



APPLICATION FOR ELIGIBLE TRAINING PROVIDER – INITIAL ELIGIBILITY

July 1, 2020

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|--|--|---------------------------------|---|
| 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 programs related to the Regional Targeted Occupations List do you provide. (Attach additional pages if necessary). For each program listed, you will complete an ETPL matrix form (attached). Must include the curriculum for each training program. | | | |

Successful applicants will be required to submit complete information to FETPIP and provide Performance information for each program.

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 certify that I am authorized / empowered to submit this application on behalf of the named institution:

Signature _____ Title _____ Date _____