

## ETPL TRAINING PROGRAM APPLICATION LINE ITEM INSTRUCTIONS

The following are line item instructions for completing the *Training Program Application* form. These instructions are intended to assist applicants with the completion of this form, and applications that do not adhere to these instructions will be delayed or returned to the provider.

<b>01 Provider Code (FEIN)</b>	Record the provider's nine-digit Federal Employer Identification Number (FEIN). The JTA system will automatically add two digits to the provider code to distinguish between identical programs offered by the provider at different locations. <i>This data field is required to be completed by the provider.</i>
<b>02 CIP Code</b>	Record the six-digit Classification of Instructional Programs (CIP) Code. The CIP Code is the U.S. Department of Education's standard code for federal surveys and state reporting of institutional data, including program offerings, enrollments, and completions. You may view the <i>CIP Code Handbook</i> at <a href="http://nces.ed.gov/pubs2002/2002165_2.pdf">http://nces.ed.gov/pubs2002/2002165_2.pdf</a> or online listing at <a href="http://nces.ed.gov/pubs2002/cip2000/">http://nces.ed.gov/pubs2002/cip2000/</a> . <i>This data field is required to be completed by the provider.</i>
<b>Program Code</b>	This data field will be auto-generated by the system from the following data elements: CIP Code, Mode of Delivery, Program Goal, County Code, and Increment.
<b>COCCC ID</b>	Applicable only to community colleges
<b>04 Subgrantee Code</b>	Record the three-digit code that is used to identify the LWIB. <i>This data field is required to be completed by the LWIB.</i>
<b>05 Agency Code</b>	Record the locally defined agency code. <i>This optional data field is completed by the LWIB</i>
<b>06 Date Received by LWIB</b>	Record the date the LWIB received the application form. <i>This data field is required to be completed by the LWIB.</i>
<b>07 Local Program Code</b>	Record the local program code that is assigned by the LWIB. <i>This optional data field is completed by the LWIB.</i>
<b>Provider Name</b>	Record the name to be displayed on the ETPL. <i>This data field is required to be completed by the provider.</i>
<b>08 Program Name</b>	Record the name of the training program or course of instruction to be considered for eligibility. <i>This data field is required to be completed by the provider and limited to 35 characters.</i>
<b>09 Program Description</b>	Record the description of the program or course. <i>This data field is required to be completed by the provider.</i>
<b>10 Training Site Address</b>	Record the training site's address. A separate program application is required for each geographical location. <i>This data field is required to be completed by the provider and limited to 30 characters.</i>
<b>City, State</b>	Record the city and state of the training site address. <i>This data field is required to be completed by the provider.</i>
<b>11 ZIP</b>	Record the five or nine-digit ZIP code for the training site address. <i>This data field is required to be completed by the provider.</i>
<b>12 County</b>	Record the two-digit County code for the training site. This information can be accessed via the JTA system or located at the following Web site: <a href="http://www.cagenweb.com/cpl/cpl_cnty.htm">http://www.cagenweb.com/cpl/cpl_cnty.htm</a>

	<i>This data field is required to be completed by the provider.</i>
<b>13 Listed on Other State's ETPL</b>	Check the appropriate box: <b>1 Yes</b> —The program is listed on another state's ETPL. <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>14 ADA Compliant</b>	Check the appropriate box: <b>1 Yes</b> —The provider meets the Americans with Disabilities Act (ADA) as defined by Federal and State requirements. <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>15 Total Hours of Instruction</b>	Record the total number of hours for program/course being offered. <i>This data field is required to be completed by the provider.</i>
<b>16 Credits</b>	Record the total number of credit hours (if applicable) for program/course being offered. <i>This optional data field is completed by the provider.</i>
<b>17 Non-Credit</b>	Check the appropriate box: <b>1 Yes</b> —The program is not for credit. <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>18 Credit Time</b>	Check the appropriate box: <b>1 Semester</b> —The length of the program is 18 weeks of instruction or six months in an academic year. <b>2 Quarter</b> —The length of the program is 12 weeks of instruction in an academic year. <i>This data field is required to be completed by the provider.</i>
<b>19 Tuition</b>	Record the tuition price charged to the general public for all administrative, registration, and class fees, etc. <i>This data field is required to be completed by the provider.</i>
<b>20 Fees</b>	Record the required fees such as memberships, special room rentals, entrances, etc. <i>This data field is required to be completed by the provider.</i>
<b>21 Expenses</b>	Record the essential expenses such as books, materials, and special transportation, parking passes, etc. <i>This data field is required to be completed by the provider.</i>
<b>Total</b>	Record the total by adding the amount for tuition, fees, and expenses. <i>This data field is required to be completed by the provider.</i>
<b>22 Mode of Delivery</b>	Check the appropriate box: <b>1 Classroom</b> —The program is conducted in a classroom style. <b>2 Internet</b> —The program is conducted entirely online, via the World Wide Web. <b>3 Correspondence</b> —The program teaches individuals by mailing them lessons that are returned to the school for grading upon completion. <b>4 Broadcast</b> —The program is transmitted by radio or television. <b>5 Computer-Based Instruction</b> —The program is an interactive computer-based training course. <i>This data field is required to be completed by the provider.</i>
<b>23 Days</b>	Check the appropriate box: <b>1 Yes</b> —The program is offered between 6:00 a.m. and 4:59 p.m. <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>24 Evenings</b>	Check the appropriate box:

