailing Address Information	
Mailing Address 1:	10301 Kirkwood Blvd SW
Mailing Address 2:	
Mailing City:	Cedar Rapids
Mailing State:	IOWA
Mailing Zip:	52404
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	53
Disabled Access:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	Public Community College
Main Telephone Number:	319-398- 6700 4983
TTD/TTY Telephone Number:	
Financial Aid Telephone Number:	319-398-7600
Main Email Address:	indtech@Kirkwood.edu
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tutorial Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application



On-site Child Care Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Financial Aid Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input checked="" type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Approved Apprenticeship:	<input type="checkbox"/> Yes, Approved Apprenticeship <input checked="" type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	47.06040200
*Education Program Name:	Automobile/Automotive Mechanics
Education Program Description:	2 year AAS in Automotive Technologies
*This program of study leads to:	<input checked="" type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input checked="" type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



<p>This program leads to a credential or degree</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of associated credential:</p>	<p>Automotive Technologies AAS</p>
<p>*Completion level:</p>	<p> <input type="checkbox"/> Apprenticeship completers <input checked="" type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation </p>
<p>*Attain Credential:</p>	<p> <input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input checked="" type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree </p>
<p>Other, Specify:</p>	
<p>Certification/License Title:</p>	
<p>Certification/License Type:</p>	<p> <input type="checkbox"/> National Certification or License <input type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply </p>
<p>Green Job Training:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*Is this education program in a partnership with</p>	<p><input type="checkbox"/> Yes</p>

Eligible Training Provider List - Provider & Program Application



a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	104 (2 year AAS)
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input checked="" type="checkbox"/> Pell Grant <input checked="" type="checkbox"/> Federal Loan <input checked="" type="checkbox"/> Institutional Scholarship <input checked="" type="checkbox"/> Other
*URL of Training Program:	www.kirkwood.edu/industrialtech

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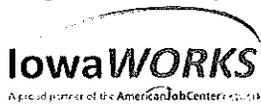
<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input type="checkbox"/> Combination of Education and Course(s) <input checked="" type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>approx 1969</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>N/A</p>
<p>Minimum Class Size</p>	<p>10</p>
<p>Maximum Class Size</p>	<p>18</p>
<p>Number of Instructors</p>	<p>3</p>
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	<p>Minimum qualifications: 5 years of industry experience, 2-year degree or industry recognized applicable credential</p>
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	<p>Recommended placement scores ACT: English 14 Reading 16 Math 14</p>
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input checked="" type="checkbox"/> On-Site Parking <input checked="" type="checkbox"/> Public Transportation <input checked="" type="checkbox"/> Disabled Student Access <input checked="" type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	<p>comprehensive tool package Full automotive lab including vehicles</p>
<p>*Grievance Procedure:</p>	<p>www.kirkwood.edu/financialaid</p>

Eligible Training Provider List - Provider & Program Application



*Grievance Procedure URL:	www.kirkwood.edu/financialaid → policy
*Refund Policy:	For standard 82 day Semester Students may drop after the 1st week to receive a full refund
*Refund Policy URL:	www.kirkwood.edu/financialaid → policy
Internship Available:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	49-3023.00
Occupation Title 1	Automotive Service Technician
CIP Code 2	49.3023.01
Occupation Title 2	Automotive Master Mechanic
CIP Code 3	49-3027.01
Occupation Title 3	Automotive Specialty Technician
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	In Iowa, the average growth rate is 8% which is 2% higher than the national growth rate.
Selected Occupational Skills	
List any occupational skills:	

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Completion Expectations	
Continuing Education Units (CEU):	N/A
CEU Granting Institution:	N/A
*Credit Earned Program:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Number of Credits:	72
Credit Earned Duration:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input checked="" type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	Entry: \$11.34 Advanced: \$32.19
Scheduling	
Class Time (hours):	560 (lecture) hours
Lab Time (hours):	1184 (lab) hours
Other Time (hours):	N/A
Class Frequency:	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	1744 hours

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	104 (2-year AAS)
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	5 semesters
Duration Type:	<input checked="" type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	
Classes Offered:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No Not sure
Cost Details	
*Tuition/Fee:	\$12,672
*Books:	\$1531
*Tools:	\$6049
*Other Costs (describe in Comments below):	lab fees, third party credentials
*Total Training Costs:	\$22,308
Comments:	
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

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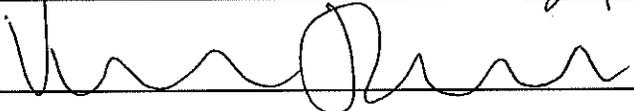


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programs offered are available to the general public on a tuition basis.

Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Victoria Dabler Title: Department Coordinator

Applicant Signature:  Date: 8/28/19

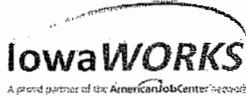
Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov

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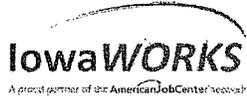
In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State's ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

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Provider Information

Federal Employer ID	
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Institution Identification	
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Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution. <input type="checkbox"/> Unknown
Institution Primary Location	

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Address 1:	6301 Kirkwood Blvd SW
Address 2:	
City:	Cedar Rapids
State:	Iowa
Zip:	52404
Contact Information	
Title:	Dean of Business and Information Technology
First Name:	Colette
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	Atkins
Contact Phone Number:	319.398.5416
Cell Phone:	
Contact Fax Phone Number:	319.398.5482
Email Address:	Colette.Atkins@Kirkwood.edu
Institution URL:	www.kirkwood.edu
Provider Information	
Local Workforce Development Area:	Region 10
Type of Business:	<input type="checkbox"/> College/University <input checked="" type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

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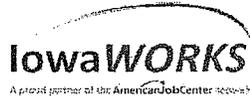
This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	6301 Kirkwood Blvd SW
Billing Address 2:	
Billing City:	Cedar Rapids
Billing State:	IA
Billing Zip:	52404
Attention:	
Mailing Address Information	
Mailing Address 1:	6301 Kirkwood Blvd SW
Mailing Address 2:	
Mailing City:	Cedar Rapids
Mailing State:	IA
Mailing Zip:	52404
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

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	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	51
Disabled Access:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	Community College that provides students the opportunity to obtain an Associates and AA/AS Degrees. Additionally some programs may also provide diplomas, certificates and work toward industry recognized credentials.
Main Telephone Number:	319-398-5411
TTD/TTY Telephone Number:	319-398-7600
Financial Aid Telephone Number:	319-398-7600
Main Email Address:	enrserv@kirkwood.edu
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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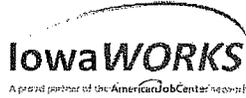


On-site Child Care Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Financial Aid Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input checked="" type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Approved Apprenticeship:	<input checked="" type="checkbox"/> Yes, Approved Apprenticeship <input type="checkbox"/> No, not Approved Apprenticeship

Program Information

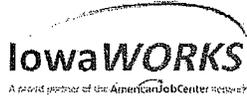
General Information	
Purpose for adding program:	<input checked="" type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	43-3031.00
*Education Program Name:	Business Administration - Accounting Associates of Applied Sciences
Education Program Description:	Program provides students with the background needed to enter entry level positions in general accounting, cost accounting, tax, credit or other areas of financial accounting/reporting.
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input checked="" type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



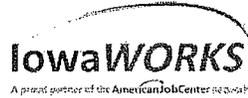
<p>This program leads to a credential or degree</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of associated credential:</p>	<p>Business Administration - Accounting Associates of Applied Sciences</p>
<p>*Completion level:</p>	<p> <input type="checkbox"/> Apprenticeship completers <input checked="" type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation </p>
<p>*Attain Credential:</p>	<p> <input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input checked="" type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree </p>
<p>Other, Specify:</p>	
<p>Certification/License Title:</p>	
<p>Certification/License Type:</p>	<p> <input type="checkbox"/> National Certification or License <input checked="" type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply </p>
<p>Green Job Training:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>*Is this education program in a partnership with</p>	<p><input type="checkbox"/> Yes</p>

Eligible Training Provider List - Provider & Program Application



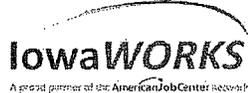
a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input checked="" type="checkbox"/> Pell Grant <input checked="" type="checkbox"/> Federal Loan <input checked="" type="checkbox"/> Institutional Scholarship <input checked="" type="checkbox"/> Other
*URL of Training Program:	www.kirkwood.edu/accounting

Eligible Training Provider List - Provider & Program Application



<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input checked="" type="checkbox"/> Combination of Education and Course(s) <input type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>Program since 1969, current title since 2014</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>This is not a new program.</p>
<p>Minimum Class Size</p>	<p>10 - 12</p>
<p>Maximum Class Size</p>	<p>24 - 250 Depending on class taken</p>
<p>Number of Instructors</p>	<p>6 - 8</p>
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	<p>Instructors most commonly hold a Bachelor's Degree or higher in a related industry.</p>
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	<p>Students are asked to demonstrate a certain skill level in math, reading and writing,</p>
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input checked="" type="checkbox"/> On-Site Parking <input checked="" type="checkbox"/> Public Transportation <input checked="" type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	<p>Normal office equipment including computer, copiers, telephones and other technologies in an office setting.</p>
<p>*Grievance Procedure:</p>	<p>1. Discuss the complaint directly with the staff member or faculty involved.</p>

