

APPLICATION FOR ELIGIBLE TRAINING PROVIDER- CONTINUED ELIGIBILITY

July 1, 2020

Educational Institution name:	*	·	Teleph	one		
Mailing Address:						
Campus location(s) if different than mailing address:						
Website address:			Private (for-profit)	Private (non-profit)		
Is this Institution minority owned?		/	Female owned/operate			
Are training facilities accessible to individuals with disabilities in compliance with Florida ADA? Yes No						
Federal Employer Identification (FEID)# Dun & Bradstreet (D&B)#:						
Signature authority name & title:						
Phone/Ext: Email						
Eligible Training Providers Requirements: Enter the number associated with your designation and attach a copy of license/certification						
1. Post-secondary educational institution eligible under Title IV of Higher Education Act (HEA) which provides an						
associate or baccalaureate degree or certificate. Enter ;your 6-digit Federal Interagency Commission on						
Education (FICE) Code.						
2. Entity that carries out programs registered under the National Apprenticeship Act. Enter your Registered						
Apprenticeship number. 3. Public provider of training programs, not meeting above criteria. Enter your 2-digit DOE District Number and						
4-digit District School Number.						
4. Private (nonpublic) provider of training programs not meeting above criteria with a valid Florida license issued						
by the Florida Department of Education's Commission for Independent Education (CIE). This license is issued						
to nonpublic or independent institutions that grant two-=year degrees, four-year degrees, post-secondary						
 vocational/technical certificates and/or diplomas in Florida. Enter your 4-digit CIE license number. 5. List proposed programs that are on the Regional Targeted Occupations List (Refer to Page 2) 						
For continued eligibility, train	ing provider must:					
a) Maintain licensure through the Commission for Independent Education and provide a copy of license to						
CareerSource Polk on an annual basis.						
b) Fulfill all requirements as agreed in the Training Provider ITA Agreement with CareerSource Polk.						
c) Continue to supply student-based information to FETPIP and CareerSource Polk.						
d) Provide any updated training program information, i.e. program updates, cost changes, new catalog.						
 e) Continue to meet established performance criteria as established. f) Complete a Program Matrix Form for each proposed program including performance information. Attach 						
 f) Complete a Program M syllabus 	and rollin for each propos	eu program mouu		Ionnation. Attach		
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I have read CareerSource Polk's Policy on "Selection and Retention of Eligible Training Providers", and I am aware that CareerSource Florida, Inc. may modify requirements and conditions for approval of training programs at any						
time. I also certify that I am						
Signature	Title		Date	е		



TRAINING PROGRAMS AND COSTS

Training Program	SOC Code	Total Program Cost