



Eligible Training Provider Application Packet

The completed application can be mailed or e-mailed to:

CareerSource Capital Region
C/O: ROPC Department
2601 Blair Stone Road, Building C, Suite 200
Tallahassee, FL 32301

Phone (850) 617-4591

Email: ropc@careersourcecapitalregion.com

If e-mailed, required attachments must be included in a .pdf format

<https://www.careersourcecapitalregion.com/about/training-providers>



Packet Contents

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Eligible Training Provider Program Overview

The Workforce Innovation & Opportunity Act (WIOA) provides funds to local workforce development boards for a variety of workforce development services and activities. One of those services is the occupational skill training for individuals who meet the eligibility requirements and other requirements under WIOA.

To access skills training, eligible individuals must:

1. Be enrolled as a participant under WIOA.
2. Select from courses available on the CareerSource Capital Region (CSCR) Eligible Training Provider List (ETPL).
3. Meet entry requirements for the course of study as determined by the school and by the participants' CSCR Career Advisor.
4. Be able to show how they will be able to support themselves while in training.

The EPTL is comprised of schools offering courses of study:

1. Which meet criteria established by CSCR.
2. Which submit a completed application to be on the EPTL.
3. Which provide training in a demand occupation which meets the Workforce Estimating Conference Selection Criteria as to the number of job openings and hourly entry wage rates for Gadsden, Jefferson, Leon and Wakulla counties.
4. Whose applications have been approved by CSCR.
5. Which course completion and placement data will be reported to the Florida Education Training Placement Information Program (FETPIP).

Both the school and the course of study must be approved by CSCR in order to be on the EPTL. Schools and course of study are subject to removal at any time based upon previously established criteria.

Eligible Training Providers must:

1. Be licensed by the Florida Department of Education¹.
2. Be accredited by an entity recognized by the US Department of Education.
3. Offer training in a facility that is in compliance with ADA requirements.
4. Report their performance to the Florida Education Training and Placement Information Program (FETPIP) <http://www.firn.edu/doe/fetpip/>.
5. Be approved by the CSCR governing board.

¹ Contact the Commission for Independent Education (CIE) at (850) 245-3200 or online at <http://www.fldoe.org/cie/> to obtain licensure. The State of Florida requires training providers to be one of the following: 1) Postsecondary, public educational institution eligible to receive funds under Title IV of Higher Education Act (HEA) and/or an entity that carries out registered programs under the Act of August 16, 1937 (commonly known as the "National Apprenticeship Act"; 50 Stat. 664, Chapter 663, 29 USC 50 et seq.); or 2) The State Board of Independent Colleges and Universities (SBICU) must issue a valid license to any nonpublic or independent institution that grants two-year or four-year degrees. The legal authority for licensing authority for licensing these institutions is Chapter 446 of the Florida Statutes at Chapter 6E, F.A.C., or 3) The State Board of Nonpublic Career Education (SBNCE) issues licenses to non-degree granting, non-public schools that provide courses of instruction in Florida. This provides some assurance that public vocational dollars are being spent with private providers whose curriculum, instructors, and financial stability have been verified and approved. Sections 246.201-246.31, Florida Statutes, authorize this provision.

Eligible Training Programs:

1. Must be offered to the general public.
2. Must be for an in-demand occupation in Gadsden, Jefferson, Leon or Wakulla County that also meets the minimum entry wage requirements as listed on the **Regional Targeted Occupation List**. Occupations with an entry wage lower than the region's LLSIL may still be considered for career seekers enrolled in specialized programs, defined in CSCR policy.
3. Must meet state and local performance criteria- Minimum 80%:
 - Program Completion
 - % of program participants completing the program
 - % of program participants earning a Recognized Postsecondary Credential (or other credential)
 - Employment
 - % of program participants in unsubsidized employment after program completion
4. Must be for occupational training where a supply gap exists within the region, based on registered career seekers in the state's MIS..

Continuing Eligibility:

For Continued Eligibility, Training Providers must:

1. Continue to Maintain accreditation and
 - a. Have valid licensure through the Commission for Independent Education (if private) ; AND
 - b. Continue to supply student-based information to FETPIP.
2. For Programs to remain on the region's ETPL, it must meet state and local performance criteria:
 - a. Have training completion rates of 80%;
 - b. Have Credential Attainment rates of 80%; and
 - c. Have training related placement rates of 80%;
 - d. Be for an in-demand occupation that also meets the minimum entry wage requirements as listed on the **Regional Targeted Occupation List**, which is updated annually.