Eligible Training Provider List - Provider & Program Application



	<p>2. Discuss complaint with the Director or Dean with supervisory responsibility over the area where the issue occurred.</p> <p>(Full policy located at link below)</p>
*Grievance Procedure URL:	http://www.kirkwood.edu/catalog/current/student-complaint-policy.htm
*Refund Policy:	<p>Prior to and through the first week of a 16-week term, you may change your registration by adding or dropping classes that run the full term with the required signatures of faculty and dean, where necessary.</p> <p>Additional terms and conditions can be found at link below.</p>
*Refund Policy URL:	www.Kirkwood.edu/syllabi-refundschedule
Internship Available:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	43-3031.00
Occupation Title 1	Bookkeeping, Accounting, and Auditing Clerks
CIP Code 2	43-3051.00
Occupation Title 2	Payroll and Timekeeping Clerks
CIP Code 3	43-4161.00
Occupation Title 3	Human Resources and Payroll
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	<p>Entry level skills in general accounting, cost accounting, tax, credit or other areas of financial accounting/reporting.</p> <p>Knowledge in computer applications including: excel and word processing,</p> <p>Soft skills development: teamwork, project development, problem solving.</p>

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	65
Credit Earned Duration:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input checked="" type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input checked="" type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	\$16.89
Scheduling	
Class Time (hours):	1040
Lab Time (hours):	0
Other Time (hours):	0
Class Frequency:	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	1040

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	68
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input checked="" type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	5
Duration Type:	<input checked="" type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	Varies by class schedule.
Classes Offered:	<input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input checked="" type="checkbox"/> Weekend <input checked="" type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cost Details	
*Tuition/Fee:	\$10,985.00
*Books:	\$3,966.14
*Tools:	\$0.00
*Other Costs (describe in Comments below):	\$369.00
*Total Training Costs:	\$15,320.14
Comments:	Other Cost: Technology Fee \$250, Business Etiquette Lunch Fee \$24.00, Business competition Fee \$95.00
Edu. Program Application Confirmation	
*Providers requesting approval or re-approval of a training program must agree to the statement below.	
The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Colette Atkins Title: Dean of Business and IT Programs

Applicant Signature: *Colette Atkins* Date: 9-9-19

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov

Eligible Training Provider List - Provider & Program Application



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State's ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

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>. If this application is approved by the Local Workforce Development Board, the training provider will be contacted by a representative from Iowa Workforce Development with further instructions on creating an account and adding this training program to the IowaWORKS data management system at <http://www.iowaworks.gov> in order for it to be placed on the Iowa Eligible Training Provider List.

Provider Information

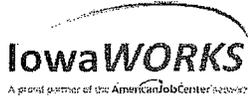
Federal Employer ID	
Federal Employer ID No:	42-0924685
Institution Identification	
Institution Name:	Kirkwood Community College
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	6301 Kirkwood Blvd SW
Address 2:	
City:	Cedar Rapids
State:	Iowa
Zip:	52404
Contact Information	
Title:	Dean of Business and Information Technology
First Name:	Colette
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	Atkins
Contact Phone Number:	319.398.5416
Cell Phone:	
Contact Fax Phone Number:	319.398.5482
Email Address:	Colette.Atkins@Kirkwood.edu
Institution URL:	www.kirkwood.edu
Provider Information	
Local Workforce Development Area:	Region 10
Type of Business:	<input type="checkbox"/> College/University <input checked="" type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

Eligible Training Provider List - Provider & Program Application



This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	6301 Kirkwood Blvd SW
Billing Address 2:	
Billing City:	Cedar Rapids
Billing State:	IA
Billing Zip:	52404
Attention:	
Mailing Address Information	
Mailing Address 1:	6301 Kirkwood Blvd SW
Mailing Address 2:	
Mailing City:	Cedar Rapids
Mailing State:	IA
Mailing Zip:	52404
Mailing Attention:	
GRS Provider Information	
WIOA Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	51
Disabled Access:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	Community College that provides students the opportunity to obtain an Associates and AA/VAS Degrees. Additionally some programs may also provide diplomas, certificates and work toward industry recognized credentials.
Main Telephone Number:	319-398-5411
TTD/TTY Telephone Number:	319-398-7600
Financial Aid Telephone Number:	319-398-7600
Main Email Address:	enrserv@kirkwood.edu
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application

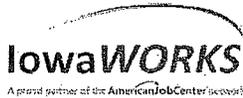


On-site Child Care Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Financial Aid Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant-Eligible:	<input checked="" type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Approved Apprenticeship:	<input checked="" type="checkbox"/> Yes, Approved Apprenticeship <input type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input checked="" type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	11-3011.00
*Education Program Name:	Business Administration - Administrative Management AAS
Education Program Description:	The Administrative Management degree includes in-depth instruction in computer applications and essential workplace "soft skills".
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input checked="" type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