	<p><b>1 Yes</b>—The program is offered at or after 5:00 p.m.  <b>2 No</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>25 Weekends</b>	<p>Check the appropriate box:  <b>1 Yes</b>—The program is offered Saturday's and/or Sunday's.  <b>2 No</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>26 Frequency of Offering</b>	<p>Check the appropriate box:  <b>1 Weekly</b>  <b>2 Monthly</b>  <b>3 Quarter</b>  <b>4 Semester</b>  <b>5 Other</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>27 BPPVE Approval Status</b>	<p>Check the appropriate box:  <b>1 Approved</b>  <b>2 Temporary Approval</b>  <b>3 Registered</b>  <b>4 Exempt</b>  <b>9 Not Applicable</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>28 BPPVE Approval Expiration Date</b>	<p>Record the date that BPPVE approval, temporary approval or registration expires or the date that an exemption was granted by the BPPVE.  <i>This data field is required to be completed by the provider.</i></p>
<b>29 Other BPPVE Approved Programs</b>	<p>Check the appropriate box:  <b>1 Yes</b>—The provider has other programs approved by the Bureau for Private Postsecondary and Vocational Education.  <b>2 No</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>30 Registered Apprenticeship</b>	<p>Check the appropriate box:  <b>1 Yes</b>—The program is approved under the National Apprenticeship Act.  <b>2 No</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>31 Registered Date</b>	<p>Record the registration date.  <i>This data field is required to be completed by the provider.</i></p>
<b>32 CDE Approved</b>	<p>Check the appropriate box:  <b>1 Yes</b>—The program is approved by the California Department of Education.  <b>2 No</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>33 COCCC Approved</b>	<p>Check the appropriate box:  <b>1 Yes</b>—The program is approved by the Chancellor's Office of the California Community Colleges.  <b>2 No</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>34 Continuing Education Units (CEU)</b>	<p>Record the number of continuing education units offered.  <i>This optional data field is completed by the provider.</i></p>
<b>35 CEU Granting Institution</b>	<p>Record the name of the institution granting continuing education units.  <i>If CEU is offered, this data field is required to be completed by the provider.</i></p>
<b>36 Resources Required</b>	<p>Check the appropriate box:  <b>1 Yes</b>—The program requires student-supplied items.</p>

	<p><b>2 No</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>37 Program Goal</b>	<p>Check the appropriate box (only one):</p> <p><b>1 Skill Attainment</b>—The program provides individuals with academic, occupational, or employability skills.</p> <p><b>2 Certificate</b>—A certificate means any diploma, document, or other written degree that signifies, purports, or is generally taken to signify satisfactory completion of requirements of an academic, educational, technological, or professional program of study beyond the secondary school level.</p> <p><b>3 Registration</b>—A program that usually leads to requiring individuals to file with a government agency before practicing the occupation.</p> <p><b>4 License</b>—A program that prepares an individual to obtain an official document that authorizes them to engage in a specific activity.</p> <p><b>5 Associate Degree</b>—A degree granted by community colleges to students who complete a specified program of study, usually totaling 60 units.</p> <p><b>6 Baccalaureate Degree</b>—A level of education marked by the completion of the equivalent of four or more years of fulltime education. There are two kinds of bachelor degrees, Bachelor of Arts and Bachelor of Science.</p> <p><b>7 Other</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>38 Credentialing Body</b>	<p>Record the name of the organization granting the credential. If the program goal is marked as 2-6 in box 39 (above), this data field is <i>required to be completed by the provider.</i></p>
<b>39 Projected Hourly Wage After Program Completion</b>	<p>Record the projected hourly wage after completing the program. Wage ranges are not acceptable.  <i>This optional data field is completed by the provider.</i></p>
<b>40 Prerequisites</b>	<p>Record the requirements needed, such as grade level, skills, etc. for entry into the offered program/course.  <i>This data field is required to be completed by the provider and limited to 100 characters.</i></p>
<b>41 Skills Sets</b>	<p>Record the list of skill sets to be acquired upon completion of the program course.  <i>This optional data field is completed by the provider and limited to 150 characters.</i></p>
<b>42 Curriculum</b>	<p>Record the list of individual courses and course codes needed in order to complete the program. <b>Course codes are limited to 5 characters and course titles are limited to 15 characters.</b>  <i>This data field is required to be completed by the provider.</i></p>
<b>43 Relevant Occupations</b>	<p>Record the list of occupations, including the Standard Occupational Classification (SOC) / Occupational Information Network (O*NET) code, for which the program is applicable. The SOC code can be located in the following Web site <a href="http://stats.bls.gov/oco/home.htm">stats.bls.gov/oco/home.htm</a>  The O*NET 3.1 database can be located in the following Web site <a href="http://www.onetcenter.org">www.onetcenter.org</a>  <i>This data field is required to be completed by the provider.</i></p>
<b>44 Relevant Occupation Recommendation</b>	<p>If a SOC/O*NET code is not available, record the list of occupations, including the two-digit SOC category for the major occupation group or industry in which the program is applicable.  <i>This optional data field can be completed by the provider.</i></p>

