

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	\$					

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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/>