



## APPLICATION FOR TRAINING PROGRAM INITIAL / CONTINUED ELIGIBILITY

### PART II. TRAINING PROGRAM BASIC INFORMATION/CHANGE FORM

Please note that this information may be the same information used to become registered with the State of Ohio Workforce Inventory of Education and Training (WIET) (<https://wiet.ohio.gov/wiet/>). Any program changes to approved programs must be made through the WIET list and local WIOA Staff MUST be notified.

#### A. Applicant Information

Name of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Website Address: \_\_\_\_\_

#### B. Training Program Information

Program Name: \_\_\_\_\_  
SOC Description \_\_\_\_\_

#### Program Description (4,000 character limit)

### C. O'NET Codes and Occupational Areas

Please list at least (1) occupation and O'NET Code associated with the training program. **Please note that the O'NET Code/Occupation must align with the Target Industries for ITA's for Area 11 Franklin County.** Only programs aligned with targeted industries will be considered. *(Please reference AREA 11 Approved Training Provider Policy.)*

O'NET Code and Occupation

### D. Instructional Hours

If this is a Community College program, is this a certificate program?       Yes       No

Is this a credit hour program?       Yes       No

If yes, how may credit hours for program completion?      \_\_\_\_\_

What is the curriculum code for the program (if applicable)      \_\_\_\_\_

How many weeks does it typically take to complete the program?      \_\_\_\_\_

What are the total hours of instructional/classroom time?      \_\_\_\_\_

Other than employment, what is the primary goal of the program?      \_\_\_\_\_

What certifications, licenses or registrations are offered? Please list the name of nationally recognized accrediting, crediting, certifying, licensing, or registering body. List all that apply.

\_\_\_\_\_

\_\_\_\_\_

### E. Program Offerings (check all that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Full Time Enrollment    | <input type="checkbox"/> Part-Time Enrollment  | <input type="checkbox"/> Internships  |
| <input type="checkbox"/> Non-English Instruction | <input type="checkbox"/> Classroom Instruction | <input type="checkbox"/> Labs         |
| <input type="checkbox"/> Weekend Classes         | <input type="checkbox"/> Night Classes         | <input type="checkbox"/> Day Classes  |
| <input type="checkbox"/> Internet Instruction    | <input type="checkbox"/> Open Entry/Exit       | <input type="checkbox"/> Other: _____ |

### F. Entry-Level Requirements (Please check all that apply)

<input type="checkbox"/> Drug/Alcohol Screening	
<input type="checkbox"/> High School Diploma/GED	
<input type="checkbox"/> Physical Exam	
<input type="checkbox"/> Math (Specify level)	
<input type="checkbox"/> Reading (Specify level)	
<input type="checkbox"/> Language (Specify)	
<input type="checkbox"/> Writing (Specify)	
<input type="checkbox"/> Prerequisites (Specify)	
<input type="checkbox"/> Other	

## G. Program Costs

Tuition: \_\_\_\_\_  
Books: \_\_\_\_\_  
Fees: \_\_\_\_\_  
Tests: \_\_\_\_\_  
Other Expenses: (Materials, Supplies, Tools, Uniforms, etc.) \_\_\_\_\_  
List here: \_\_\_\_\_  
\_\_\_\_\_

What is the total cost of the program? (round to the nearest dollar amount) \_\_\_\_\_

### Expense Narrative:

For each item, where a cost is listed, please describe **in detail**, information regarding each item and what the process is for obtaining the item. For example, if you are a community college and the students need books, what is the process for obtaining them from the book store? Will the book store bill separately etc. For testing, what tests are included, are they certification exams? Who will be paying? Will the school hold payment if the funds from the OhioMeansJobs Center have not been received? If there are fees, what are they for?

#### Books:

#### Fees:

#### Tests:

#### Other:

**H. Types of Financial Aid Available (check all that apply)**

- Pell Grants
- Federal Loans (Stafford, Plus, etc.)
- Other (Please specify) \_\_\_\_\_
- Institutional Scholarships

**I. Other**

What year was the **program** established? \_\_\_\_\_

Please indicate the location(s) where this program is offered:

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Please describe the application procedure for this program. Include any materials that the customer should bring when applying for the program. If fees, tests, etc. are not available through the provider-please indicate how they are expected to be provided.