

Iowa Eligible Training Provider List User Guide

March 1, 2021



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ETPL Overview

As part of the infrastructure to carry out the mandates of the Workforce Innovation and Opportunity Act of 2014 (WIOA), states are required to maintain a list of training providers and programs that are certified to receive WIOA funds for training services. WIOA students are only permitted to use their Individual Training Account (ITA) funds in programs that appear on the Statewide Eligible Training Provider List (ETPL).

IWD makes initial eligibility decisions regarding which providers and programs to add to the ETPL following [Iowa's Training Provider Eligibility Policy](#). After initial eligibility is established, subsequent eligibility decisions are made after one rolling year and then biennially thereafter based on institutional performance data.

Training Provider Registration

This document is designed to guide an institution through the steps to complete and submit a provider registration and individual program application. Prior to registering, your institution must be authorized to operate in the State of Iowa by a state authorizing or governing body. This applies to in-state and out-of-state institutions. Examples of such entities are the Iowa Department of Education, the Iowa Board of Regents, and the North Central Association of Colleges and Schools Higher Learning Commission. The information collected during the registration process is required in order to maintain compliance with WIOA federal regulations and reporting requirements. **Before you begin the registration process, you might find it helpful to review the list of required data fields on pages 19-21.**

Please submit any technical questions to etpl@iwd.iowa.gov. If you need further assistance, you may contact Michelle McNertney, WIOA Title I Bureau Chief, at 515-242-0408.

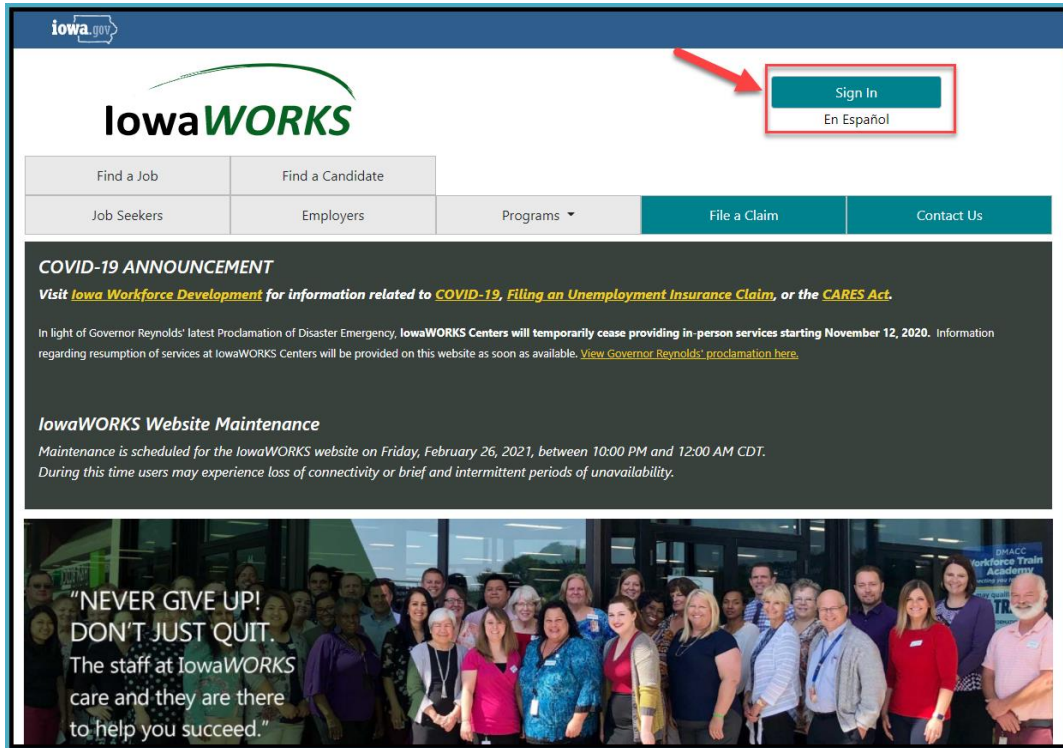
Registered Apprenticeships

The Workforce Innovation and Opportunity Act of 2014 supports the use of Registered Apprenticeship programs. Registered Apprenticeship programs are allowed automatic inclusion onto the ETPL. You must be registered under the Act of August 16, 1937 most commonly known as the National Apprenticeship Act. To be included on Iowa's ETPL, you must indicate your interest by simply registering online.

Registration Process

Step 1 – Access the Login Page

The ETPL site is located at <https://www.iowaworks.gov/vosnet/Default.aspx>. Click *Sign In* and then select the option to *Create a Provider User Account* on the next screen, as shown below.



Option 1 - Already Registered

User Name:

Password:

☐ I'm not a robot

Sign In

If you have forgotten your user name and/or password, please click [Retrieve User Name or Password](#)

Option 2 - Try Us Out

If you would like to view IowaWORKS as a visitor to see what services are available, please click [Guest Access](#).

