ELIGIBLE TRAINING PROVIDER APPLICATION
JOB SERVICE NORTH DAKOTA
WORKORCE PROGRAMS
SFN 52437 (R. 9-15)

General Information
Training/Education Provider
Street Address/PO Box

City	State	ZIP Code

Federal Tax Identification Number	

Individual Authorized to Sign Contracts/Agreements	Title

Contact Person	Title

Telephone Number	E-mail Address

If application is approved, a link from the Eligible Training Provider List to your institution's website will be provided.

Website Address:

Eligibility and Program Information	YES	NO
Type of Training/Education Provider Ownership (Check one of the following.): ☐ Public ☐ Private ☐ Non-Profit ☐ Other		
Is your training/education authorized in North Dakota to provide a program of education beyond the secondary level?	☐	☐
Type of Training/Education Provider and Verification Information (Check one of the following.): ☐ Postsecondary Training/Education Provider that is eligible to receive federal funds under Title IV of the Higher Education Act of 1965. ☐ Training/Education Provider carrying out apprenticeship programs registered under the National Apprenticeship Act. ☐ All other public or private providers of training/education services.		

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 and 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:
- 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*)

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.

More information may be requested at a later date if there are questions regarding the data collection methods used.

Part A – Initial Eligibility Requirements
(For Training Providers not on the ETP list prior to January 1, 2016)

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.
- Provide the program title and a brief description of the training programs being offered, including CIP code.
- Cost of attendance, including costs of tuition and fees.
- 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
- Provide *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 the social security numbers 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 on the ETP list prior to January 1, 2016
(required every 2 years)

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
- Provide the program title and a brief description of the training programs being offered, including CIP code.
- Cost of attendance, including costs of tuition and fees.
- 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

- Provide 2 years of the following: (Jan 1 – Dec 31 immediately preceding this application)
    - Total number of participants enrolled in the program.
    - Total number of participants completing.
    - Total number of participants exiting the program.
    - Total number of participants who earned a recognized post-secondary credential.
- Provide *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.

*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 I have provided on this application (including any attachments) and in the Eligible Training Provider Database are true and correct to the best of my knowledge and belief.

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