



## DELAWARE TRAINING PROVIDER APPLICATION

APPLICATION FOR INITIAL ELIGIBILITY UNDER  
THE WORKFORCE INVESTMENT ACT (WIA)

### GENERAL INFORMATION

Provider Application Date: \_\_\_\_\_

Training Provider's Name: \_\_\_\_\_

Federal EIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Stte: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_

Adminssions: Phone: \_\_\_\_\_ Financial Aid Phone: \_\_\_\_\_

Is this institution/organization approved by Delaware Department of Education \_\_\_\_\_

Type of Institution/Organization:

\_\_\_ Charitable/Faith Based Organization

\_\_\_ Public Community College, Technical School, Technical College

\_\_\_ College/University: Four

\_\_\_ Community Based Organization

\_\_\_ Employer

\_\_\_ Government Agency

\_\_\_ Labor Union

\_\_\_ Private Career School/College

\_\_\_ Private Corporation

\_\_\_ Other (Specify):

Are alternative or reasonable accommodations available on request for people with disabilities?

\_\_\_ Yes \_\_\_ No

Describe your policy concerning participants with disabilities.

Please provide a brief description of training facility (attach additional sheet if necessary, not to exceed 100 words):

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Please attach the following items to the application:

- \_\_\_\_ Department of Education Certificate
- \_\_\_\_ Program Catalog/Brochure's
- \_\_\_\_ Certificate of Insurance
- \_\_\_\_ Signed Memorandum of Understanding (MOU)
- \_\_\_\_ Proof of Accreditation (if program requires)

Note: Failure to maintain financial resources adequate for the satisfactory conduct of the course of instruction offered or to retain a sufficient and qualified instructional and administrative staff will result in removal of the course from Certified Providers List.

Authorized Signature: By signing, I hereby certify that all information provided in this application (including attachments) is accurate as of the date of submission. I also understand that my institution/organization may be asked to provide supporting documentation concerning the information presented before certification is granted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Type/Printed Name of Authorized Official

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YY)

Any modifications to the information contained in this application must be approved by the Authorized Official.