☒ English ☐ Español

Option 3 - Create a User Account

If you would like to become a fully registered user with IowaWORKS and have access to all of our online services, select one of the following account types. If you are not sure if you need to register on the system, learn more about the benefits of registering on page [Why Register?](#)

Individual	Employers and Agents	Provider
12 min(s) estimated	11 min(s) estimated	10 min(s) estimated
Register as this account type if you are an individual and wish to search for the latest job openings, post a résumé online, find career guidance, search for training and education programs, find information on local employers, etc.	Register as this account type on behalf of your company or on behalf of another company acting as their agent with a valid Power of Attorney. Here you will gain access to industry data, labor market information, job applicants for your business. You can also post job openings online, as well as file for the Work Opportunity Tax Credit (WOTC).	Register as this account type if you are a training provider who wishes to enter or update your available courses for use in the system. Once a new account request is approved, you will be able to enter information about your courses, such as costs, schedules, credentials, etc. Providers can also request WIOA approval for specific courses.


Step 2 – Create A Provider Account

Step 2.1 – Enter Your Institution's Employer Identification Number

Once you select the option to create a provider user account, the system will ask you to enter your organization's Employer Identification Number (EIN). This is to prevent multiple accounts being created for the same provider.

Step 2.2 – Provider User Registration

If no account already exists, you'll be taken to the New Organization Information screen where you will enter your institution's name as well as your contact information as a representative, and login information which you'll use to access the system moving forward. After your provider registration has been approved, additional users within your institution can be added to the system. **All fields marked with a “*” are required.**


Provider User Registration

New Organization Information

It appears that your Organization doesn't currently exist in our system. Please enter the following information for your Organization and click Save (or Cancel to exit Registration):

* Name: Up to 60 characters

EIN: (12-3456789 or 123456789)

Institution Ownership:

Enter Your Information

Title:

First Name:

Last Name:

* Address 1:

Address 2:

* Zip Code:

* City:

* State:

* Email Address: [Email Security Policy](#)

* Primary Phone Number: - - Ext.

Fax Number: - -

Cell Phone Number: - -

Login Information

* User Name: Enter User Name (3 - 20 characters, and must include characters, letters or numbers. Allowable characters are + @ . _)

* Password: Enter Password (7 - 20 characters, and must include at least one uppercase letter, one lowercase letter, one number and one special character. Allowable characters are # @ \$ % ^ & ! * _ +)

* Confirm Password: Please re-enter your password.

* Security Question : This will be used if you need to recover your username and/or password.

* Security Question Response: Enter your answer to the security question you chose above.

* Preferred Notification: Select the best way for us to contact you.

We value your input, did you find what you were looking for?

The next screen displays your previously entered information, and allows for edits and additions. **Please enter your institution name and other information exactly as it has been approved by your authorizing or governing body. Do not abbreviate any parts of it.**

Provider Information

* Status: ☐ Active ☒ Inactive

FEID: 123456789

* Provider Name 1:

Provider Name 2:

* Address 1:

Address 2:

* Zip:

Note: By entering the Zip Code first, the system will automatically populate the City and State fields.

* City:

* State:

URL:

Enter URL, e.g. (http://www.companysite.com)

Type of Business:

* This provider is an accredited postsecondary education institution: ☐ Yes ☐ No

Registered Apprenticeship Provider: ☐ Yes ☐ No

Approved Apprenticeship: ☐ Yes, Approved Apprenticeship ☐ No, not Approved Apprenticeship.

If your billing and/or mailing address information are the same as your previously entered main address, you can populate the Billing Address and Mailing Address fields by clicking the appropriate link. You will still need to complete the Attention fields. After completing all fields, click [Save](#).

Billing Address Information

Populate the Billing Address from: [Provider's Main Address](#)

* Billing Address 1:

Billing Address 2:

* Billing Zip:

* Billing City:

* Billing State:

* Attention:

Mailing Address Information

Populate the Mailing Address from: [Provider's Main Address](#) | [Provider's Billing Address](#)

* Mailing Address 1:

Mailing Address 2:

* Mailing Zip:

* Mailing City:

* Mailing State:

* Mailing Attention:

[Save](#) [Cancel](#)

In the CRS Provider Information section, it is best to answer as many questions as possible, whether required or not, as this information aids individuals in selecting a training provider. **You must select “Yes” for the WIOA Provider field in order to be included on the ETPL.** Please note that quite a few of the radio buttons default to “No”. You will need to change the selection as it applies to your institution and/or program. Click [Save](#) when you are finished and you’ll be taken to your Provider Profile page, which will display a summary of the information you’ve entered.

