

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

Please note that eligibility requirements have been revised as of March 13, 2018. Please review the new [Policy](#) and [FAQ](#) prior to submitting application to ensure the training program meets all eligibility requirements.

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 to receive a customized application specific to your programs.

Contact EligibleTrainingProviderList@oregon.gov for questions on this application.

* 1. Name of Training Provider

* 2. Description of Training Provider. This description can include accreditation and program offerings or specialties. (Answer must be 500 characters or less.)

* 3. Federal Employment Identification Number

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

No

Yes

Yes, but training organization information has changed (continue completing this section with updated information)

Initial Eligibility Application: Training Provider Information

* 5. Select the type of training provider:

- Registered Apprenticeship program (exit survey and complete the [form here](#))
- Higher Ed: Associate's Degree
- Higher Ed: Baccalaureate or Higher
- Higher Ed: Certificate of Completion
- Private Non-Profit
- Private For-Profit
- Public
- Other

6. In what state is your organization located?

* 7. If not located in Oregon, are you on your home state's Eligible Training Provider List?

- Yes
- No
- NA (in Oregon)

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

- Yes
- No

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

- Yes
- No

10. If you selected NO for #8, please indicate why:

List name of other entity:

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

- Yes
- No

Name of accrediting agency:

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

- Yes
- No

* 13. 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

* 14. Does your organization comply with the non-discrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act?

- Yes
- No

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

- Yes
- No

* 16. 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

* 17. Provider Address (Physical Location)

Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>

18. Mailing Address (If different from above)

Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>

* 19. Training Provider Primary Contact

Name	<input type="text"/>
Title	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
Email	<input type="text"/>

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

- Northwest Oregon Works - Benton, Clatsop, Columbia, Lincoln, and Tillamook counties
- Willamette Workforce Partnership - 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 Works - Crook, Deschutes, Gilliam, Hood River, Jefferson, Klamath, Lake, Sherman, Wasco, and Wheeler counties
- Eastern Oregon Workforce Board - Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, and Wallowa counties
- NA: Online training/available statewide

21. Training Provider Website

* 22. I attest the above information is correct.

Name

Title

Training Program

23. Name of Training Program

* 24. Is the majority of training delivered via distance or online learning?

[Distance or online learning is defined as a method wherein teachers and students do not meet in a classroom but use the internet, email, etc. for instruction and learning.]

Initial Eligibility Application: Training Provider Information

25. Please describe the mechanism in place for student interaction with instructor.

26. Please describe how students are assessed during the training program.

27. Do you have a policy that describes the responsibilities of the training provider and student to the online learning experience?

Yes

No

28. Training Program Location (if different than provider address as entered in #16)

Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>
Website	<input type="text"/>

29. Training Program Primary Contact

Name	<input type="text"/>
Title	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
Email	<input type="text"/>

* 30. 6-digit CIP Code.

* 31. Programs authorized or licensed by the Higher Education Coordinating Commission will have a 7th and 8th digit extension to their CIP code.

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.

* 32. 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.

33. Record an 8-digit O*NET Standard Occupational Classification (SOC) code for which this program prepares students. A CIP-to-SOC crosswalk can be found here: <https://www.onetonline.org/crosswalk/CIP?s=&g=Go>

* 34. Does this training program lead to an occupation in high-demand in Oregon? You may search statewide or regionally [here](#).

Yes

No

No, but the Local Workforce Development Board has agreed to submit an exception request to the Office of Workforce Investments explaining why the training program should be added to the ETPL, despite the training not being a high-demand occupation regionally or statewide in the State of Oregon.

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

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

* 37. 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.

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

39. Enter training program cost (whole numbers only)

Tuition

Books, Tools, Equipment, and Materials

Fees

Other

Total

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

Length of program in weeks	<input type="text"/>
Total number of clock hours	<input type="text"/>
Total number of credit hours	<input type="text"/>
Self-paced	<input type="text"/>

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

- In-person
- Online, E-learning, or Distance Learning
- Hybrid or Blended Program

42. Are there any program prerequisites for enrollment?

- None
- High School Diploma or equivalent
- Associate's Degree
- Bachelor's Degree
- Course(s)
- Combination of Education and Course(s)

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

- Industry-Recognized Certificate or Certification
- Certificate of Completion of an Apprenticeship
- License Recognized by the State Involved or the Federal Government
- Associate's Degree
- A program of study leading to a baccalaureate degree
- Community College Certificate of Completion
- Secondary School Diploma or Its Equivalent
- Employment
- Measurable Skill Gain Leading to a Credential
- Measurable Skill Gain Leading to Employment

* 44. Is this an industry recognized credential?

- Yes
- No

If yes, indicate name of credentialing agency AND credential.

* 45. 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