ETPL Community College Training Program Application Instructions

01 *Provider Code (FEIN)*
Enter nine-digit provider code (FEIN).
This is a required field.

02 *CIP Code*
 Enter the six-digit Classification of Instructional Program (CIP). If the CIP code is not known, you may use the following website to determine the **CIP Code(s)**: http://nces.ed.gov/pubs2002/cip2000
This is a required field.

03 *COCCC ID*
Enter the COCCC ID. If applicable (*community colleges only*). This is an optional field.
Program Code
This is for Internal Office Use Only.

04 *Subgrantee Code*
This is for Internal Office Use Only.

Provider Name (Required Field)

08 *Program Name*
Enter the name of the training program.
This is a required field.

09 *Program Description*
Enter a short description of the program.
This is a required field.

10 *Training Site Address*
Enter the training site address.
City, State
Enter the City and State.
This is a required field.

11 *ZIP*
Enter the ZIP code for the training site address.

12 *Listed on Other State's ETPL?*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

13 *ADA Compliant*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

15 *Total Hours of Instruction*
Enter the total number of hours of instruction.
This field must be greater than zero.
This is a required field.

16 *Total Credits*
Enter the total number of credits.
This field must be greater than zero.
This is an optional field and may be left blank.

17 *Non-Credit*
Enter **1** for Yes.
Enter **2** for No.

18 *Credit Time*
Enter the credit time. This is a required field if Credits (field 15) is greater than zero.
Enter **1** for Semester.
Enter **2** for Quarter.

19 *Tuition*
Enter the total dollar value of all tuition costs.
Enter **0** for no tuition.
This is a required field.

19A   Tuition Includes
Enter all costs included with tuition, if any.

20 *Fees*
Enter the total dollar value of all fees.
Enter **0** for no fees.
This is a required field.

20A   Fees Include
Enter all fees included, such as registration fee, test fees, etc.

21 *Expenses*
Enter the total dollar value of all expenses.
Enter **0** for no expenses.
This is a required field.

21A   Expenses Include
Enter all fees included, such books, uniforms, tools, etc.

Total Program Cost.
This field will be the sum of tuition, fees, and expenses.
This is a required field.

22 *Modes of Delivery*
Enter the mode of delivery.
This is a required field.
1. Stand-up (Classroom)
2. Internet
3. Correspondence
4. Broadcast
5. Computer Based Instruction

23 *Program Offered Days*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

24 *Program Offered Evenings*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

25 *Program Offered Weekends*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

26 *Frequency of Offering*
Enter the Frequency.
This is a required field.
      1. Weekly
      2. Monthly
      3. Quarter
      4. Semester
      5. Other

Other List Criteria:

27 *CDE (California Department of Education) Approved*
Enter **1** for Yes.
Enter **2** for No.

28 *COCCC (Chancellor's Office for California Community Colleges) Approval*
Enter **1** for Yes.
Enter **2** for No.

29 *Continuing Education Units (CEU)*
Enter the total number of Continuing Education Units (CEU).
This is an optional field and may be left blank.

31 *Resources Required*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

32 *Program Goal*
Enter the appropriate goal.
This is a required field.
      1. Skill Attainment
      2. Certificate
      3. Registration
      4. License
      5. Associate degree
      6. Baccalaureate degree
      7. Other

33 *Credentialing Body*
Enter the name of the Credentialing Body.

34 *Projected Hourly Wage*
Enter the Projected Hourly Wage after program completion. This should be a specific number.
This is an optional field and may be left blank.

35 *Prerequisites*
Enter any prerequisites.

36 *Skill Sets*
Enter any Skill Sets.
This field is optional and may be left blank.

37 *Curriculum*
Enter at least one **Course Code.** You may enter up to 15, but only six will be displayed.

Enter at least one **Course Title.** You may enter up to 15, but only six will be displayed.
This is a required field.

38 *Relevant Occupations SOC/O*NET Code*
Enter at **least one SOC/O*NET code.** You may enter up to **six**. You may use the following website to determine the **SOC/O*NET Code(s)**: http://www.bls.gov/soc
This is a required field.

39 *Relevant Occupation Recommendation*
Enter the Relevant Occupation Recommendation Category. See above for website.
You may enter up to three categories.
This field is optional and may be left blank.

40 *On-site Parking*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

41 *Public Transportation*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

42 *Disabled Student Access*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

43 *Sign Language*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

44 *Other Languages*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

45 *Other*
Enter **1** for Yes.
Enter **2** for No.
This is a required field.

46 *Target Audience*
Enter the target audience.
This is an optional field and may be left blank.

47 *Average Class Size*
Enter the average class size.
This is a required field.

48 *Equipment to be Used*
Enter the Equipment to be used.
This is an optional field and may be left blank
Fields 54-61
Performance Information.
These fields are optional for initial eligibility. You may skip to field 64.

49 *Period Begin Date*
Enter the begin date for performance data reporting. This is an optional field.

50 *Period End Date*

Enter the end date for performance data reporting. This field is optional.

51 *Participant Universe*
Enter the participant universe. This field is optional.

52 *Average Hourly Wage at Placement*
Enter the average hourly wage at placement. This field is optional.

53 *Program Completion Rate*
Enter the number of successful completers divided by the "Participant Universe." This field is optional.

54 *Entered Employment Rate*
Enter the number of students who obtained unsubsidized employment divided by "Participant Universe." This field is optional.

55 *Skill/Credential Attainment Rate*
Enter the rate at which completers attained expected skill sets and/or credentials. This field is optional.

56 *Retention Rate*
Enter the retention rate at which participants retained employment over a set post-program period. This field is optional.

57 *Printed Name of Provider Representative*
Enter the name of the provider representative who may be contacted regarding this form.
*_*This is a required field._*

58 *Provider Representative Title*
Enter the title of the provider representative who may be contacted regarding this form.
*_*This is a required field._*

59 *Date Signed*
Enter the date the provider representative signed the program application form.
*_*This is a required field._*