



TRAINING PROGRAM APPLICATION
 Completed applications may be scanned and e-mailed to:
altans@co.humboldt.ca.us
 or mailed to:
 Allison Tans
 Workforce Development Board
 520 E Street
 Eureka, CA 95501



Please respond to all questions. Answers should appear in the right hand column of the form.

General Information	
Provider Name:	
Program (Course) Name:	
Classification of Instructional Program (CIP) Code:	
Program Description:	
Is this training considered "Green Job Training"? (Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate completion level of this program:	<input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other (must describe)
Indicate which of the following will be attained with successful program completion:	<input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills Certificate or Credential <input type="checkbox"/> Other (must describe)
Is this program PELL Grant Eligible? (Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Program/Course Information	
On average, how many semesters will it take to complete this program? (If the program is not on a semester schedule, state the number of weeks or months)	
Are classes offered during the day, at night, or both day and night?	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Day and Night
Mode of Delivery	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Computer Based Instruction <input type="checkbox"/> Internet <input type="checkbox"/> Broadcast
Number of Class Hours:	
Minimum Class Size:	
Maximum Class Size:	
Class Frequency:	<input type="checkbox"/> Daily

	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify)
Continuing Education Units (CEUs): <i>Fill in number of units or N/A if not applicable</i>	
CEU Granting Institution: <i>(Leave blank if not applicable)</i>	
Is this a Credit Earned Program? <i>(Yes or No)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Credits Earned:	
Credit Earned Duration:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
Is this program approved by the Department of Education? <i>(Yes or No)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this program approved by the Community College Chancellor's Office? <i>(Yes or No)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this program/course is provided by a private-for-profit or private-nonprofit entity in the State of California, what is the program/course status with the Bureau for Private Postsecondary Education (BPPE)?	<input type="checkbox"/> Approved <input type="checkbox"/> Exempt* <input type="checkbox"/> N/A <i>*If an entity is "Exempt" from BPPE oversight, a copy of the exemption letter must accompany this application.</i>
If this program/course is provided by an entity outside the State of California, please contact the individual listed on the top of the first page of this application. If not applicable, indicate N/A.	
Describe the qualifications of instructors in this program/course in 200 words or less:	
Describe the minimum entry level requirements (or prerequisites) in 200 words or less:	
Describe any equipment used in this program in 200 words or less:	
Provide information on program/course curriculum by listing <i>Course Codes and Corresponding Course Titles</i> for up to six classes in the right hand column. <i>(The system will only accept up to six entries.)</i>	1. 2. 3. 4. 5. 6.
List up to four occupations relevant to this program/course:	1. 2. 3. 4.
Provide information on the total cost associated with participation in this program/course, and then break the total cost down by the categories outlined below:	\$

• Tuition/Fees	\$
• Books	\$
• Tools	\$
• Other	\$
<i>If an amount is included in the "Other" category, describe what these costs are:</i>	

Please provide the following information on the individual providing this information:

Name:

Title:

Signature:
