WORKFORCE DEVELOPMENT BOARD OF CENTRAL OHIO

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 and occupations 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)

❑ Full Time Enrollment	❑ Part-Time Enrollment	❑ Internships
❑ Non-English Instruction	❑ Classroom Instruction	❑ Labs
❑ Weekend Classes	❑ Night Classes	❑ Day Classes
❑ Internet Instruction	❑ Open Entry/Exit	❑ Other: _____

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

❑ Drug/Alcohol Screening	
❑ High School Diploma/GED	
❑ Physical Exam	
❑ Math (Specify level)	
❑ Reading (Specify level)	
❑ Language (Specify)	
❑ Writing (Specify)	
❑ Prerequisites (Specify)	
❑ 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

❑ Institutional Scholarships

❑ Federal Loans (Stafford, Plus, etc.)

❑ Other (Please specify) _____

I. Other

What year was the **program** established? _____

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

_____

_____

_____

_____

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.