CRS Provider Information

Institution Name: Fox Engineering

WIOA Provider: ☒ Yes ☐ No

Institution Type: Private Business and Technical Schools

Institution Ownership: Private for-profit institution

Type of Entity: Private For-Profit

Years in Business:

Disabled Access: ☒ Yes ☐ No

ADA Compliant: ☒ Yes ☐ No

Institution Description:

(2000 characters max)

Main Telephone Number: - -

TTD/TTY Telephone Number: - -

Financial Aid Telephone Number: - -

Main Email Address:

Is this a Community College? ☐ Yes ☒ No

Accreditation / Approval ☐ Yes ☒ No

Career Assessment Available ☐ Yes ☒ No

Career Counseling Available ☐ Yes ☒ No

Job Placement Assistance Available ☒ Yes ☐ No

Tutorial Services Available ☐ Yes ☒ No

ESL Courses Available ☐ Yes ☒ No

GED Assistance Available ☐ Yes ☒ No

Other Additional Services Available ☐ Yes ☒ No

On-site Child Care Available ☐ Yes ☒ No

Financial Aid Available ☐ Yes ☒ No

Eligible Provider of Youth Workforce Investment Activities: ☐ Yes ☒ No

Pell Grant Eligible: ☐ Yes, Pell Grant Eligible. ☐ No, not Pell Grant Eligible. ☒ Pell Grant Not Applicable

[Save](#)

Step 2.3 – Add Locations, if applicable

Clicking on the [Locations](#) tab will display information for your institution. The previously entered location information can be edited by clicking the [Edit](#) link in the Action column. If your institution has satellite campuses, you can add these locations by clicking [Add Location](#) and completing the required fields. Your Vendor ID is the same as your Employer Identification Number.

Use this folder to manage the Provider's location information.

lowaWORKS

Provider: Fox Engineering

Status: Active

Provider's Location Details

Location ID	Location Name	Primary Address	Contacts	Active	Action
1135	Fox Engineering	1234 Golden Aspen Drive Ames IA 50010	None Listed	Active	Edit Contacts

[Add Location](#)

[Return to My Dashboard](#)

[Services](#)
[Page Preferences](#)
[Feedback](#)
[Assistance](#)

[Privacy Statement](#)
[Disclaimer](#)
[Terms of Use](#)
[Accessibility](#)
[Recommended Settings](#)
[EEO](#)
[Protect Yourself](#)
[About this Site](#)
[Contact Us](#)

Step 2.4 – Add Contacts

To add a contact person, click the [Contacts](#) tab. Select the location from the drop-down menu for which you would like to add a contact person. Locations added via the Locations tab will display in the drop-down menu. After selecting the location, click [Add Contact](#).

Provide information associated with the contact person. Choose the applicable location check box(es) associated with the contact person. Select the appropriate contact type from the drop-down menu. It is always best to fill in as much information as possible regardless of whether the field is required. There is a Notes field for you to enter any pertinent information regarding the entered contacts person.

Provider Location Information

Status:

☐ Active
 ☐ Inactive

Vendor ID:

[Populate with Provider's Vendor ID]

Location Name 1:

Location Name 2:

Address 1:

Address 2:

City:

State:

None Selected ▾

Zip:

URL:

Billing Address Information

Populate the Billing Address from:

[Above Address](#) | [Provider's Main Address](#) | [Provider's Billing Address](#)

Billing Address 1:

Billing Address 2:

Billing City:

Billing State:

None Selected ▾

Billing Zip:

Attention:

Mailing Address Information

Populate the Mailing Address from:

[Above Address](#) | [Above Billing Address](#)
[Provider's Main Address](#) | [Provider's Billing Address](#) | [Provider's Mailing Address](#)

Mailing Address 1:

Mailing Address 2:

Mailing City:

Mailing State:

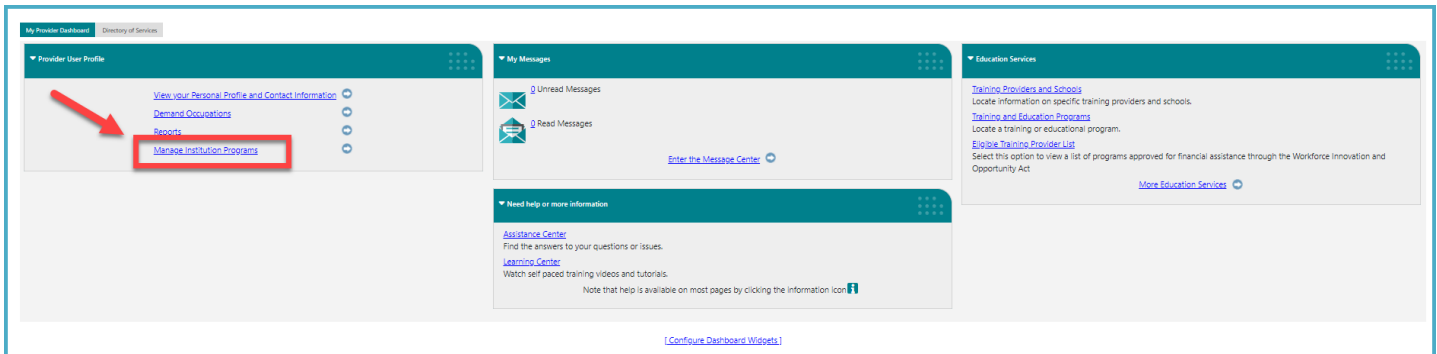
None Selected ▾

Mailing Zip:

