



**ITA PROVIDER  
PROGRAM INFORMATION**  
(Must be completed for each program)

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

Program Name \_\_\_\_\_

**Program Category (choose one):**

- Adult Education/Literacy (in combination with other training service)
- Job Readiness Training
- Occupational Skills Training
- Registered Apprenticeship Program
- Skill Upgrading and Retraining
- Workplace Training (combined with related instruction)
- Other (specify):

**Certification:**

- Certificate Program
- Associate Degree
- Baccalaureate Degree
- Registered Apprenticeship Program
- Other (specify, e.g. catalog/brochure attached):

**Total Hours of Instruction:**

- Contact hours
- Additional Lab Hours

**Are students in the program eligible for Pell Grants under Title IV of the Higher Education Act of 1965 (Amended in 1998)?** \_\_\_\_\_

**Class Size:** Minimum \_\_\_\_\_ Maximum \_\_\_\_\_ Average \_\_\_\_\_

**Instructor to Student Ratio:** \_\_\_\_\_:

**1) Description of minimum entry level requirements (e.g. age, reading or math level, high school diploma or GED, other education requirements). What assessment tool, if any is used?**

**2) Is the program intended to prepare the customer for industry certification? Yes\_\_\_\_\_ No\_\_\_\_\_**

a) **Is obtaining industry certification part of your program? Yes\_\_\_\_\_ No\_\_\_\_\_**

b) **List the type or name of the industry certification for this program.**

Type: \_\_\_\_\_

Name: \_\_\_\_\_

**3) Is the program intended to prepare the student for licensure? Yes\_\_\_\_\_ No\_\_\_\_\_**

a) **Is obtaining a license part of your program? Yes\_\_\_\_\_ No\_\_\_\_\_**

b) **List the type or name of the license for this program.**

Type: \_\_\_\_\_

Name: \_\_\_\_\_

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**Give a brief description of the training program and services available to students(s):**

**Detailed Cost Information (per participant)**

Tuition & Books	\$ _____
Fees	\$ _____
Supplies (Specify)	\$ _____
Uniforms	\$ _____
Tools (Specify)	\$ _____
Other(Specify):	\$ _____
Other(Specify):	\$ _____
Other(Specify):	\$ _____
<b>Total (per participant)</b>	<b>\$ _____</b>

**Are alternative formats of written materials or other reasonable accommodations available for non-English speaking participants?**

**Yes**      **If yes, describe:**  
 **No**

## PERFORMANCE DATA

(Must be completed for each program)

Any training provider covered by the Higher Education act of 1965 or that is a Registered Apprenticeship program is not required to provide the following performance information for initial eligibility, however it is encouraged.

All other training providers are required to submit the following performance information to obtain certification as a WIA Eligible Training Provider.

**Provider's Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Description of the methodology used to collect and verify the performance information below:**

**Performance information for WIA participants in the applicable program during the most recent twelve-month period.**

Reporting Period: Begin Date \_\_01/01/2008\_\_ End Date: \_\_12/31/2008\_\_

Actual number of individuals who participated in the classroom segment of training:

Actual number of individuals who completed the training program and subsequently passed their certification test:

Actual number of individuals who completed the training program and internship:

Percentage of individuals who participated in the training program (whether they completed or not who obtained unsubsidized employment)  %

Average hourly wage at placement into employment of individuals who participated in the training program (whether they completed or not):  \$

**Do any of the items related to performance data require further explanation (use reverse if necessary)?**