<b>45 On-Site Parking</b>	Check the appropriate box: <b>1 Yes</b> —Parking is available on the premises. <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>46 Public Transportation</b>	Check the appropriate box: <b>1 Yes</b> —Public transportation is available. <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>47 Disabled Student Access</b>	Check the appropriate box: <b>1 Yes</b> —The provider provides support services to help students with physical, visual, hearing, or learning disabilities. Services may include registration assistance, handicapped parking, campus orientation, etc. <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>48 Sign Language</b>	Check the appropriate box: <b>1 Yes</b> —The program offers sign language interpretive services. <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>49 Other Languages</b>	Check the appropriate box: <b>1 Yes</b> —The program is offered in a language besides English. <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>50 Other</b>	Check the appropriate box: <b>1 Yes</b> <b>2 No</b> <i>This data field is required to be completed by the provider.</i>
<b>51 Target Audience</b>	Record who the program is directed toward (e.g. middle managers, experienced computer programmers, etc.). <i>This optional data field is completed by the provider and <b>limited to 25 characters.</b></i>
<b>52 Average Class Size</b>	Record the average number of students expected in the classes/ courses comprising the program. Ranges are not permitted. <i>This data field is required to be completed by the provider and <b>limited to 25 characters.</b></i>
<b>53 Equipment To Be Used</b>	Record the list of equipment to be used by program participants. <i>This optional data field is completed by the provider and <b>limited to 35 characters.</b></i>
<b>54 Period Begin Date</b>	Record the begin date for performance data reporting. <i>This optional data field is completed by the provider.</i>
<b>55 Period End Date</b>	Record the end date for performance data reporting. <i>This optional data field is completed by the provider.</i>
<b>56 Participant Universe</b>	Record the total number of all participants/students exiting program/course between the period “begin” and “end” dates. <i>This optional data field is completed by the provider.</i>
<b>57 Average Hourly Wage at Placement</b>	Record the average wage at placement in employment of all individuals participating in the applicable program. <i>This optional data field is completed by the provider.</i>
<b>58 Program Completion Rate</b>	Record the number of successful completers divided by “Participant Universe” (see line 58 above). <i>This optional data field is completed by the provider.</i>
<b>59 Entered Employment Rate</b>	Record the number of students who obtain unsubsidized employment divided by “Participant Universe” (see line 58 above). <i>This optional data field is completed by the provider.</i>

<b>60 Skill/Credential Attainment Rate</b>	Record the rate at which completers attained expected skill sets and/or credentials. <i>This optional data field is completed by the provider.</i>
<b>61 Retention Rate</b>	Record the rate at which participants retained employment over a set post-program period. <i>This optional data field is completed by the provider.</i>
<b>Assurance text</b>	I certify that the information submitted on this application is true and correct. I also agree to supply the required performance information and seed data on all students in order to calculate performance measures for subsequent eligibility determination. In addition, all performance outcome data shall be made available upon request for audit purposes.
<b>62 Printed Name of Provider Representative</b>	Record the name of the provider representative that may be contacted regarding this form. <i>This data field is required to be completed by the provider and <b>limited to 25 characters.</b></i>
<b>63 Title</b>	Record the provider representative's title. <i>This data field is required to be completed by the provider and <b>limited to 12 characters.</b></i>
<b>64 Date</b>	Record the date the provider representative signed the program application form. <i>This data field is required to be completed by the provider.</i>
<b>Signature</b>	Signature of provider representative. <i>This data field is required to be completed by the provider.</i>