



TRAINING PROVIDER APPLICATION
 Completed applications may be scanned and e-mailed to:
pmurphy@co.humboldt.ca.us
 or mailed to:
 Peggy Murphy
 Workforce Development Board
 825 5th Street #112
 Eureka, CA 95501



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

General Information	
Provider Name:	
Provider Federal Tax ID#:	
Main Address:	
Main Phone Number:	
Main Contact Name:	
Billing Address <i>(if different)</i> :	
Billing Phone Number:	
Billing Contact Name:	
Mailing Address <i>(if different)</i> :	
Financial Aid Phone Number:	
Financial Aid E-mail Address:	
Website URL:	

Provider Information	
Institution Type: <i>Check applicable type:</i>	<input type="checkbox"/> Community College <input type="checkbox"/> Public Adult School with Occupational Programs <input type="checkbox"/> Secondary Schools <input type="checkbox"/> Four Year College/University <input type="checkbox"/> Graduate Programs <input type="checkbox"/> Private Business or Technical School <input type="checkbox"/> Apprenticeship Program <input type="checkbox"/> Other (must describe)
Institution Ownership: <i>Check one of the following:</i>	<input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For Profit <input type="checkbox"/> Other (must describe)
Disabled Access: <i>(Yes or No)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant: <i>(Yes or No)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation: <i>(Yes or No)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accrediting Body: <i>(Check applicable body)</i>	<input type="checkbox"/> Accrediting Bureau of Health Education Schools (ABHES) <input type="checkbox"/> Accrediting Commission for Career Schools and Colleges (ACCSC) <input type="checkbox"/> Accrediting Council for Accrediting Association of Bible Colleges

	<input type="checkbox"/> Accrediting Council for Community and Junior Colleges (ACCJC) <input type="checkbox"/> Accrediting Council for Continuing Education and Training (ACCET) <input type="checkbox"/> Accrediting Council for Independent College and Schools (ACICS) <input type="checkbox"/> Association of Advanced Rabbinical and Talmudic Schools (AARTS) <input type="checkbox"/> Council on Occupational Education <input type="checkbox"/> Distance Education and Training Council (DETC) <input type="checkbox"/> Middle States Association of Colleges and Schools (MSA) <input type="checkbox"/> National Accrediting Commission of Career Arts and Sciences (NACCAS) <input type="checkbox"/> National Accrediting Commission of Cosmetology Arts and Sciences (NACCAS) <input type="checkbox"/> New England Association of Schools and Colleges (NEASC) <input type="checkbox"/> North Central Association of Colleges and Schools (NCA) <input type="checkbox"/> Southern Association of Colleges and Schools (SACS) <input type="checkbox"/> The Association of Theological Schools in the United States and Canada (ATS) <input type="checkbox"/> The Northwest Association of Schools and Colleges – Northwest Accreditation Commission (NWAC) <input type="checkbox"/> Transnational Association of Christian Colleges and Schools (TRACS) <input type="checkbox"/> Western Association of Schools and Colleges (WASC)
Services Available <i>(Check applicable services)</i>	<input type="checkbox"/> Career Assessment <input type="checkbox"/> Career Counseling <input type="checkbox"/> ESL Courses <input type="checkbox"/> GED Assistance <input type="checkbox"/> Job Placement Assistance <input type="checkbox"/> On-Site Child Care <input type="checkbox"/> Tutorial Services <input type="checkbox"/> Other (must describe)
Is this entity required to register with a State agency*? <i>(Check Yes or No)</i> <i>Note: In California, the State agency is the Bureau of Private Postsecondary Education (BPPE). The agency will be different for States other than California</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this entity is exemption from registration with a State agency, is the exemption valid for WIOA purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If exempt from BPPE, exemption letter must accompany application.</i>
Is Financial Aid available at this institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this entity offer on-line registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this entity PELL Grant (Higher Education Act) eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an Approved Apprenticeship program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Name of
Provider
Representative:**

**Title of
Provider
Representative:**

I certify that the information submitted on this application is true and correct. I agree that any funds received as a result of submissions of inaccurate, deceptive, or fraudulent information are subject to repayment and other penalties.

Signature:

Date:
