

D. PROGRAM DESCRIPTIONS

Please complete for each proposed training program or program of training services. Attach a copy of the catalog or brochure in which the program is advertised to the general public. If the catalog contains more than the requested programs of study, please specify which programs are requested for approval.

1. GENERAL INFORMATION		
a. Training Program Name and Code	b. Year that Training Program was established	c. Training Location
d. Total Credit/Curriculum Hours	e. Total Number of Training Weeks	f. Days Per Week
g. Hours Per Week	h. Class Start Dates	i. Projected End Dates
j. Describe how the program meets local labor employer demands or meets a need in workforce development for the local labor market.		
k. Describe the training curriculum and list the skills the trainee will learn.		
l. Describe the qualifications of the training staff.		
m. If applicable, describe the targeted population served by the program and how it will meet the special needs of that population.		
n. Is the proposed curriculum competency based? <input type="checkbox"/> Yes <input type="checkbox"/> No	o. Is the program registered under the National Apprenticeship Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	p. Is the training program ongoing and continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No
q. Is the program provided in partnership with area employers for their emerging and incumbent worker needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list business partners' names and addresses)		
r. Is the proposed curriculum currently certified by an accrediting agency or other similar national standardization program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate the agency and list address)		
s. Please provide the specific name of the occupation(s) for which trainees will be qualified, with corresponding Dictionary of Occupational Titles (D.O.T.) or O*Net code and minimum entry level wage for the occupation(s): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Occupation Name D.O.T./O*Net Code Entry Wage </div>		
t. Does the training occupation(s) require state certification, exam licensing, board credential, or other approval prior to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe)		
u. Does the training tuition include the fees for state certification, exam licensing, or board credential? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. PERFORMANCE MEASURES

If the provider does not have the capability to provide required performance data by program of study at the time of initial eligibility evaluation, it must include:

- Aggregate data that is available for the most recent two full years;
- Written justification for the missing program of study data; and
- Description of how it will track and record program of study data necessary for re-certification.

a. Please provide three verifiable references of employers who have hired successful program completers or who have used the proposed programs to train employees (Additional sheets may be used if necessary):

Company Name	Contact Name	Mailing Address	Phone Number
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b. What is the completion rate for this training program as defined by your institution?

c. State your definition of completion and how you derived the rate.

d. What is the unsubsidized employment rate for those who have successfully completed training?

%

e. What is the unsubsidized employment rate for those who have successfully completed training and find employment in a training related field?

%

f. What is the average hourly wage at placement for successful completers?

\$

g. What is the average number of hours per week that these successful completers work?

h. What percentage of these jobs include benefits?

%

i. If this is a new training program, describe the enrollment goals and anticipated completion outcomes.

3. CRITERIA FOR ADMISSION

a. Admission Office Phone Number

b. Is a high school diploma or G.E.D. required?

☐ Yes ☐ No

c. Basic Skills - Indicate desired grade level:

Reading Math Language

d. Physical Abilities- Indicate any physical demand which may be necessary for this training and occupation:

☐ Walking

☐ Climbing

☐ Lifting

☐ Vision (without impairment)

☐ Kneeling

☐ Sitting

☐ Repetitive hand Motion

☐ Hearing (without impairment)

e. List any pre-screening, special requirements, or prerequisites for the program (e.g. drug test, medical exam, background check, etc.)

4. PROGRAM COST

a. Tuition (\$	per hour X	hours)	\$
b. Registration/Screening and Admission Fees			\$
c. Books			\$
d. Supplies/Materials (specify on right)			\$
e. Hand Tools (specify on right)			\$
f. Testing/Exam Fees			\$
g. Graduation Fees			\$
h. Other (specify on right)			\$
i. Total Cost			\$