



TRAINING PROVIDER APPLICATION – CONTINUED ELIGIBILITY

Complete and submit to: CareerSource Heartland
5901 US Hwy 27 S, Suite 1, Sebring, FL 33870

Applicant Institution:		Date	
Address:			
Telephone:		Federal Employer's I.D. Number:	
Submitted by:			
Name*:		Title:	
Email:			

*Submitter affirms that the information provided on this application is true and correct, and agrees that falsified information or significant omissions may be justification for termination, and/or may disqualify institution from future consideration as an ITA Training Provider.

Eligible Training Providers (ETP) Requirements: (Select the one that applies from 1-4, and respond to 5-7)	Yes	No
1. An institution of higher education providing programs leading to a recognized postsecondary credential	<input type="checkbox"/>	<input type="checkbox"/>
2. An entity that carries out programs under the National Apprenticeship Act, 50 Stat. 664, Chapter 663, 29 U.S.C. 50 et seq.?	<input type="checkbox"/>	<input type="checkbox"/>
3. A public or private provider of training services programs which may include joint labor-management organizations, pre-apprenticeship programs and occupational/technical trainings.	<input type="checkbox"/>	<input type="checkbox"/>
4. Provider of adult education and literacy activities under Title II if such activities are provided in combination with occupational skills training.	<input type="checkbox"/>	<input type="checkbox"/>
5. Training programs are in compliance with occupations in demand as listed on the Board's current TOL (with the exception of apprenticeship programs).	<input type="checkbox"/>	<input type="checkbox"/>
6. Institution reports performance information to FETPIP	<input type="checkbox"/>	<input type="checkbox"/>
7. Institution certifies that all facilities where training is provided are ADA compliant, as identified on page 4 of this application.	<input type="checkbox"/>	<input type="checkbox"/>

Continued Eligibility		
	Yes	No
1. Have there been any changes to the institution's licensing, certification, or authorization status since its last application?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide documentation verifying current licensing, certification, or authorization status.		
2. For each program listed, complete the Training Provider Application Performance spreadsheet and ITA Program Information/Expense sheets attached, responding to each question and including specifics concerning total cost of attendance, broken out by books, tuition, lab fees, uniforms, supplies, examinations and vaccinations, fingerprinting and licensure and any other costs.		
3. Please describe how the institution carries out the following requirements, and for each response for 3. a-c, please identify any programs offered that deviate from the practices identified. (See next page if additional room is required for responses)		
a. Ensures access to training programs throughout the State, including rural areas, and including use of technology:		
b. Serves employed individuals and/or individuals with disabilities and other barriers to employment:		
c. Ensures that programs meet the needs of local businesses and partners: Please identify specific partnerships or collaborations that have been established with business or industry.		
Please include:		
1. Copies of reports or information reported to State Agencies with respect to Federal and State training service programs.		
2. Copies of your institution's most current FETPIP report.		

NOTE: Once approved, to add new programs to a training provider's list of offerings, an ITA Program/Information Expense Sheet and the Performance Spreadsheet must be submitted.

3.a. Additional Information:

3.b. Additional Information:

3.c. Additional Information: