

# Employment and Training Services

## Eligible Training Provider and Program Application

Workforce Innovation and Opportunity Act (WIOA)

Adult and Dislocated Worker and Youth Programs

This application is for "initial eligibility" for training providers who are applying to have their training programs listed on Alaska's Eligible Training Provider and Program list (ETP).

### A. Training Provider Information

1. Name of Training Provider/Educational Institution:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Website: \_\_\_\_\_

2. Contact person for this application:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Contact person for Completer Data: (Completer Data definition resides in the ETPL Guide):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Federal Employer Identification Number (FEIN): \_\_\_\_\_

5. Business License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Submittal Information

**Important:** Please refer to the Department of Labor and Workforce Development (DOLWD), Division of Employment and Training Services (DETS) website, Eligible Training Provider (ETP) page for provider responsibilities and information on regulations and definitions at: <https://labor.alaska.gov/dets/etpl.htm>.

Submit completed applications and attachments to:

Eligible Training Provider List  
DOLWD/DETS  
PO Box 115509  
Juneau, AK 99811-5509  
Email: [DOL.ETPL@alaska.gov](mailto:DOL.ETPL@alaska.gov)

Scanned copies of the completed application are acceptable.



**ALASKA DEPARTMENT OF LABOR  
& WORKFORCE DEVELOPMENT**

## B. Training Program Information

Complete this section for **each training program** for which you are seeking ETPL status.

1. Name of training program or training service: \_\_\_\_\_

2. Program Pre-requisites? No  Yes  If yes, list here: \_\_\_\_\_

3. Is the program an/a: (only check one)

**Existing** training program? Please submit (with this application) the past three calendar years' of student data including social security number, training start date, training end date, and indicate if training was completed and credential or degree attained.

**New** training program? Please explain below the partnership with business, meaning the training being provided is required by an employer(s). OR this may be done by producing letters of support from a business or other information showing a partnership between the training provider and a business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is this program listed on another state's Eligible Training Provider List? Yes No

5. Training sites where training services are conducted: (if a different curriculum is used, then a separate application must be completed for each site with a different curriculum.) (✓ check all that apply):

Training Site address: \_\_\_\_\_

Delivery method:  In-Person/Classroom  Online/Distance  Blended/Hybrid Program

6. Does this program result in a/an (✓ check all that apply):

Associate degree? Name of the degree: \_\_\_\_\_

Bachelor degree? Name of the degree: \_\_\_\_\_

Credential, such as an industry recognized certificate or endorsement?  
Name of organization certifying the credential: \_\_\_\_\_  
Name/type of credential to be attained: \_\_\_\_\_

Professional Licensure? Name of the license: \_\_\_\_\_

Other (describe) \_\_\_\_\_

7. Number of Credits earned? \_\_\_\_\_ Per Semester  OR Quarter

8. Is this program accredited? \_\_\_\_\_ Name of Accrediting Agency: \_\_\_\_\_

9. Training Program Costs: Tuition: \_\_\_\_\_ Books: \_\_\_\_\_ Tools: \_\_\_\_\_ Other Costs: \_\_\_\_\_

**TOTAL** Cost: \_\_\_\_\_

10. Training program length for full-time enrollment - In hours: \_\_\_\_\_ In weeks: \_\_\_\_\_ Check if part-time enrollment is permitted  Attendance: Days  Nights  Weekends

Days of the Week offered: \_\_\_\_\_

11. Provide a narrative that describes the program, attendance, grading policy and costs. You may provide the narrative below **or** provide it electronically by listing a web link: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## C. Standard Assurances

**The Division of Employment and Training Services will not approve Eligible Training Provider (ETP) status if the training provider fails to accept the Standard Assurances contained in this section.**

**In performing its responsibilities as an Eligible Training Provider, the training provider hereby assures that it will fully comply with the following:**

1. The training provider assures the State it will assume responsibility for complying with applicable federal and state rules, regulations, policies, procedures, and directives concerning eligible training provider requirements.
2. The training provider assures the State it will maintain current status with the Alaska Commission on Postsecondary Education (ACPE).
3. The training provider assures the State that they are not debarred from conducting business with the State of Alaska or the government of the United States of America.
4. The training provider assures the State that it does not discriminate against nor deny employment or services to any person on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA--financially assisted program or activity as specified in 29 CFR 37.20 -.22.
5. The training provider assures the State that it is in compliance with the 1990 Americans with Disabilities Act.
6. Training provider agrees to provide access to relevant financial and WIOA participant's attendance records to be reviewed by state or federal monitoring staff to ensure compliance with funding requirements.
7. Training provider assures the State that it will annually provide the Department of Labor and Workforce Development, Division of Employment and Training Services key data on **ALL** ETP approved training program participants. This key data includes a participant's **Social Security Number** necessary to conduct an annual program performance review.
8. The training provider assures the State that it has a complaint policy, grievance policy and refund policy.
9. The training provider assures the State that it will submit a revised application if there is a program name, curriculum, cost or policy change.
10. The training provider assures that State it will retain all ETP related student records for a period of six years.

**I hereby certify, as an authorized representative of the said training institution, that the above assurances and all information included in this application are accurate and true.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name