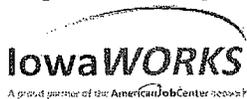
This program leads to a credential or degree	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of associated credential:	Business Administration - Administrative Management AAS
*Completion level:	<input type="checkbox"/> Apprenticeship completers <input checked="" type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation
*Attain Credential:	<input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input checked="" type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree
Other, Specify:	
Certification/License Title:	
Certification/License Type:	<input type="checkbox"/> National Certification or License <input checked="" type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply
Green Job Training:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Is this education program in a partnership with	<input type="checkbox"/> Yes

Eligible Training Provider List - Provider & Program Application



a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input checked="" type="checkbox"/> Pell Grant <input checked="" type="checkbox"/> Federal Loan <input checked="" type="checkbox"/> Institutional Scholarship <input checked="" type="checkbox"/> Other
*URL of Training Program:	www.kirkwood.edu/administrativemanagement

Eligible Training Provider List - Provider & Program Application



<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input checked="" type="checkbox"/> Combination of Education and Course(s) <input type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>Program since 1969, current title since 2019</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>This is not a new program.</p>
<p>Minimum Class Size</p>	<p>10 - 12</p>
<p>Maximum Class Size</p>	<p>24 - 250 Depending on class taken</p>
<p>Number of Instructors</p>	<p>6 - 8</p>
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	<p>Instructors most commonly hold a Bachelor's Degree or higher in a related industry.</p>
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	<p>Students are asked to demonstrate a certain skill level in math, reading and writing.</p>
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input checked="" type="checkbox"/> On-Site Parking <input checked="" type="checkbox"/> Public Transportation <input checked="" type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	<p>Normal office equipment including computer, copiers, telephones and other technologies in an office setting.</p>
<p>*Grievance Procedure:</p>	<p>1. Discuss the complaint directly with the staff member or faculty involved.</p>

Eligible Training Provider List - Provider & Program Application



	2. Discuss complaint with the Director or Dean with supervisory responsibility over the area where the issue occurred. (Full policy located at link below)
*Grievance Procedure URL:	http://www.kirkwood.edu/catalog/current/student-complaint-policy.htm
*Refund Policy:	Prior to and through the first week of a 16-week term, you may change your registration by adding or dropping classes that run the full term with the required signatures of faculty and dean, where necessary. Additional terms and conditions can be found at link below.
*Refund Policy URL:	www.Kirkwood.edu/syllabi-refundschedule
Internship Available:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	11-3011.00
Occupation Title 1	Administrative Services Manager
CIP Code 2	43-6011.00
Occupation Title 2	Executive Secretaries and Executive Administrative Assistants
CIP Code 3	43-1011.00
Occupation Title 3	First-Line Supervisors or Office and Administrative Support Work
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	Knowledge in computer applications including: word processing, desktop publishing, multimedia. Soft skills development: teamwork, project development, problem solving.

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	0.00
CEU Granting Institution:	N/A
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	63
Credit Earned Duration:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input checked="" type="checkbox"/> Skill Attainment <input type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input checked="" type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input checked="" type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	\$17.69 - \$24.64
Scheduling	
Class Time (hours):	1008
Lab Time (hours):	0.00
Other Time (hours):	0.00
Class Frequency:	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	1008

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	64
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input checked="" type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	4
Duration Type:	<input checked="" type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	Varies by class schedule.
Classes Offered:	<input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input checked="" type="checkbox"/> Weekend <input checked="" type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cost Details	
*Tuition/Fee:	\$10,647.00
*Books:	\$3350.25
*Tools:	\$0.00
*Other Costs (describe in Comments below):	\$224.00
*Total Training Costs:	\$14,224.25
Comments:	Other Cost: Technology Fee \$200, Business Etiquette Lunch Fee \$24.00
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Colette Atkins Title: Dean of Business and IT Programs

Applicant Signature: *Colette Atkins* Date: 9-9-19

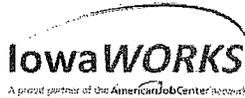
Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov

Eligible Training Provider List - Provider & Program Application



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State's ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

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>. If this application is approved by the Local Workforce Development Board, the training provider will be contacted by a representative from Iowa Workforce Development with further instructions on creating an account and adding this training program to the IowaWORKS data management system at <http://www.iowaworks.gov> in order for it to be placed on the Iowa Eligible Training Provider List.