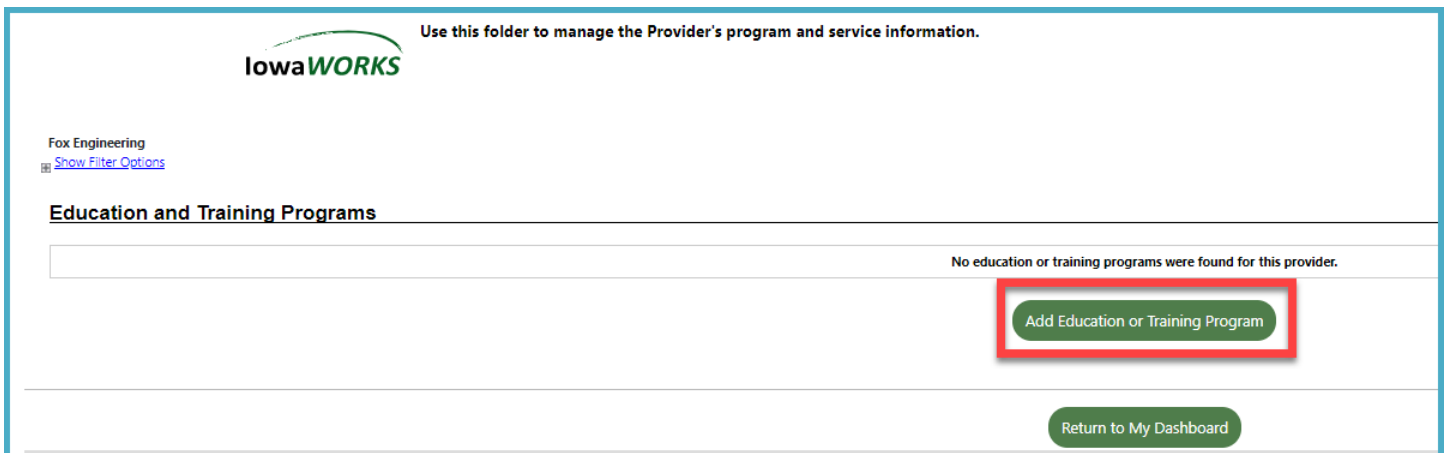
Mailing Attention:

Step 3 – Add Provider Programs

Once you've entered all the information for your institution, click [Return to my Dashboard](#) at the bottom of the screen. On your dashboard screen you can [Manage Institution Programs](#). You will want to add all programs you would like to be submitted for inclusion on the ETPL.



Click the [Add Education or Training Program](#) button link. The program wizard will walk you through the application process. This wizard must be completed for each program you wish to register for placement on the ETPL.



****Note**** When entering program information into the wizard, it is always best to fill in as many of the fields as possible, regardless of whether the field is required. **Do not use any acronyms or abbreviations when entering your program information.**

Step 3.1 – Program Status and CIP Code

The Status field defaults to “Active,” meaning that once the program is accepted by the State, it will be listed as a program offered by your institution. Selecting “Inactive” will allow you to add details for a program for placement on the ETPL at a later date. The Submit for ETPL Approval field also defaults to “Yes”. Change this setting to “No” if you do not want the program included on the ETPL at this time. Indicate whether the program is an Apprenticeship.

Click the [Search for CIP Code](#) link in order to fill in the CIP Code information for your program of study. There are several options you may use to search for the appropriate CIP Code. Once you’ve selected the appropriate code, the Education Program Description field will auto-populate based on the system’s associated information for that code. You still have the ability to edit the description if desired.

IowaWORKS Please enter the Program General Information below.
Use the Exit Wizard link to exit the program without saving any changes made on the screen.

General Information Apprenticeship Additional Information

Completion Expectations Scheduling Duration

Cost Details Performance Confidentiality

Education Program Information

Provider: Fox Engineering

Program ID:

* Indicates required fields.

General Information

* Status: ☒ Active ☐ Inactive

Purpose for adding program: ☒ Submit for ETPL Approval and accept participants
☐ Accept participants without submitting for ETPL Approval
☐ To be determined or display to the public only

Education Program Type:

* This program is an Apprenticeship: ☐ Yes ☒ No

* CIP Code: [\[Search for CIP Code \]](#)

* Education Program Name:

Education Program Description:

Please choose a specific program by selecting one of the options below.

[Programs by Keyword](#) [Programs by Program Area](#) [Program Listing](#) [Programs by Occupation](#) [Programs by Career Cluster](#) [Programs by Program Code](#)

Search for a program by keyword(s)

Type your keywords in the box and click the Search button.

[\[Keyword Search Options \]](#)

Click [Program Listing](#) to see an alphabetical list of all available programs.