ELIGIBLE TRAINING PROVIDER APPLICATION

The submission of this document allows the applicant to be considered as an eligible training provider and provide occupational skills training services. CSCR reserves the right to request additional information regarding the applicant's administrative, financial, and legal status, and to visit the applicant's facilities during normal and reasonable working hours. **The submission of this document does not entitle the applicant to any rights, fees, or services. Failure to submit a complete application will result in the application being rejected.**

School/Institution Information

Training Provider Name:		FEIN #:
Training Provider Type: <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Public		Current Student Population:
Address:		Suite #:
City:	State:	Zip:
Primary Contact for training program information:		Primary Contact Email:
Primary Contact Telephone #: _____ ext. _____	Primary Contact Alternative #: _____ ext. _____	
CEO/President:		CEO/President Email:
Financial Officer:		Financial Officer Email:
Financial Officer Telephone #: _____ ext. _____	Financial Officer Alternative #: _____ ext. _____	
Date the School opened its doors for business (MM/DD/YYYY): _____		
Does the School use a fictitious name? No <input type="checkbox"/> Yes <input type="checkbox"/>		
If yes, name of dba: _____		
If yes, please provide a copy of the fictitious name certificate.		
List additional locations where classes may be offered, if any:	Location #1: _____	
	Location #2: _____	
<i>Provide a copy of the license & accreditation for each location courses will be offered to CSCR participants.</i>		

School/Institution Licensing and Accreditation Information

Date the School was approved/licensed by the Florida Department of Education (MM/DD/YYYY): _____	
<i>If a private institution, please provide a copy of the most recent FL DOE Commission of Independent Education License.</i>	
Has private post-secondary and/or vocational education approval or accreditation ever been denied?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>If yes, please explain:</i>
Do you currently report your performance to the Florida Education and Training Placement Information Program (FETPIP)?	<input type="checkbox"/> No. <i>Please note that reporting to FETPIP is a CSCR requirement.</i> <input type="checkbox"/> Yes. <i>Please provide copies of the last two (2) FETPIP reports.</i>
Will your school report course completion and placement data to the Florida Education and Training Placement Information Program (FETPIP) upon approval as an Eligible Training Provider?	<input type="checkbox"/> No. <i>Please note that reporting to FETPIP is a CSCR requirement.</i> <input type="checkbox"/> Yes.
Institutional Accreditation:	Name of accrediting entity: <i>Please provide copy of accreditation approval letter.</i>
	<input type="checkbox"/> Yes, Accreditation is provided by an entity recognized by the US DOE.

ELIGIBLE TRAINING PROVIDER APPLICATION

School/Institution Qualifying Criteria

- Post secondary, public institution eligible to receive funds under Title IV of the Higher Education Act (HEA)?
- Registered Apprenticeship program under the National Apprenticeship Act (Registered with the Florida Department of Education)
- Institution is licensed, certified or otherwise authorized under Florida Law to provide training programs
- Institution is licensed by the Commission for Independent Education (CIE)
License #: _____
- Institution is compliant with the Americans with Disabilities Act (ADA):

School/Institution Distance Learning Program Information

How will students receive guidance and support for their coursework?	
Is there support staff assigned specifically to online programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How will students access online course materials, such as books and handouts?	
Do online students have access to campus resources such as libraries and learning centers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are students required to visit campus for registrations, testing, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any security measures you have in place that would assure you that the student taking the test or assignment is the registered student and not another individual?	

ELIGIBLE TRAINING PROVIDER APPLICATION

School/Institution Distance Learning Program Information

Is there a specific type of internet connection needed for online courses?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
What connection speed is required to participate in online courses?	
Does the institution have a dedicated helpdesk for online coursework?	<input type="checkbox"/> Yes <input type="checkbox"/> No What are the helpdesk hours:
What are the minimum and recommended computer requirements to take online courses?	(Operating System, PC/Mac/Linux, Web Browser, Office Suite, Anti-Virus Software, Video/Audio Player, HDD Space, Memory, CD Rom/DVD player, etc.)
Is the student required to purchase additional software in order to take online courses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Required Documents

(to be submitted with Training Provider Application)

Attach a copy of each of the following policies or provide a catalogue and indicate below the page number on which the policies may be found:	Other Required Attachments:
_____ Counseling Policy	<input type="checkbox"/> Proof of Insurance
_____ Attendance Policy	<input type="checkbox"/> Proof of license(s)/accreditation(s)
_____ Book Policy	<input type="checkbox"/> Proof of ADA Compliance
_____ Grade Reporting Policy	<input type="checkbox"/> Institution Policies
_____ Withdrawal/Dropout Policy	<input type="checkbox"/> Training Program Application(s)
_____ Tuition Payment Policy	A total of _____ separate Training Program Applications are attached for review and addition to the ETPL.

