



APPLICATION FOR ELIGIBLE TRAINING PROVIDER- CONTINUED ELIGIBILITY

July 1, 2023

Educational Institution name:		Telephone	
Mailing Address:			
Campus location(s) if different than mailing address:			
Website address:		<input type="checkbox"/> Public	<input type="checkbox"/> Private (for-profit)
		<input type="checkbox"/> Private (non-profit)	
Is this Institution minority owned? (State Registration#)		Female owned/operated?	
Are training facilities accessible to individuals with disabilities in compliance with Florida ADA? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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, training 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 syllabus

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 authorized / empowered to submit this application on behalf of the named institution:

Signature _____ Title _____ Date _____



TRAINING PROGRAMS AND COSTS

Table with 3 columns: Training Program, SOC Code, Total Program Cost. It contains 22 empty rows for data entry.