Provider Information

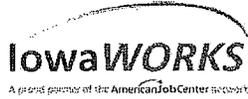
Federal Employer ID	
Federal Employer ID No:	42-0924685
Institution Identification	
Institution Name:	Kirkwood Community College
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	6301 Kirkwood Blvd SW
Address 2:	
City:	Cedar Rapids
State:	Iowa
Zip:	52404
Contact Information	
Title:	Dean of Business and Information Technology
First Name:	Colette
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	Atkins
Contact Phone Number:	319.398.5416
Cell Phone:	
Contact Fax Phone Number:	319.398.5482
Email Address:	Colette.Atkins@Kirkwood.edu
Institution URL:	www.kirkwood.edu
Provider Information	
Local Workforce Development Area:	Region 10
Type of Business:	<input type="checkbox"/> College/University <input checked="" type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

Eligible Training Provider List - Provider & Program Application



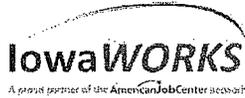
This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	6301 Kirkwood Blvd SW
Billing Address 2:	
Billing City:	Cedar Rapids
Billing State:	IA
Billing Zip:	52404
Attention:	
Mailing Address Information	
Mailing Address 1:	6301 Kirkwood Blvd SW
Mailing Address 2:	
Mailing City:	Cedar Rapids
Mailing State:	IA
Mailing Zip:	52404
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	51
Disabled Access:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	Community College that provides students the opportunity to obtain an Associates and AA/AS Degrees. Additionally some programs may also provide diplomas, certificates and work toward industry recognized credentials.
Main Telephone Number:	319-398-5411
TTD/TTY Telephone Number:	319-398-7600
Financial Aid Telephone Number:	319-398-7600
Main Email Address:	enrserv@kirkwood.edu
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application



On-site Child Care Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Financial Aid Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input checked="" type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Approved Apprenticeship:	<input checked="" type="checkbox"/> Yes, Approved Apprenticeship <input type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input checked="" type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	11-3031
*Education Program Name:	Business Administration - Financial Services Associates of Applied Sciences
Education Program Description:	Designed for students seeking careers with financial institutions and for those already in financial institutions wishing to attain advanced positions.
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input checked="" type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



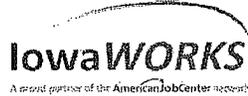
<p>This program leads to a credential or degree</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of associated credential:</p>	<p>Business Administration - Financial Services Associates of Applied Sciences</p>
<p>*Completion level:</p>	<p> <input type="checkbox"/> Apprenticeship completers <input checked="" type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation </p>
<p>*Attain Credential:</p>	<p> <input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input checked="" type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree </p>
<p>Other, Specify:</p>	
<p>Certification/License Title:</p>	
<p>Certification/License Type:</p>	<p> <input type="checkbox"/> National Certification or License <input checked="" type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply </p>
<p>Green Job Training:</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>*Is this education program in a partnership with</p>	<p><input type="checkbox"/> Yes</p>

Eligible Training Provider List - Provider & Program Application



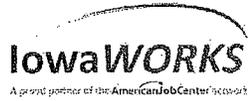
a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input checked="" type="checkbox"/> Pell Grant <input checked="" type="checkbox"/> Federal Loan <input checked="" type="checkbox"/> Institutional Scholarship <input checked="" type="checkbox"/> Other
*URL of Training Program:	www.kirkwood.edu/financialservices

Eligible Training Provider List - Provider & Program Application



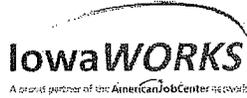
<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input checked="" type="checkbox"/> Combination of Education and Course(s) <input type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>Program since 1994, current title since 2014</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>This is not a new program.</p>
<p>Minimum Class Size</p>	<p>10 - 12</p>
<p>Maximum Class Size</p>	<p>24 - 250 Depending on class taken</p>
<p>Number of Instructors</p>	<p>6 - 8</p>
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	<p>Instructors most commonly hold a Bachelor's Degree or higher in a related industry.</p>
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	<p>Students are asked to demonstrate a certain skill level in math, reading and writing,</p>
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input checked="" type="checkbox"/> On-Site Parking <input checked="" type="checkbox"/> Public Transportation <input checked="" type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	<p>Normal office equipment including computer, copiers, telephones and other technologies in an office setting.</p>
<p>*Grievance Procedure:</p>	<p>1. Discuss the complaint directly with the staff member or faculty involved.</p>

