



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:	
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	



<b>Address 1:</b>	6301 Kirkwood Blvd SW
<b>Address 2:</b>	
<b>City:</b>	Cedar Rapids
<b>State:</b>	Iowa
<b>Zip:</b>	52404
<b>Contact Information</b>	
<b>Title:</b>	—
<b>First Name:</b>	
<b>Middle Initial:</b>	.
<b>Last Name - (include suffix e.g. Jr, Sr, PhD, etc):</b>	
<b>Contact Phone Number:</b>	
<b>Cell Phone:</b>	
<b>Contact Fax Phone Number:</b>	
<b>Email Address:</b>	
<b>Institution URL:</b>	www.kirkwood.edu
<b>Provider Information</b>	
<b>Local Workforce Development Area:</b>	
<b>Type of Business:</b>	<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



This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Billing Address Information</b>	
Billing Address 1:	6301 Kirkwood Blvd SW
Billing Address 2:	
Billing City:	Cedar Rapids
Billing State:	Iowa
Billing Zip:	52404
Attention:	Nichelle L. Cline
<b>Mailing Address Information</b>	
Mailing Address 1:	6301 Kirkwood Blvd SW
Mailing Address 2:	
Mailing City:	Cedar Rapids
Mailing State:	Iowa
Mailing Zip:	52404
Mailing Attention:	
<b>CRS Provider Information</b>	
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



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other
<b>Years in Business:</b>	53 Years
<b>Disabled Access:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>ADA Compliant:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Institution Description:</b>	Kirkwood is a public community college with a main campus location in Cedar Rapids, Iowa.
<b>Main Telephone Number:</b>	319-398-5411
<b>TTD/TTY Telephone Number:</b>	
<b>Financial Aid Telephone Number:</b>	319-398-7600
<b>Main Email Address:</b>	Info@kirkwood.edu
<b>Is this a Community College?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Accreditation</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Career Assessment Available</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Career Counseling Available</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Job Placement Assistance Available</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tutorial Services Available</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>ESL Services Available</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>GED Assistance Available</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Additional Services Available</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

### Program Information

General Information	
<b>Purpose for adding program:</b>	<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
<b>*CIP Code:</b>	51.0711
<b>*Education Program Name:</b>	Diagnostic Assistant
<b>Education Program Description:</b>	Diagnostic Assistant is designed for Radiologic Technology students in partnership with the Mercy/St Lukes School of Radiologic Technology. Students complete pre-requisite courses and AAS degree completion courses at Kirkwood. All Radiologic Technology courses are taken at our partner school.
<b>*This program of study leads to:</b>	<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



<p><b>This program leads to a credential or degree</b></p>	<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>Name of associated credential:</b></p>	<p>Associate of Applied Science</p>
<p><b>*Completion level:</b></p>	<p><input type="checkbox"/> Apprenticeship completers  <input checked="" type="checkbox"/> Associate's Degree  <input type="checkbox"/> Bachelor's Degree  <input type="checkbox"/> Certificates &lt; 2 yrs.  <input type="checkbox"/> Doctor's Degrees  <input type="checkbox"/> Employment &amp; 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; &lt; 1 yr.  <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; &lt;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><b>*Attain Credential:</b></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><b>Other, Specify:</b></p>	<p>Associate Degree is in Applied Science (not AS)</p>
<p><b>Certification/License Title:</b></p>	
<p><b>Certification/License Type:</b></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><b>Green Job Training:</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>*Is this education program in a partnership with</b></p>	<p><input checked="" type="checkbox"/> Yes</p>



