

## Initial Eligibility Application: Training Provider Information

This application is to determine the initial eligibility of new training providers under the Workforce Innovation and Opportunity Act.

If your program is a registered apprenticeship, please complete the [form here](#).

If you are applying for continued eligibility of a program currently on the list, please contact [EligibleTrainingProviderList@oregon.gov](mailto:EligibleTrainingProviderList@oregon.gov) to receive a customized application specific to your programs.

Contact [EligibleTrainingProviderList@oregon.gov](mailto:EligibleTrainingProviderList@oregon.gov) for questions on this application.

**\* 1. Name of Training Provider**

**\* 2. Federal Employment Identification Number**

**\* 3. Select the type of training provider?**

- Registered Apprenticeship Program (exit survey and complete the [form here](#))
- Oregon Community College
- Oregon Public University
- [Private Nonprofit Independent College or University](#)
- [Private For-Profit and Nonprofit Institutions](#)
- [Private Career School](#)
- Community Based Organization providing training under contract with the Local Workforce Development Board

Other (please specify)

**\* 4. Has your training organization previously completed this online application to be on Oregon's ETPL?**

- No (continue completing this section)
- Yes (skip to Part II - Training Program)
- Yes, but training organization information has changed (continue completing this section with updated information)

Initial Eligibility Application: Training Provider Information (continued)

\* 5. Is your organization a legal entity, registered to do business in Oregon?

- Yes  
 No

\* 6. Is your organization authorized by Oregon's Higher Education Coordinating Commission, State Board of Nursing, or Bureau of Labor and Industries?

- Yes  
 No

7. If you selected NO for #6, please indicate why:

List name of other entity:

\* 8. Has your organization been accredited for training by an outside accreditation entity?

- Yes  
 No

Name of accrediting agency:

\* 9. Is your organization currently debarred by any state or the federal government?

- Yes  
 No

\* 10. Are you able to provide training services that are physically and programmatically accessible for individuals who are employed and individuals with barriers to employment, including individuals with disabilities?

- Yes  
 No

\* 11. Does your organization comply with the [non-discrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act](#)?

- Yes  
 No

\* 12. Does your organization have a written and published refund policy that describes how students can request a refund?

- Yes  
 No

**\* 13. Does your organization have a written and published grievance policy which describes how students can file complaints with your organization against faculty, staff, or other college employees students?**

Yes

No

**\* 14. Provider Address (Physical Location)**

Address

City

State

ZIP

**15. Mailing Address (If different from above)**

Address

City

State

ZIP

**\* 16. Training Provider Primary Contact**

Name

Title

Phone Number

Fax Number

Email

**17. Training Provider Website**

**\* 18. Select the Local Workforce Development Board for the area(s) in which the training occurs:**

Oregon Northwest Workforce Investment Board - Benton, Clatsop, Columbia, Lincoln, and Tillamook counties

Incite Incorporated - Linn, Marion, Polk, and Yamhill counties

Lane Workforce Partnership - Lane County

Southwestern Oregon Workforce Investment Board - Curry, Coos, and Douglas counties

Rogue Workforce Partnership - Jackson and Josephine counties

Worksystems - City of Portland, Multnomah and Washington counties

Clackamas Workforce Partnership - Clackamas County

East Cascades Workforce Investment Board - Crook, Deschutes, Gilliam, Hood River, Jefferson, Klamath, Lake, Sherman, Wasco, and Wheeler counties

Eastern Oregon Workforce Investment Board - Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, and Wallowa counties

**\* 19. I attest the above information is correct.**

Name

Title

--	--

## Training Program

### 20. Name of Training Program

### 21. Training Program Location (if different than provider address as entered in #14)

Address

City

State

ZIP

Website

### 22. Training Program Primary Contact

Name

Title

Phone Number

Fax Number

Email

**The next three questions pertain to the program's CIP code. Please read explanation before answering:**

A full CIP code for your training program will consist of 8-9 numbers. Example:00.0000000

The first six digits (**red 00s in example**) name the field of study and can be found [here](#). Enter this 6 digit code in Question 23.

The 7th and 8th digits (**blue 00s in example**) is the OCCURS extension. This information is provided to you by HECC's Office of Community College and Workforce Development. It can also be found in Webforms or in the Data Dictionary. Community colleges may only have a 7th digit. Enter these 7th and 8th (if applicable) in Question 24.

The 9th digit (**green 0 in example**) is indicator of multiple programs. Enter this number in Question 26.

More information can be found [here](#).

### \* 23. 6-digit [CIP Code](#)

**\* 24. Community colleges:** enter **7th digit (only)** of CIP code as received from HECC's Office of Community College and Workforce Development. This information can also be found in Web Forms.

**Private career schools:** enter **7th and 8th digit** of CIP code as received from HECC's Office of Community College and Workforce Development. This information can also be found in the Data Dictionary provided by HECC.

**All other training organizations:** enter 0.

\* 25. Community colleges AND Private career schools: enter the last digit of your program code, which is optionally chosen by your school when reporting to HECC.

26. Please select the sector/industry of this occupation:

27. Brief description of training program to appear on the ETPL in 100 words or less:

\* 28. Briefly describe the partnership(s) with businesses this training program has. For example: the training program is offered or was designed as a result of the partnership with a particular business, or the name of employers who have committed to hire graduates from the training program.

\* 29. Briefly describe the program's demonstrated effectiveness in serving employed individuals and individuals with barriers to employment.

30. Enter training program cost (whole numbers only)

Tuition

Books, Tools, Equipment, and Materials

Fees

Other

Total

31. How long is the training? (Please complete at least one of the following)

Length of program in weeks

Total number of clock hours

Total number of credit hours

Self-paced

**32. Method of Training Instruction (Select all that apply)**

- Classroom
- Distance Learning
- Online
- Work-based/On-the-job

Other (please specify)

**\* 33. Does this training program lead to a [high-wage, high-demand, and/or high-skill occupation](#)?**

- Yes
- No

**\* 34. What credential do participants receive upon completion of this course?**

- Associate Degree
- Baccalaureate Degree
- Industry Certification
- Occupational License
- Certificate of Completion/Diploma
- Other, list below

Other (please specify)

**\* 35. Is this an industry recognized credential?**

- Yes
- No

If yes, indicate name of credentialing agency AND credential.

**\* 36. By submitting this application, I acknowledge I have read and agree to the Data Collection and Sharing requirements of the Eligible Training Provider list. The components of this requirement can be [found here](#).**

If approved, this training program will be added to the State Eligible Training Provider List. Inclusion on Oregon's Eligible Training Provider List is not an entitlement for a prospective student to receive funding from a Local Workforce Development Board or WorkSource Oregon center, nor a requirement that the Local Workforce Development Board or WorkSource Oregon center send any referrals to the training provider. The selection of an appropriate provider is a mutual decision made by the WorkSource Oregon staff and the prospective student.

This application may also be submitted to the Local Workforce Development Board if they have a local training provider list with additional eligibility criteria, information requirements, and minimum performance levels beyond what is required by the State. Any additional requirements established by the Local Workforce Development Board only affect a program's eligibility and performance level eligibility requirements within the local workforce area. Not all local areas will have a local training provider list.

- I agree to the above