Eligible Training Provider List - Provider & Program Application



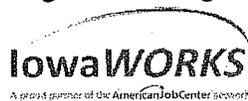
	<p>2. Discuss complaint with the Director or Dean with supervisory responsibility over the area where the issue occurred.</p> <p>(Full policy located at link below)</p>
*Grievance Procedure URL:	http://www.kirkwood.edu/catalog/current/student-complaint-policy.htm
*Refund Policy:	<p>Prior to and through the first week of a 16-week term, you may change your registration by adding or dropping classes that run the full term with the required signatures of faculty and dean, where necessary.</p> <p>Additional terms and conditions can be found at link below.</p>
*Refund Policy URL:	www.Kirkwood.edu/syllabi-refundschedule
Internship Available:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	13-2052.00
Occupation Title 1	Personal Financial Advisors
CIP Code 2	13-2072.00
Occupation Title 2	Loan Officers
CIP Code 3	11-3031.02
Occupation Title 3	Financial Managers, Branch or Department
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	<p>Entry level skills and understanding in a variety of financial settings including banking, investments, insurance and real estate.</p> <p>Knowledge in computer applications including: excel, and word processing</p> <p>Soft skills development: teamwork, project development, problem solving.</p>

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	65
Credit Earned Duration:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input checked="" type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input checked="" type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	\$18.48
Scheduling	
Class Time (hours):	1040
Lab Time (hours):	0
Other Time (hours):	0
Class Frequency:	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	1040

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	68
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input checked="" type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	5
Duration Type:	<input checked="" type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	Varies by class schedule.
Classes Offered:	<input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input checked="" type="checkbox"/> Weekend <input checked="" type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cost Details	
*Tuition/Fee:	\$10,985.00
*Books:	\$2,739.83
*Tools:	\$0.00
*Other Costs (describe in Comments below):	\$369.00
*Total Training Costs:	\$14,093.83
Comments:	Other Cost: Technology Fee \$250, Business Etiquette Lunch Fee \$24.00, Business competition Fee \$95.00
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Colette Atkins Title: Dean of Business and IT Programs

Applicant Signature: *Colette Atkins* Date: 9-9-19

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB

Date Approved by LWDB

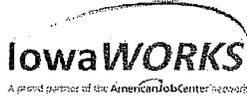
IWD LWDB Region #

Authorized LWDB Name (Print):

Authorized LWDB Signature:

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov

Eligible Training Provider List - Provider & Program Application



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

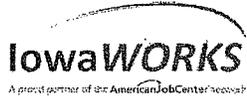
In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State's ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

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>. If this application is approved by the Local Workforce Development Board, the training provider will be contacted by a representative from Iowa Workforce Development with further instructions on creating an account and adding this training program to the IowaWORKS data management system at <http://www.iowaworks.gov> in order for it to be placed on the Iowa Eligible Training Provider List.

Provider Information

Federal Employer ID	
Federal Employer ID No:	42-0924685
Institution Identification	
Institution Name:	Kirkwood Community College
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution. <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	6301 Kirkwood Blvd SW
Address 2:	
City:	Cedar Rapids
State:	Iowa
Zip:	52404
Contact Information	
Title:	Dean of Business and Information Technology
First Name:	Colette
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	Atkins
Contact Phone Number:	319.398.5416
Cell Phone:	
Contact Fax Phone Number:	319.398.5482
Email Address:	Colette.Atkins@Kirkwood.edu
Institution URL:	www.kirkwood.edu
Provider Information	
Local Workforce Development Area:	Region 10
Type of Business:	<input type="checkbox"/> College/University <input checked="" type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

Eligible Training Provider List - Provider & Program Application



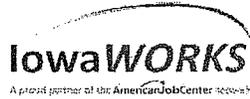
This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	6301 Kirkwood Blvd SW
Billing Address 2:	
Billing City:	Cedar Rapids
Billing State:	IA
Billing Zip:	52404
Attention:	
Mailing Address Information	
Mailing Address 1:	6301 Kirkwood Blvd SW
Mailing Address 2:	
Mailing City:	Cedar Rapids
Mailing State:	IA
Mailing Zip:	52404
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	51
Disabled Access:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	Community College that provides students the opportunity to obtain an Associates and AA/AS Degrees. Additionally some programs may also provide diplomas, certificates and work toward industry recognized credentials.
Main Telephone Number:	319-398-5411
TTD/TTY Telephone Number:	319-398-7600
Financial Aid Telephone Number:	319-398-7600
Main Email Address:	enrserv@kirkwood.edu
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application

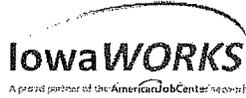


On-site Child Care Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Financial Aid Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input checked="" type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Approved Apprenticeship:	<input checked="" type="checkbox"/> Yes, Approved Apprenticeship <input type="checkbox"/> No, not Approved Apprenticeship

Program Information

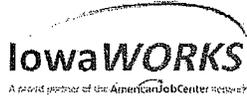
General Information	
Purpose for adding program:	<input checked="" type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	43-3031.00
*Education Program Name:	Business Administration - Accounting Associates of Applied Sciences
Education Program Description:	Program provides students with the background needed to enter entry level positions in general accounting, cost accounting, tax, credit or other areas of financial accounting/reporting.
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input checked="" type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



