JOB SERVICE North Dakota
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General Information

Training / Education Provider

Organization Identifier

Address

City	State	ZIP Code

FEIN

Individual Authorized to Sign Contracts / Agreements	Title

Contact Person	Title

Telephone Number	E-mail Address

Website Address:

Eligibility and Program Information

Type of Training / Education Provider Ownership (check one of the following):

☐ Public   ☐ Private   ☐ Non-Profit   ☐ Other

Is your training / education authorized to provide a program of education beyond the secondary level in North Dakota?   ☐ Yes   ☐ No

Type of Training / Education Provider and Verification Information (Check one of the following.):

☐ Public institution of higher education that provides a program of training that leads to a recognized postsecondary credential

☐ Entity that provides training that supports Registered Apprenticeship

☐ Private provider of training / educational services that leads to an industry recognized credential

WIOA requires assurances that agencies include rural areas, employed individuals and individuals with barriers. Briefly describe each of the following:

How will your agency ensure access to training services throughout the state, including rural areas, through the use of technology?

How will your agency provide training services to individuals who are employed and / or individuals with barriers to employment?

WIOA also requires the following:

The Workforce Innovation and Opportunity Act requires that all data provided in the application process be verifiable. Provide a brief description of your data gathering, reporting, and verification system. Use attachments if necessary.

Describe the information your agency reports to State agencies on Federal and State training programs other than programs within WIOA title I-B. (*Adult, Dislocated Worker, and Youth Employment & Training Programs*)

Part A - Initial Eligibility Requirements
For Training Providers not on the ETP list

The following information must accompany this application:
  - Verification of licensure, certification, or authorization from the North Dakota Department of Higher Education or relevant state agency to operate training programs in North Dakota.
  - Verification that the training program leads to an industry-recognized certificate or credential, including recognized post-secondary credentials.

TrainND, Private Training Providers and Tribal Colleges only
  - Using a secure file transfer system, provide student data including *Social Security numbers (SSNs) for all participants in each of the programs listed on the application. Submit these SSNs for the two previous years, (Jan 1 - Dec 31) regardless of funding source. (*If the training program has been in existence less than 2 years, provide student data for the time period available*)

*Social security numbers are required and will be matched to state wage data to determine performance statistics. Performance statistics will be shared only in aggregate report form, no personally identifiable information will be shared.

Part B - Continued Eligibility Requirements
For Training Providers currently on the ETP list

The following information must accompany this application:
- Verification of licensure, certification, or authorization from the North Dakota Department of Higher Education or relevant state agency to operate training programs in North Dakota
- Verification that the training program leads to an industry-recognized certificate or credential, including recognized post-secondary credentials.

Student data for all programs on the ETP list, including SSNs, is required annually for US Department of Labor performance reports. The Statewide Longitudinal Data System (SLDS) is used to extract data when available. Agencies not a part of SLDS are required to share student data using a secure file transfer system.

*Social security numbers are required and will be matched to state wage data to determine performance statistics. Performance statistics will be shared only in aggregate report form, no personally identifiable information will be shared.

Certification

Upon approval, a training agreement must be signed before a provider will be placed on the Eligible Training Provider List.

I certify that the information provided on this application is correct to the best of my knowledge.

Name	Title	Date

Please sign and submit the completed application to:

Job Service North Dakota
Workforce Programs
1000 E. Divide Avenue
PO Box 5507
Bismarck, North Dakota 58506-5507

Questions? Contact Tammy Barstad, tbarstad@nd.gov, 701-328-3047

Job Service North Dakota is an equal opportunity employer / program provider.
Auxiliary aids and services are available upon request to individuals with disabilities.

Program Information

Please provide Program Information for each Program

Program Name			
Program Cost (including tuition and fees)	Program Length	Credential Type	CIP Code
Program Description (provide a brief description of the program)			