<b>a business?</b>	<input type="checkbox"/> No
<b>Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):</b>	Degree program at Kirkwood partners with the Mercy/StLukes School of Radiologic Technology. The AAS in Diagnostic Assistant prepares them for entry in the partner program and also provides necessary degree completion requirements. This allows students eligibility to sit for certification and licensure to practice as Radiologic Technician.
<b>Apprenticeship</b>	
<b>*This program is an Apprenticeship:</b>	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
<b>This Education Program is a Registered Apprenticeship:</b>	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
<b>Apprenticeship Registration Date:</b>	
<b>Apprenticeship Description:</b>	
<b>Number of active apprentices:</b>	
<b>Instruction Method:</b>	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
<b>Instruction Length in Weeks:</b>	
<b>Technical instruction is provided by another provider:</b>	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
<b>Instruction Provider Name:</b>	
<b>Instruction Provider Address 1:</b>	
<b>Instruction Provider Address 2:</b>	
<b>Instruction Provider City:</b>	
<b>Instruction Provider State:</b>	
<b>Instruction Provider Zip Code:</b>	
<b>Additional Details</b>	
<b>Financial Aid Available</b>	<input checked="" type="checkbox"/> Pell Grant <input checked="" type="checkbox"/> Federal Loan <input checked="" type="checkbox"/> Institutional Scholarship <input type="checkbox"/> Other
<b>*URL of Training Program:</b>	<a href="http://www.kirkwood.edu/diagnosticassistant">www.kirkwood.edu/diagnosticassistant</a>



<p><b>*Program Prerequisites:</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> High School Diploma or Equivalent</li> <li><input type="checkbox"/> Associate's Degree</li> <li><input type="checkbox"/> Bachelor's Degree</li> <li><input checked="" type="checkbox"/> Course(s)</li> <li><input type="checkbox"/> Combination of Education and Course(s)</li> <li><input type="checkbox"/> None</li> </ul>
<p><b>*Date Edu. Program First Offered:</b></p>	<p>Partnership with Diagnostic Assistant as Degree Completion began in 2012. Partnership existed prior but was not called</p>
<p><b>*Please provide a reasonable explanation regarding why this is a new program:</b></p>	<p>Diagnostic Assistant and was offered with different courses requirements.</p>
<p><b>Minimum Class Size</b></p>	<p>No minimum or maximum for Kirkwood Pre-reqs or AAS completion. All courses are liberal arts or</p>
<p><b>Maximum Class Size</b></p>	<p>health science core classes. Offered on first come basis.</p>
<p><b>Number of Instructors</b></p>	<p>All courses taught by Kirkwood faculty assigned to specific liberal arts and health core areas.</p>
<p><b>Describe the qualifications of all instructors in 800 characters or less:</b></p>	<p>Masters degree with 18 hours in specialty field for transfer courses. Bachelors + 6000 hours full time work experience minimum for industry specific coursework.</p>
<p><b>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</b></p>	<p>Attend program conference. Apply to Program. Complete Pre-req courses with a C or higher. Complete a Job Shadow. Have Placement Test Scores on file in Allied Health office.</p>
<p><b>Drug/Alcohol Screening Required:</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>
<p><b>Accessibility:</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> On-Site Parking</li> <li><input checked="" type="checkbox"/> Public Transportation</li> <li><input checked="" type="checkbox"/> Disabled Student Access</li> <li><input checked="" type="checkbox"/> Sign Language</li> <li><input type="checkbox"/> Other Languages</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</b></p>	<p>Diagnostic Assistant students take liberal arts and health core classes. All equipment is designated for classroom instruction. Radiologic Tech specialty equipment is owned by Mercy/StLukes School of Rad Tech and not by Kirkwood.</p>
<p><b>*Grievance Procedure:</b></p>	<p>See attached documentation.</p>



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



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):	Varies by semester according to liberal arts and health core.
Lab Time (hours):	Variable depending on course/lab.
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:	