* CIP Code: 151102 - Surveying Technology Surveying
[\[Search for CIP Code \]](#)

* Education Program Name:

Education Program Description:

Step 3.2 – Program Eligibility Information

Check the boxes for all potential outcomes as they apply to your program. You must check at least one of the boxes and fill in the corresponding information to match your program as accurately as possible.

- **Group 1:** If you check any of these three boxes, enter the Certification/License Title and select the appropriate Certification/License Type from the dropdown menu.
- **Group 2:** If you check any of these four boxes, also check the box to indicate that your program leads to a credential or degree and enter the name of the associated credential. For example, if your program results in an Associate of Arts in Liberal Sciences, enter that full name into the field.
- **Group 3:** Select the appropriate completion level and credential attainment from the dropdown menus. If your program does not lead directly to a credential, certification, or license, check the box(es) to indicate the appropriate measurable skills gain.

The screenshot shows the 'Step 3.2 – Program Eligibility Information' form. Callout 1 points to the first section: '* This program of study or training services has the following potential outcome(s) (please select all that apply):'. Callout 2 points to the second section: '* This program leads to a credential or degree'. Callout 3 points to the third section: '* Completion Level:' and '* Attain Credential:'. The form includes checkboxes for various outcomes, a dropdown for completion level, a dropdown for credential attainment, and text fields for certification/license title and type.

Group 1:

- ☐ An industry-recognized certificate or certification
- ☐ A certificate of completion of an apprenticeship
- ☐ A license recognized by the State involved or the Federal Government
- ☐ An associate degree
- ☐ A baccalaureate degree

Group 2:

- ☐ A community college certificate of completion
- ☐ A secondary school diploma or its equivalent
- ☐ Employment
- ☐ A measurable skills gain leading to a credential
- ☐ A measurable skills gain leading to employment

* This program leads to a credential or degree ☐ Yes ☐ No

Name of Associated Credential:

* Completion Level:

* Attain Credential:

Other, Specify:

Certification / License Title:

Certification / License Type:

Step 3.2 – Apprenticeships

If you are entering a registered apprenticeship program, you should have received separate communication from the Registered Apprenticeships Program Coordinator. Most programs would not qualify as apprenticeships, and unless you indicated on the first Program Information screen that the program is an apprenticeship, you will not need to enter information on this screen. You can go on to the next page.

Step 3.3 – Additional Details

On the next screen, enter all additional information available for your program. In the “reasonable explanation for new programs” field, briefly explain why you are adding the program to Iowa’s ETPL.

Education Program Information

Provider: Fox Engineering

Program ID: 32257

Program: Iowa Surveyors

CIP Code: 151102

Indicates required fields.

Additional Details

Financial Aid Available:

☐ Pell Grant
☐ Institutional Scholarship
☐ Federal Loan
☐ Other

URL of Training Program
(Example: http://site.com):

* Program Prerequisites:

Bachelor's Degree

Describe the minimum entry level requirements or prerequisites in 800 characters or less:

* Date Edu. Program First Offered:

02/23/2021
Today

* Please provide a reasonable explanation regarding why this is a new program:

Minimum Class Size:

Maximum Class Size:

Number Of Instructors:

Describe the qualifications of all instructors in 800 characters or less:

Drug/Alcohol Screening Required:

☐ Yes ☐ No

Accessibility:

☐ On-Site Parking
☐ Sign Language
☐ Public Transportation
☐ Other Languages
☐ Disabled Student Access
☐ Other

Describe any equipment used in this program and its adequacy and availability in 800 characters or less:

* Either Grievance Procedure or Grievance Procedure URL is required.

Grievance Procedure
(2000 characters max.):

Grievance Procedure URL
(Example: http://site.com):

* Either Refund Policy or Refund Policy URL is required.

Refund Policy
(2000 characters max.):

Refund Policy URL
(Example: http://site.com):

Internship Available:

☐ Yes ☐ No

* This education or training program is a Quality Pre-Apprenticeship:

☐ Yes ☒ No

[Exit Wizard](#)





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Next >>

Step 3.4 – Occupations

On the Related and Selected Occupations screen, several occupation titles will be pre-populated based on your program's CIP code. Select any or all of these occupations (at least one occupation must be selected). A blue sun icon will display next to occupations that are listed in Bright Outlook locally. If any of your selected occupations does not have a blue sun, you are required to provide justification that the selected occupation is in demand. Your narrative should reference other labor market information not captured in Bright Outlook locally (you can use “High Demand Jobs in Iowa” information from Future Ready Iowa (<https://www.futurereadyiowa.gov/>) or Bright Outlook nationally for this purpose) and/or describe local employer/business support for the occupation(s) listed.