Out-of-State Training Institutions

Out-of-State postsecondary training institutions that are not operating within the State of Florida and are not required to be licensed by the Florida Commission for Independent Education (CIE) must furnish the following, in addition to this completed application:

- Proof that the institution (and applicable programs) is accredited by an accreditation agency approved by the U.S. Department of Education.
- Proof that the institution meets the licensing requirements of its home state.
- Proof that the institution is on its home state's Eligible Training Provider List.

NOTE: Out-of-State providers are required to report student completer data to FETPIP.

ELIGIBLE TRAINING PROVIDER APPLICATION

School/Institution Attendance and Financial Aid Questions

<p>Are daily attendance records maintained for each student?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Are <i>electronic time sheets</i> used/accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you willing to wait for payment until PELL determination is received?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you willing to reimburse CSCR for any expenses paid by CSCR which duplicate the expenses covered by the PELL grant?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>What is your default rate on student loans?</p>	<p>___% for current year</p> <p>___% for past year</p>
<p>Are scholarships offered?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list scholarships offered (if more space is needed, please attach a list):</i>
<p>Are you willing to grant CSCR access to your books and records to determine that charges billed were for actual students referred and enrolled?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you willing to assign a financial aid officer to coordinate funding with CSCR to ensure all other resources available to the student are used before CSCR funding and that billings are in compliance with the law?</p>	<input type="checkbox"/> Yes. Please provide name of financial aid officer: <input type="checkbox"/> No. Please explain:

ELIGIBLE TRAINING PROVIDER APPLICATION

School/Institution Insurance Questions

<p>Indicate the type and amount of the insurance coverage maintained.</p> <p><i>Provide a copy of your current insurance certificate.</i></p>	<p>Combined Single Limit:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, list coverage amount \$ _____</p>
<p>Fidelity</p> <p><input type="checkbox"/> Bond:</p> <p><input type="checkbox"/> No</p>	<p>General Liability:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, list coverage amount \$ _____</p>
<p>Student Medical:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, list coverage amount \$ _____</p>	<p>Auto:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, list coverage amount \$ _____</p>

School/Institution Facilities Questions

<p>What is the average teacher/student ratio for your classes?</p>	<p>___ : ___</p>	<p>What is the ratio of students to lab/training equipment?</p>	<p>___ : ___</p>
<p>Is the training accessible to individuals with disabilities?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><i>What accommodations are offered? (please list):</i></p>			
<p>Are classes all on the first floor?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, is there an elevator?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Are bathrooms wide enough to be handicapped accessible?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Does your training site have childcare facilities available for students?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Statements of Understanding

“A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or proposal on a contract to provide any goods or services to a public entity for construction or repair of a public building or a public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, of the Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.” If you think this may apply to your organization, further information may be obtained from the State of Florida, Division of Purchasing from the Department of Management Services. As for Memo 1 (95-96).”

I have read the public entity crime statement listed above and agree to abide by the laws of Florida Statute in Section 287.017.

Print Name:	Title:
Signature:	Date:

Certification and Acknowledgement

The submission of this document allows the applicant to be considered as an Eligible Training Provider for CareerSource Capital Region (CSCR). CSCR reserves the right to request additional information regarding the applicant’s administrative, financial, and legal status, and to visit the applicant’s facilities during normal and reasonable working hours.

The submission of this document does not entitle the applicant to any rights, fees, or services. Failure to submit a COMPLETE application will result in applicant’s application not being considered for inclusion on the ETPL.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration as a Training Provider and may be considered justification for dismissal if discovered at a later date.

Print Name:	Title:
Signature:	Date:

I hereby affirm that if approved as an Eligible Training Provider I will enroll with the Florida Education and Training Placement Information Program (FETPIP) to report student course completion and placement data annually.