<b>*Reporting Program Length - Full-time Weeks:</b>	Depends on pre-req and admit status to partner school
<b>*Reporting Program Format:</b>	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input checked="" type="checkbox"/> Hybrid or Blended Program
<b>Duration</b>	
<b>Duration:</b>	Depends on pre-req and admit status to partner school
<b>Duration Type:</b>	<input checked="" type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
<b>Schedule Intensity:</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Weekly Schedule:</b>	Student choice to do pre-req and degree completion full or part time
<b>Classes Offered:</b>	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
<b>External Approvals</b>	
<b>Is this program listed on another state's ETPL?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cost Details</b>	
<b>*Tuition/Fee:</b>	5808.00 ( instate)
<b>*Books:</b>	Depends on which courses needed for pre-req and degree complete
<b>*Tools:</b>	
<b>*Other Costs (describe in Comments below):</b>	
<b>*Total Training Costs:</b>	5978.00
<b>Comments:</b>	That is cost for student to take all pre-req and degree completion at Kirkwood. It does not indicate if the student has courses already taken at another institution or any of the program costs for our partne program.
<b>Edu. Program Application Confirmation</b>	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p><b>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</b></p>	



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): \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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](mailto:ETPL@iwd.iowa.gov)



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### Provider Information

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



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



This provider is an accredited postsecondary education institution:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Billing Address Information</b>	
Billing Address 1:	
Billing Address 2:	
Billing City:	
Billing State:	
Billing Zip:	
Attention:	
<b>Mailing Address Information</b>	
Mailing Address 1:	
Mailing Address 2:	
Mailing City:	
Mailing State:	
Mailing Zip:	
Mailing Attention:	
<b>CRS Provider Information</b>	
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



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



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

### Program Information

General Information	
<b>Purpose for adding program:</b>	<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
<b>*CIP Code:</b>	
<b>*Education Program Name:</b>	
<b>Education Program Description:</b>	
<b>*This program of study leads to:</b>	<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



<p><b>This program leads to a credential or degree</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Name of associated credential:</b></p>	
<p><b>*Completion level:</b></p>	<p><input type="checkbox"/> Apprenticeship completers  <input type="checkbox"/> Associate's Degree  <input type="checkbox"/> Bachelor's Degree  <input type="checkbox"/> Certificates &lt; 2 yrs.  <input type="checkbox"/> Doctor's Degrees  <input type="checkbox"/> Employment &amp; 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; &lt; 1 yr.  <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; &lt;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><b>*Attain Credential:</b></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><b>Other, Specify:</b></p>	
<p><b>Certification/License Title:</b></p>	
<p><b>Certification/License Type:</b></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><b>Green Job Training:</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>*Is this education program in a partnership with</b></p>	<p><input type="checkbox"/> Yes</p>



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



<p><b>*Program Prerequisites:</b></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><b>*Date Edu. Program First Offered:</b></p>	
<p><b>*Please provide a reasonable explanation regarding why this is a new program:</b></p>	
<p><b>Minimum Class Size</b></p>	
<p><b>Maximum Class Size</b></p>	
<p><b>Number of Instructors</b></p>	
<p><b>Describe the qualifications of all instructors in 800 characters or less:</b></p>	
<p><b>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</b></p>	
<p><b>Drug/Alcohol Screening Required:</b></p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No                 </p>
<p><b>Accessibility:</b></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><b>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</b></p>	
<p><b>*Grievance Procedure:</b></p>	



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



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:	



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



<p><b>programs offered are available to the general public on a tuition basis.</b></p>	
<p><input checked="" type="checkbox"/> <b>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.</b></p>	
<p>Name (Print): <u>Abby Humphrey</u></p>	<p>Title: <u>Billing Specialist</u></p>
<p>Applicant Signature: <u><i>Abby Humphrey</i></u></p>	<p>Date: <u>11/13/2019</u></p>
<p>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.</p>	
<p><b>FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY</b></p>	
<p>Date Received by LWDB</p>	
<p>Date Approved by LWDB</p>	
<p>IWD LWDB Region #</p>	
<p>Authorized LWDB Name (Print):</p>	
<p>Authorized LWDB Signature:</p>	
<p>LWDB approved forms must be emailed to: <a href="mailto:ETPL@iwd.iowa.gov">ETPL@iwd.iowa.gov</a></p>	