Related and Selected Occupations

Code	Occupation Title	Provider's Alternate Occupation Title	CIP Code Related	Select
25108100	Education Teachers, Postsecondary		<input checked="" type="checkbox"/>	<input type="checkbox"/>
25119300	Recreation and Fitness Studies Teachers, Postsecondary		<input checked="" type="checkbox"/>	<input type="checkbox"/>
25202200	Middle School Teachers, Except Special and Career/Technical Education 		<input checked="" type="checkbox"/>	<input type="checkbox"/>
25203100	Secondary School Teachers, Except Special and Career/Technical Education 		<input checked="" type="checkbox"/>	<input type="checkbox"/>
27202200	Coaches and Scouts 		<input checked="" type="checkbox"/>	<input type="checkbox"/>
39903100	Fitness Trainers and Aerobics Instructors 		<input checked="" type="checkbox"/>	<input type="checkbox"/>

 BRIGHT OUTLOOK NATIONALLY
  BRIGHT OUTLOOK LOCALLY
  GREEN OCCUPATIONS

[Select Occupation From ONET Table]

If any selected occupation is not noted as in local bright outlook above, provide evidence that it is in demand.

Step 3.5 – Occupational Skills

To add occupational skills, click the “Add new occupational skill(s)” link. Select a category from the dropdown menu and select any applicable skill descriptions. Click Save to return.

Selected Occupational Skills

Skill Description	Select
No records found	<input type="checkbox"/>

[Add new occupational skill(s) | Delete selected occupational skill(s)]

Step 3.6 – Completion Expectations

Completion Expectations

Continuing Education Units (CEU): Units

CEU Granting Institution:

* Credit Earned Program: ☒ Yes ☐ No

Number of Credits: Credits

Credit Earned Duration: ☒ Semester ☐ Quarter

* Program Goal:

Credentialing Body:

* Projected Hourly Wage After Program Completion:

Step 3.7 – Scheduling

Scheduling

Course Times

Class Time: Hours

Lab Time: Hours

Other Time: Hours

Class Frequency:

Reporting Information

* Reporting Program Length - Clock/Contact Hours: Hours

* Reporting Program Length - Full-time Weeks: Weeks

* Reporting Program Format:

Step 3.8 – Duration

Click the Add Duration link to display the Duration box and enter details.

Education Program Information

Provider: Fox Engineering Program: Iowa Surveyors

Program ID: 32257 CIP Code: 151102

* Indicates required fields.

Duration

Duration Title

[Exit Wizard](#)

Duration

Duration Title:

Primary Duration: ☒

Duration:

Duration Type:

Schedule Intensity: ☒ Full-Time ☐ Part-Time

Weekly Schedule:

Classes Offered: ☐ Day ☐ Weekend ☐ Night ☐ Summer

Schedule Intensity Weekly Schedule

No records found

[Add Duration](#)

Step 3.9 – Locations

Select all of your institution's locations that offer the training program. If a desired location is not an option, it can be added on [Locations](#) tab of the Provider Profile.

Locations

The selection of at least one location is required.

Location Name	Address	Billing Address	Select
Cubs Training Center	61 Cubbie Way Chicago, IL 60613	61 Cubbie Way Chicago, IL 60613	<input type="checkbox"/>
Test Community College	123 Technology Pkwy Waterloo, IA 50701	123 Technology Pkwy Waterloo, IA 50701	<input type="checkbox"/>

Step 3.10 – External Approvals

Indicate whether this program has been approved for inclusion on another state's ETPL.

External Approvals

Is this program listed on another state's ETPL? ☒ Yes ☐ No

Step 3.11 – Cost Details

Associated cost details are required for all programs on Iowa's ETPL. Click the "Add Cost Structure" link to add program costs. The Total CRS Training Costs field will update automatically as you add costs in the Tuition/Fees, Books, Tools and Other Costs fields. Any costs added to the Other Costs fields requires explanation in the Comments box.

Cost Details

Note: \$0.00 is permitted for cost fields in the Education and Training Programs cost details screen.

Cost Structure(s)	Amount	Action
No records found		
[Add Cost Structure]		

Line Item(s)	Amount	Action
No records found		

The privilege to add line items cannot be applied to Provider Users.

Total Amount : \$0.00

Cost Structure: Total CRS Training Costs ▼

Cost Details

Total CRS Training Costs

\$ 0.00

Tuition/Fee \$ 0.00

Books \$ 0.00

Tools \$ 0.00

Other Costs \$ 0.00

Comments

Step 3.12 – Performance

Performance data is not required for a program's initial eligibility approval. **This initial approval period lasts for one year from the date of approval.** When the program is due for continued eligibility review, you will receive an email notification asking you to submit a reapplication.

For continued eligibility, the Department of Labor requires states to collect and submit performance data for all ETPL-approved programs. This allows lowans to make informed decisions about what programs will provide them with the best possible occupational outcomes following their completion of the program. The law stipulates that performance data must be compiled for ALL participants in a program, whether the participants are supported by WIOA funds or not. As a provider you will need to submit performance data, including SSNs, for all participants in the program so that Iowa Workforce Development can perform wage matching using the state's employment database. Performance data is collected by program year, which means **July 1 - June 30**. We know that this requirement places a burden on you as a provider, and Iowa Workforce Development is committed to minimizing this burden as much as possible. We hope that by informing you of these requirements well in advance, you are better able to plan for your reapplication next year.