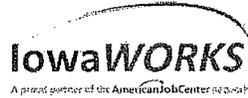
<p>This program leads to a credential or degree</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of associated credential:</p>	<p>Business Administration - Accounting Associates of Applied Sciences</p>
<p>*Completion level:</p>	<p><input type="checkbox"/> Apprenticeship completers <input checked="" type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation</p>
<p>*Attain Credential:</p>	<p><input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input checked="" type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree</p>
<p>Other, Specify:</p>	
<p>Certification/License Title:</p>	
<p>Certification/License Type:</p>	<p><input type="checkbox"/> National Certification or License <input checked="" type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply</p>
<p>Green Job Training:</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>*Is this education program in a partnership with</p>	<p><input type="checkbox"/> Yes</p>

Eligible Training Provider List - Provider & Program Application



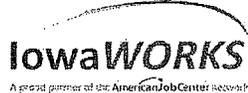
a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input checked="" type="checkbox"/> Pell Grant <input checked="" type="checkbox"/> Federal Loan <input checked="" type="checkbox"/> Institutional Scholarship <input checked="" type="checkbox"/> Other
*URL of Training Program:	www.kirkwood.edu/accounting

Eligible Training Provider List - Provider & Program Application



<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input checked="" type="checkbox"/> Combination of Education and Course(s) <input type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>Program since 1969, current title since 2014</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>This is not a new program.</p>
<p>Minimum Class Size</p>	<p>10 - 12</p>
<p>Maximum Class Size</p>	<p>24 - 250 Depending on class taken</p>
<p>Number of Instructors</p>	<p>6 - 8</p>
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	<p>Instructors most commonly hold a Bachelor's Degree or higher in a related industry.</p>
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	<p>Students are asked to demonstrate a certain skill level in math, reading and writing,</p>
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input checked="" type="checkbox"/> On-Site Parking <input checked="" type="checkbox"/> Public Transportation <input checked="" type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	<p>Normal office equipment including computer, copiers, telephones and other technologies in an office setting.</p>
<p>*Grievance Procedure:</p>	<p>1. Discuss the complaint directly with the staff member or faculty involved.</p>

Eligible Training Provider List - Provider & Program Application



	<p>2. Discuss complaint with the Director or Dean with supervisory responsibility over the area where the issue occurred.</p> <p>(Full policy located at link below)</p>
*Grievance Procedure URL:	http://www.kirkwood.edu/catalog/current/student-complaint-policy.htm
*Refund Policy:	<p>Prior to and through the first week of a 16-week term, you may change your registration by adding or dropping classes that run the full term with the required signatures of faculty and dean, where necessary.</p> <p>Additional terms and conditions can be found at link below.</p>
*Refund Policy URL:	www.Kirkwood.edu/syllabi-refundschedule
Internship Available:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	43-3031.00
Occupation Title 1	Bookkeeping, Accounting, and Auditing Clerks
CIP Code 2	43-3051.00
Occupation Title 2	Payroll and Timekeeping Clerks
CIP Code 3	43-4161.00
Occupation Title 3	Human Resources and Payroll
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	<p>Entry level skills in general accounting, cost accounting, tax, credit or other areas of financial accounting/reporting.</p> <p>Knowledge in computer applications including: excel and word processing,</p> <p>Soft skills development: teamwork, project development, problem solving.</p>

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	65
Credit Earned Duration:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input checked="" type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input checked="" type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	\$16.89
Scheduling	
Class Time (hours):	1040
Lab Time (hours):	0
Other Time (hours):	0
Class Frequency:	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	1040

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	68
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input checked="" type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	5
Duration Type:	<input checked="" type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	Varies by class schedule.
Classes Offered:	<input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input checked="" type="checkbox"/> Weekend <input checked="" type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cost Details	
*Tuition/Fee:	\$10,985.00
*Books:	\$3,966.14
*Tools:	\$0.00
*Other Costs (describe in Comments below):	\$369.00
*Total Training Costs:	\$15,320.14
Comments:	Other Cost: Technology Fee \$250, Business Etiquette Lunch Fee \$24.00, Business competition Fee \$95.00
Edu. Program Application Confirmation	
*Providers requesting approval or re-approval of a training program must agree to the statement below.	
The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Colette Atkins Title: Dean of Business and IT Programs

Applicant Signature: *Colette Atkins* Date: 9-9-19

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov



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In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State’s ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

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Provider Information

Federal Employer ID	
Federal Employer ID No:	
Institution Identification	
Institution Name:	
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	
Address 2:	
City:	
State:	
Zip:	
Contact Information	
Title:	
First Name:	
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	
Contact Phone Number:	
Cell Phone:	
Contact Fax Phone Number:	
Email Address:	
Institution URL:	
Provider Information	
Local Workforce Development Area:	
Type of Business:	<ul style="list-style-type: none"> <input type="checkbox"/> College/University <input type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

