



ELIGIBLE TRAINING PROVIDER APPLICATION

JSND / WORKFORCE PROGRAMS
SFN 52437 (R. 9-07)

For instructions on updating the information, refer to the *Eligible Training Provider Policies and Procedures*, JSND-5060 at http://www.jobsnd.com/jsnd/jobsnd/seekers/train_wia.html

General Information			
Training / Education Provider			
Street Address / PO Box			
City	State	ZIP Code	
Federal Tax Identification Number			
Individual Authorized to Sign Contracts / Agreements		Title	
Contact Person		Title	
Telephone Number	E-mail Address		
If application is approved, a link from the Eligible Training Provider List to your institution's website will be provided.			
Website Address:			
Eligibility and Program Information		YES	NO
Type of Training / Education Provider Ownership (Check one of the following.): <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other			
Is your institution legally authorized in your state to provide a program of education beyond the secondary level?			
Type of Training / Education Provider and Verification Information (Check one of the following.): 1. <input type="checkbox"/> Postsecondary Training / Education Provider that is eligible to receive federal funds under Title IV of the Higher Education Act of 1965. 2. <input type="checkbox"/> Training / Education Provider carrying out apprenticeship programs registered under the National Apprenticeship Act. 3. <input type="checkbox"/> All other public or private providers of training / education services.			
For providers not checking item 1 or 2 (above), have the training programs contained in this application been approved by an appropriate state, federal, or professional organization?			
If 'YES,' list the approving organizations.			
The Workforce Investment Act requires that all data provided in the application process is verifiable. Give a brief description of your data gathering, reporting, and verification system. Use attachments if necessary. More information may be requested at a later date if there are questions regarding the data collection methods used.			

Type of Application (Check one of the following.):

Initial Application (programs have not been included on a prior application).

Subsequent Application (programs have been included on a prior application).

Training / Education Program Information:

Enter program related information on either the Initial Eligible Training Provider Database or the Subsequent Eligible Training Provider Database. Access the appropriate database at:

http://www.jobsnd.com/jsnd/jobsnd/seekers/train_wia.html

Certification

I understand that my organization may be asked to provide supporting documentation concerning the information presented before the final execution of an agreement. Upon approval, a training agreement must be signed before a provider will be placed on the Eligible Training Provider List.

I certify that the information I have provided on this application (including any attachments) and in the Eligible Training Provider Database are true and correct to the best of my knowledge and belief.

Name (typed or printed)

Title

Signature

Date

Please sign and mail the completed application to:

Job Service North Dakota
Workforce Programs
1000 E. Divide Avenue
P.O. Box 5507
Bismarck, North Dakota 58506-5507

Questions? E-mail [Eligible Training Provider Administrator](#) or call 1-701-328-2812