

DATE: November 26, 2018
TO: Existing Training Providers
FROM: WorkSource Georgia Mountains
SUBJECT: Requests for additional existing programs/program changes

All requests for additional existing programs with performance history (not currently approved) and program changes, including price increases or changes in curriculum/format must be submitted to WorkSource Georgia Mountains (WSGM) using the attached form. Programs must meet all normal criteria for consideration and have been authorized by NPEC or other authorizing agency.

PLEASE NOTE: See additional instructions for submission of NEW PROGRAMS WITHOUT PERFORMANCE HISTORY.

Existing additional programs will only be considered if recent performance information is included for at least 10 students per program.

Training Providers submitting additional existing programs to WSGMs should carefully review the ETPL Training Provider Applicant packet which includes:

- WIOA Glossary and General Information
- Instructions for completing the application
- Initial Eligibility for new providers
- Provider/Program responsiveness checklist
- Eligible Training Provider/Program Application
- Individual Training Account Policy

Please submit the attached form to:
WorkSource Georgia Mountains
1856 Thompson Bridge Road
Gainesville, GA 30502

Questions regarding the submission may be addressed to WSGM at 770-538-2727.

All program changes and additional existing program submissions are subject to WSGM review and approval. The provider will be notified with five days of approval/non-approval. Recommended programs and program changes will be forwarded to the Technical College System of Georgia Office of Workforce Development (TCSG OWD) for acceptance and inclusion on the State Eligible Training Provider/Program List. If the program/change is accepted by the TCSG OWD, a revised provider agreement may be submitted to the provider for signature.

**Individual Training Account (ITA) Provider Additional Existing Program or
Program Change Request Form**

Please check one: Additional Existing Program not currently approved
 Program Change – revision to currently approved program

ITA Provider Information

Training Provider Name	
Address	
City	
State	
Zip	
County	
Website (URL)	
Authorization/Accreditation	
Federal Tax ID # (99-9999999)	
Year Business Established	
Contact Name, Title	
Phone (999-999-9999)	
Fax (999-999-9999)	
Email	

Financial Aid

Pell Grant	Yes	No
Hope Scholarship	Yes	No
Other, Please Specify (Title IV, Sallie Mae, etc.)	Yes	No

Complete separate copies of the following pages for **EACH PROGRAM**.

Program Information

Program Title	
Date first offered	
Program Description Describe or attach) # of weeks/hours/curriculum hours	
Program Specific Authorization/	

Accreditation	
Pre-Screening requirements (drug test, etc.)	
Credential Earned	Please complete form on the following page for <u>each</u> program
Describe in Detail Provider Partnerships with Business	
Describe how the training program aligns with in-demand occupations/industries	

Credentials for Each Program Requested for Georgia Eligible Training Provider List

Training Provider Name: _____

Program	Credential Name	Organization Granting Credential	Price of Exam	Address & Contact Information of Organization Granting Credential

Attach a copy of the credential and a confirming statement that graduates of the program may sit for the Credential Examination

Published Program Cost (as advertised to the general public via website & catalog)

Provider Program:				
Item		Cost		
Tuition				
Supplies <u>List each supply and cost</u>				
Supplies Total		\$		
Books – list each one				
Name				
ISBN Number				
Name				
ISBN Number				
Books Total		\$		
Test Fees (List Name of Exam)				
Test Fees Total		\$		
Fees (List all fees)				
Fees Total		\$		
Tuition		\$		
Total Program Cost		\$		
Program Duration				
Number of Weeks	(Classroom) Curriculum Hours	Other (Specify Internship/Externship Hours Separately)		
Entry Criteria: Tests of Adult Basic Education (TABE) assesses basic reading, math and language skills and provides Grade equivalent scores.				
High School Diploma Required	Reading Level	Math Level	Language Level	Other Entry Requirements (Please List)
Yes No				

Number of <u>completed programs</u> the Training Provider has conducted: _____	Number of Students	%/ \$
Total Students past 12 months		
Median Earnings After Placement (median weekly earnings of program completers placed in unsubsidized employment during the second quarter after exit from the program)		\$
Average Wage at Placement (average wage at placement of completers obtaining employment during the past 12 months)		\$
Attainment of Post-Secondary Credential (number and percent of completers exiting the program who obtained a recognized post-secondary credential (diploma, certificate or license) during participation in or within 1 year after exit from the program)	/ %	
Completion Rate (number and percent of total students exiting during the last 12 months who met the program's completion requisites)		%
Employment Rate (number and percent of completers exiting the program during the last 12 months who obtained employment)		%
Training-Related Employment (number and percent of completers exiting the program during the last 12 months who have obtained training related employment)		%

Must include performance data on at least 10 students per program (use single sheet per program):

(Employers listed will be contacted)

Graduate and Employer References

Graduate Name	Graduate Phone Number	Employed By	Employer Contact Name	Employer Phone Number