Eligible Training Provider List - Provider & Program Application



This provider is an accredited postsecondary education institution:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	
Billing Address 2:	
Billing City:	
Billing State:	
Billing Zip:	
Attention:	
Mailing Address Information	
Mailing Address 1:	
Mailing Address 2:	
Mailing City:	
Mailing State:	
Mailing Zip:	
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	
Disabled Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	
Main Telephone Number:	
TTD/TTY Telephone Number:	
Financial Aid Telephone Number:	
Main Email Address:	
Is this a Community College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application



On-site Child Care Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Aid Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Apprenticeship:	<input type="checkbox"/> Yes, Approved Apprenticeship <input type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	
*Education Program Name:	
Education Program Description:	
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



<p>This program leads to a credential or degree</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of associated credential:</p>	
<p>*Completion level:</p>	<p><input type="checkbox"/> Apprenticeship completers <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation</p>
<p>*Attain Credential:</p>	<p><input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree</p>
<p>Other, Specify:</p>	
<p>Certification/License Title:</p>	
<p>Certification/License Type:</p>	<p><input type="checkbox"/> National Certification or License <input type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply</p>
<p>Green Job Training:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*Is this education program in a partnership with</p>	<p><input type="checkbox"/> Yes</p>

Eligible Training Provider List - Provider & Program Application



a business?	<input type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input type="checkbox"/> Pell Grant <input type="checkbox"/> Federal Loan <input type="checkbox"/> Institutional Scholarship <input type="checkbox"/> Other
*URL of Training Program:	

Eligible Training Provider List - Provider & Program Application



<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input type="checkbox"/> Combination of Education and Course(s) <input type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	
<p>Minimum Class Size</p>	
<p>Maximum Class Size</p>	
<p>Number of Instructors</p>	
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input type="checkbox"/> On-Site Parking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	
<p>*Grievance Procedure:</p>	

Eligible Training Provider List - Provider & Program Application



*Grievance Procedure URL:	
*Refund Policy:	
*Refund Policy URL:	
Internship Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	
Occupation Title 1	
CIP Code 2	
Occupation Title 2	
CIP Code 3	
Occupation Title 3	
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	
Credit Earned Duration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	
Scheduling	
Class Time (hours):	
Lab Time (hours):	
Other Time (hours):	
Class Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	
*Reporting Program Format:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	
Duration Type:	<input type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	
Classes Offered:	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Details	
*Tuition/Fee:	
*Books:	
*Tools:	
*Other Costs (describe in Comments below):	
*Total Training Costs:	
Comments:	
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Abby Humphrey **Title:** Billing Specialist

Applicant Signature: *A Humphrey* **Date:** 07/08/2019

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	July 10, 2019
Date Approved by LWDB	
IWD LWDB Region #	10
Authorized LWDB Name (Print):	Patty Manuel
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov

RAPIL: Projected Costs with Timeline
subject to change

Time Frame	Requirements	Projected Costs
Admission Costs	RAPIL Processing fee	\$50.00
	PRAXIS Core	\$150.00 to ETS
October	First course (4 credit hours) Second course (2 credit hours) Textbook:	\$1900.00 tuition \$185.00 technology fee \$50.00
January	Third Course (4 credit hours) Course fee for Supervision:	\$1250.00 tuition \$185.00 technology fee \$500.00
March	Fourth Course (4 credit hours) Course fee for Supervision	\$1250.00 tuition \$185.00 technology fee \$500.00
July	PRAXIS II subject assessment: pass test in 1 selected endorsement area. Obtain internship Fifth course (3 credit hours):	\$150.00 to ETS \$950.00 tuition \$185.00 technology fee
Upon receiving a contract offer for internship	Application for Intern License. FBI Fingerprint Background Check	\$85.00 to BOEE \$65.00 to BOEE
August	Sixth course (3 credit hours): Course fee for Supervision:	\$950.00 tuition \$185.00 technology fee \$500.00
January	Seventh course (3 credit hours) Eighth course (3 credit hours) Course fee for Supervision:	\$1900.00 tuition \$185.00 technology fee \$500.00
May	PRAXIS PPAT: pass prior to recommendation for Initial License Application for Initial License	\$300.00 to ETS \$85.00 to BOEE

Total projected tuition and fees for RAPIL license:

Tuition	\$8200.00
Technology Fees	\$1110.00
Course Fees	\$2000.00

RAPIL: Projected Costs with Timeline
subject to change

Other fees	\$885.00
Projected Total	\$12,745.00

Costs do not include travel to face-to-face classes, instructional materials, and other extra costs associated with attaining a teaching license.