Print Name:	Title:
Signature:	Date:

TRAINING PROGRAM APPLICATION

Complete a separate application for each training program.

The Workforce Innovation & Opportunity Act (WIOA) requires that performance and cost information be given to prospective students funded by WIOA to assist them in making a choice about training.

School/Institution Information

School Name:	Location of Training (Address):
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Training Program/Course Information

Training Program/Course Name:	Current Total # of Students at Institution: _____ Current Course Enrollment (# of students): _____ Course Capacity (# students that can be accommodated): _____
Type of Credential Earned (select one): <input type="checkbox"/> PSAV <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> A.S. Degree <input type="checkbox"/> B.S. Degree <input type="checkbox"/> Other: Please describe credential: _____	Basic Skill / Grade Level required for this course: _____
	Reading Level: _____ Language Level: _____ Math Level: _____
	Course includes: Lab <input type="checkbox"/> Internship <input type="checkbox"/> Externship <input type="checkbox"/>
	Course offered: Online <input type="checkbox"/> Classroom <input type="checkbox"/> Combination <input type="checkbox"/>
Program eligible for Pell Grant: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Program/Course offered by a 3 rd Party Provider? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name: _____ Website: _____	Program/Course completion data provided to FETPIP? Yes <input type="checkbox"/> No <input type="checkbox"/>
If type of Credential Earned PSAV, Certificate or Diploma, what are the program's Industry Recognized Credentials?	Can the credential be stacked with other credentials as part of a career pathway? If yes, please indicate the other credentials in the sequence:
Total Credit/Clock Hours: _____ Term Type (Semester/Quarter/Other): _____ Total Terms to complete: _____	Standard Occupational Code (SOC) SOC CODE(s): _____ SOC NAME(s): _____

Program Duration (FT Enrollment): _____ Program Duration (PT Enrollment): _____
 (Please include timeframe in weeks, months or years)

Training Program/Course Placement Information

Course Placement Rate, if available:	School Year	(A) #of Carryover Students from previous year	(B) # Enrolled	(C) # Completing Training (A +B)	(D) # Training Related Placements within 270 days of completing training	Placement Rate (D) divided by (C)	
		2023					
		2024					
		2025					
Other Placement Information, if available:	School Year	Average Entry Wage (per hour) based on student placement data for school			# of graduates who passed the licensing or certification examinations		
	2023	\$					
	2024	\$					
	2025	\$					

TRAINING PROGRAM APPLICATION

Complete a separate worksheet for each training course.

Training Course Costs by Category (Entire Length of Program)

(A) Tuition	(B) Fees	(C) Books	(D) Uniforms	(E) Tools, Supplies, Equipment	(F) Certification/ Licensure Exams	(G) Other	TOTAL PROGRAM COST (ALL COSTS) \$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
Total Tuition and Fees (A) + (B) = \$ _____		Total Other Costs (C)+(D)+(E)+(F)+(G) = \$ _____					

Support Documentation

The following support documentation must be provided:	<input type="checkbox"/> Course Catalog or Course Description from Course <input type="checkbox"/> Catalog Itemized Book and Supply List <input type="checkbox"/> List of Certifications, Certification Entity and cost per certification <input type="checkbox"/> Detailed list of costs/fees by category
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Certification and Acknowledgement

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions, as determined by CSCR, may disqualify me from further consideration as a Training Provider and may be considered justification for dismissal if discovered at a later date.

Print Name:	Title:
Signature:	Date:

RESOURCES

CSCR REGIONAL TARGETED OCCUPATIONS LIST (RTOL):

https://www.careersourcecapitalregion.com/uploads/documents/WIO-FR-0315_Jun-3-2024.pdf

CSCR Eligible Training Provider List (ETPL):

https://www.careersourcecapitalregion.com/uploads/documents/UNI-FR-0003_External_Apr-7-2025.pdf

Florida Education and Training Placement Information Program (FETPIP):

<http://www.fldoe.org/accountability/fl-edu-training-placement-info-program/index.stml>

Commission for Independent Education (CIE):

<http://www.fldoe.org/policy/cie>

CSCR Training Provider Information:

<https://www.careersourcecapitalregion.com/about/training-providers>

CareerSource Capital Region Information:

<https://www.careersourcecapitalregion.com/>