

## 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 FloridaCommerce and 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 FloridaCommerce and 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 Education.
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.

### **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 60%;
  - b. Have Credential Attainment rates of 50%;
  - c. Have training related placement rates of 70%;
  - d. Have median earnings (2<sup>nd</sup> quarter after exit) of \$6,000; and
  - e. 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.

The completed application should be e-mailed to:

Email: [ropc@careersourcecapitalregion.com](mailto:ropc@careersourcecapitalregion.com)

## 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:
Institution is compliant with the Americans with Disabilities Act (ADA): <input type="checkbox"/>		
Primary Contact for training program information:		Primary Contact Email:
Primary Contact Telephone #: _____ ext. _____	Primary Contact Alternative #: _____ ext. _____	
CEO/President:	CEO/President Email:	
Financial Aid Officer:	Financial Aid Officer Email:	
Financial Aid Officer Telephone #: _____ ext. _____	Financial Aid Officer Alternative #: _____ ext. _____	

### 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 Facilities Questions

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

### 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.**

### State ETPL

School Name:	Training Program:
Provider approved by FloridaComerce: Yes    No	Program approved by FloridaComerce: Yes    No

### 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	\$					

### 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://careersourcecapitalregion.com/uploads/documents/Regional\\_Demand\\_Occupations\\_List\\_WIO-FR-0315\\_Jun-17-2025.pdf](https://careersourcecapitalregion.com/uploads/documents/Regional_Demand_Occupations_List_WIO-FR-0315_Jun-17-2025.pdf)

**CSCR Eligible Training Provider List (ETPL):**

[https://careersourcecapitalregion.com/uploads/documents/UNI-FR-0003\\_External\\_Nov-6-2025.pdf](https://careersourcecapitalregion.com/uploads/documents/UNI-FR-0003_External_Nov-6-2025.pdf)

**Florida Education and Training Placement Information Program (FETPIP):**

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

**Commission for Independent Education (CIE):**

<http://www.fl DOE.org/policy/cie>

**CSCR Training Provider Information:**

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

**CareerSource Capital Region Information:**

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