If you are able to provide performance data for your program at this time, we encourage you to do so. There are two ways to enter performance data for your program.

1. If your program has few participants, you can choose to enter data individually for each of those participants. First, click [Add SSN Record](#). The SSN Performance Details fields will display below, where you can enter data for each participant and click [Save](#). Repeat this process for each participant.

Education Program Information

Provider: Fox Engineering

Program ID: 32257

Indicates required fields.

Show Filter

Program: Iowa Surveyors

CIP Code: 151102

SSN Performance Data

No SSN-Level performance data currently exists for this program. Click Add to add data.

Add SSN Record

SSN Performance Details

* SSN:

* Start Date:

* Status:

Enrolled

Exit Date:

Credential:

Unknown

Employed Q2:

Unknown

Employed Q4:

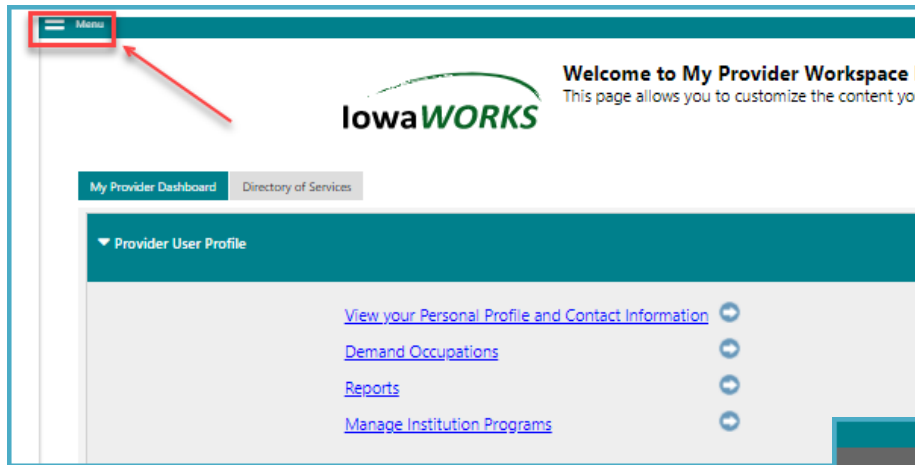
Unknown

Save

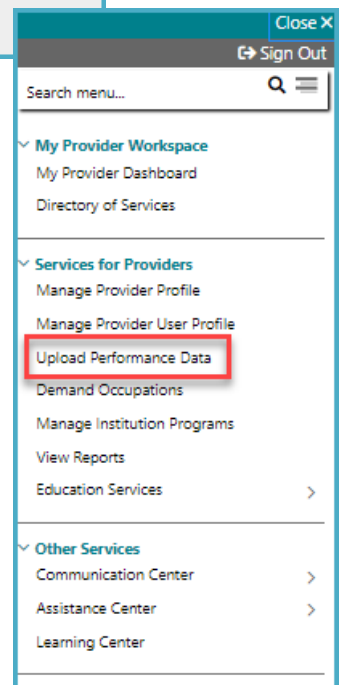
Cancel

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2. If your program has a larger number of participants, or if you prefer to pull data directly from your institution's system into a file, the Department of Labor has developed a spreadsheet template that you can populate and upload into IowaWORKS.
 - a. In the top left hand corner of the screen when you are logged into the system, click the [Menu](#) button.



- b. The menu gives you access to a variety of useful tools, and you are encouraged to look through these as time permits. For now you will click on [Upload Performance Data](#).
- c. This will take you to a screen where you can upload a spreadsheet if you have one ready, or you can download the template to begin populating it.
- d. **Please note that in order for IWD to be able to validate your performance data in the system, any file you upload must follow the template provided by the Department of Labor *exactly*.** Any discrepancies will result in system errors and you will have to repeat the process after the errors have been addressed. The Managing Program Reapplication ETPL User Guide provides more details and guidance regarding performance data.



Upload Spreadsheet

Select Excel spreadsheet:

No file chosen

Previous Upload Sessions

No previous uploads found for this provider

Step 3.13 – Confirmation

You must agree to the statement in order to submit your registration for approval.

Edu. Program Application Confirmation

* Providers requesting approval or re-approval of a training program must agree to the statement below.

The Program Description and Program Costs I am Posting on the website are currently listed in my catalog/brochure. The programs offered are available to the general public on a tuition basis.

I agree to complete the information required on the web site at the time of my approval request. This includes the completion information of all students registered in the program for the last and current Program Year.

- ☒ Yes, I agree to the above statement. Please submit this educational program for WIOA Approval.
☐ No, do not submit this educational program for WIOA Approval at this time.

☐ Submit changes for Review and Approval.

Step 3.14 – Review

Here you will be able to view any items you failed to submit in your application along with the approval status of your program.

Review

Review Type	Status	Subsequent Review Due Date	Date Reviewed	Last Edit Date	Review Location	Action
No records found						
Records Per Page			10	Go		

[Exit Wizard](#)

<< Back

Finish

When you click the [Finish](#) button, you'll be taken back to a listing of all of your education and training programs. From there, you can add additional programs, if applicable.

