

TRAINING PROVIDER APPLICATION – INITIAL ELIGIBILITY

Complete and submit to: CareerSource Research Coast
Attention: Christina Coble
584 NW University Blvd., Suite 100
Port St. Lucie, Florida 34986

Applicant Institution:		Date:	
Address:			
Telephone:	Federal Employer's ID Number:		
Institution Type:	<input type="checkbox"/> Public <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Private Non-Profit	How long has the institution been in operation?	

Submitted by:

Name:*	Title:	
Email:		

* Submitter affirms that the information provided on this application is true and correct, and agrees that falsified information or significant omissions may be justification for termination, and/or may disqualify institution from future consideration as an ITA provider.

Eligible Training Provider Requirements (Select the one that applies from 1-4 and respond to 5-12)

1. An institution of higher education providing programs leading to a recognized postsecondary credential.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. An entity that carries out programs under the National Apprenticeship Act, 50 Stat. 664, chapter 663, 29 U.S.C. 50 et seq.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. A public <input type="checkbox"/> or private <input type="checkbox"/> provider of training services programs which include joint labor-management organizations, pre-apprenticeship programs and occupational/technical trainings.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Provider of adult education and literacy activities under Title II if such activities are provided in combination with occupational skills training.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Training programs are in compliance with occupations in demand as listed on CSRC's Demand Occupations List (with the exception of apprenticeship programs).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6. Institution reports performance information to FETPIP.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Institution certifies that all facilities where training is provided are ADA compliant.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is institution minority/female owned and operated? If yes, indicate state registration #:	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Has the institution been terminated as a training provider in any other Local Workforce Development Area (LWDA)? If yes, please list which LWDA and indicate date of termination:	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have any of the institution's programs been terminated by a LWDA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Is the institution eligible to receive Title IV funds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Are scholarships offered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Initial Eligibility

Is the institution licensed with the Commission for Independent Education (CIE)? Yes No

If yes, please provide license number and verification of certification, authorization and accrediting entities. Include copy of license and other verifying documents with your application.

Please include:

- Copies of reports or information reported to State Agencies with respect to Federal and State training services programs.
- Copies of your institution's most current FETPIP report.
- Copy of a catalog indicating policies including, but not limited to, counseling, grade reporting, withdrawal/dropout, drop/add, attendance, tuition payment, refunds, books, graduation, etc.
- For each program listed, complete the Training Provider Application Performance spreadsheet and ITA Program Information/Expense sheets attached, responding to each question and including specifics concerning total cost of attendance, broken out by books, tuition, lab fees, uniforms, supplies, examinations and vaccinations, fingerprinting and licensure and any other costs.

Please describe how the institution carries out the following requirements. For each response, please identify any training programs offered that deviate from the practices identified (use additional space if necessary):

Ensure access to training programs throughout the State, including rural areas, and including use of technology:

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Serves employed individuals and/or individuals with disabilities and other barriers to employment:

Ensures that programs meet the needs of local businesses and partners (Identify specific partnerships or collaborations that have been established with business or industry.)

NOTE: Once approved, to add new programs to a training provider's list of offerings, an ITA Program/Information Expense Sheet and the Performance Spreadsheet must be submitted.