

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.

***This is a required field.**

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.**