Menu

My Provider Workspace

My Provider Dashboard

Directory of Services

Services for Providers

Manage Provider Profile

Manage Provider User Profile

Demand Occupations

Manage Institution Programs

View Reports

Education Services

Other Services

Communication Center

Learning Center

Home

Sign Out

Services for Individuals

Services for Employers

JOBS IOWA

Use this folder to manage the Provider's program and service information.

Test Community College

Show Filter Options

Education and Training Programs

Program Name	Program Description	Changes Submitted	Active	Review Status	Action
Baseball Coaching	A program that prepares individuals to teach physical education programs and or to coach sports at various educational levels.		✓		Edit Deactivate

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Rows 10

Add Education or Training Program

Return to My Dashboard

Summary of Data Fields for Provider Registration

Fields marked with a "*" are required.

New Organization Information

- *Institution Name
- *Federal Employer ID Number (EIN)
- Institution Ownership

Your (Contact) Information

- Title
- First Name
- Middle Initial
- Last Name
- *Contact Phone Number
- Cell Phone
- Contact Fax Phone Number
- *Email Address
- *Preferred Notification Method
- Institution URL

Login Information

- *User Name
- *Password
- *Confirm Password
- *Security Question
- *Security Question Answer

Provider Information

- *Status (Active/Inactive)
- *FEID (same as EIN)
- *Provider Name 1
- Provider Name 2
- *Address 1
- Address 2
- *City
- *State
- *Zip
- URL
- Type of Business
- *This provider is an accredited post-secondary education institution
- Registered Apprenticeship Provider
- Approved Apprenticeship

Billing Address Information

- *Billing Address 1
- Billing Address 2
- *Billing City
- *Billing State
- *Billing Zip
- *Attention (Primary Contact)

Mailing Address Information

- *Mailing Address 1
- Mailing Address 2
- *Mailing City
- *Mailing State
- *Mailing Zip
- *Attention (Primary Contact)

CRS Provider Information

- *WIOA Provider
- *Institution Type
- *Institution Ownership
- Type of Entity
- Years in Business
- *Disabled Access
- *ADA Compliant
- Institution Description
- Main Telephone Number
- FED/TTY Telephone Number
- Financial Aid Telephone Number
- Main Email Address
- Is this a community college?
- Accreditation/Approval
- Career Counseling Available
- Job Placement Assistance Available
- Tutorial Services Available
- ESL Courses Available
- GED Assistance Available
- Other Additional Services Available
- On-site Child Care Available
- Financial Aid Available
- Eligible Provider of Youth Workforce Investment Activities
- Pell Grant Eligible

Summary of Data Fields for Adding Programs

Fields marked with a “*” are required.

General Information

- *Status
- Purpose for Adding Program
- Education Program Type
- *This program is an Apprenticeship
- *CIP Code
- *Education Program Name
- Education Program Description
- *This program of study leads to:
- *This program leads to a credential or degree:
- Name of Associated Credential
- *Completion Level
- *Attain Credential
- Certification/License Title
- Certification/License Type
- *Green Job Training
- Is this education program in partnership with a business?

Additional Details

- Financial Aid Available
- URL of Training Program
- *Program Prerequisites
- *Date Edu. Program First Offered
- *Please provide a reasonable explanation regarding why this is a new program
- Minimum Class Size
- Maximum Class Size
- Number of Instructors
- Describe the qualifications of all instructors
- Describe the minimum entry level requirements or prerequisites
- Drug/Alcohol Screening Required
- Accessibility
- Describe the equipment used in this program and its adequacy and availability
- *Grievance Procedure OR
- *Grievance Procedure URL
- *Refund Policy OR
- *Refund Policy URL
- Internship Available
- *This education or training program is a Quality Pre-Apprenticeship

Related and Selected Occupations

- *Select Occupation for ONET Table
- *Evidence of in-demand occupations (required if not indicated in Bright Outlook locally)

Completion Expectations

- Continuing Education Units (CEU)
- CEU Granting Institution
- *Credit Earned Program
- Number of Credits
- Credit Earned Duration
- *Program Goal
- Credentialing Body
- *Projected Hourly Wage After Program Completion

Scheduling

- Class Time
- Lab Time
- Other Time
- Class Frequency
- *Reporting Program Length (Clock/Contact Hours)
- *Reporting Program Length (Full-Time Weeks)
- *Reporting Program Format

Duration

- Duration Title
- Primary Duration
- Duration
- Duration Type
- Schedule Intensity
- Weekly Schedule
- Classes Offered

Locations

- *Select at least one location

External Approvals

- Is this program listed on another state's ETPL

Cost Details

- *Total CRS Training Costs
- Tuition/Fee
- Books
- Tools
- Other Costs
- Comments

Performance Measures

- SSN
- Start Date
- Status
- Exit Date
- Credential
- Employed (Q2 after exit)
- Employed (Q4 after exit)