

**Connecticut Department of Labor (CTDOL)**  
**Workforce Innovation and Opportunity Act (WIOA)**  
**Eligible Training Provider (ETP) Continued Eligibility Application**

Name of Training Provider (entity name)\* \_\_\_\_\_

\* If the entity is a sole proprietorship or general partnership and the name entered above is different from the entity's legal name (below), a copy of the entity's "doing business as" (**DBA**) filing with the town clerk in the municipality in which the entity is based must be submitted to the Workforce Development Board(s) with this application.

Legal Name \_\_\_\_\_

Connecticut UI Tax Registration Number \_\_\_\_\_

Federal Employment Identification Number (FEIN) \_\_\_\_\_

Administrative Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Internet Address: \_\_\_\_\_

*If the information above does not match page 1 of the entity's WIOA ETP application as approved for initial eligibility, provide an explanation with this application. A continued eligibility determination will not be made until all discrepancies are resolved.*

WIOA-approved ETP entities must apply for continued eligibility *biennially* following one year of initial WIOA ETP eligibility. Continued eligibility will be decided on a *program by program* basis. The above-named entity that is applying for continued eligibility must complete all application items on this form and attach all required supporting documentation. Course catalogs may not be submitted to provide answers to any of the items on this application. If this application is incomplete, the lead Workforce Development Board (WDB) in receipt of it will return the application to the entity and will not complete a review or make a continued eligibility determination regarding the entity or its program(s) until a complete application has been provided.

1. Review the entity's "CTDOL WIOA ETP Application" ("**initial** application," which includes any modification made by the entity prior to continued eligibility application). If any information in or attached to the WDB-approved initial application is out-of-date or no longer applicable, the entity must provide to the lead WDB, and to any applicable secondary WDB(s), current information which will then be considered for approval. In your review, please be certain to check the status of the entity's certifications for fire marshal, zoning, insurances, etc. as well as documentation as to the entity's compliance with state licensure requirements (as applicable to the entity) such as approvals issued by the government agency and/or institution designated by law as the granting authority (i.e., Office of Higher Education, Department of Public Health, etc.) If expiration dates have been reached or any changes have occurred that would necessitate updated certifications or approvals, submit the new documents. Updated information must be submitted either a.) by amending the initial application form and having the entity's authorized representative sign and date each edited form field or attachment **or** b.) in the format accepted by the WDB for application form fields (attachments must be submitted in hardcopy to the WDB(s)).

The lead WDB and any applicable secondary WDB(s) will not review this "CTDOL WIOA ETP **Continued** Eligibility Application" without the entity's confirmation that its initial application remains current **and** is as approved by the lead WDB and any applicable secondary WDB(s).

The entity's authorized representative (signatory to this application) has reviewed its WDB-approved initial application and confirms that, as of \_\_\_\_\_ (entity: state the date of your review), all information remains current and is as approved by the WDB(s).

2. Attach a description of how the entity will ensure access to training programs throughout their training site area(s), including rural areas, and, as applicable, through the use of technology.
3. Attach a description of the entity's ability to provide the training program(s) to individuals who are employed and individuals with barriers to employment.
4. Attached is a list, prepared by the lead WDB and provided to this entity, of the entity's program(s) that have expired or will soon

be expiring, for which the entity must now submit information in order for the program(s) to be considered for continued eligibility (to remain on the ETP list).

For each listed program, provide confirmation that each training program *for which the entity is applying for continued eligibility* relates to in-demand industry sectors and occupations in Connecticut by reviewing the in-demand occupations listed on CTDOL's website, <http://www1.ctdol.state.ct.us/lmi/projections.asp>, and attaching to this application the in-demand documentation from the site. Otherwise, provide information and documentation to show the degree to which the training service(s) aligns with the in-demand industry sectors and occupations displayed on this CTDOL website. In-demand occupations may vary at the local level; entities may consult with the lead WDB.

The entity's authorized representative (signatory to this application) confirms that the industry-recognized certificate/credential attained by successful completers for each program submitted with this continued eligibility application remains the certificate/credential described on the entity's WDB-approved ETP initial application.

- YES
- NO - attach an explanation

Since training providers may apply for initial ETP eligibility or add programs at any time ("rolling basis") in Connecticut, those with more than one ETP program may have a variety of program expiration dates, depending on when each program was applied for and approved. Therefore, **continued** eligibility applications for programs and providers will also be on a rolling basis. As program(s) begin to reach expiration, the lead WDB will issue to the entity a list of those program(s) in order for the entity to submit a continued eligibility application for them. Once the entity has submitted a fully-completed continued eligibility application (all items completed) and the entity has been approved through the continued eligibility process, only the following application items will be required *when the entity applies to add its other programs that reach expiration* in the current continued eligibility period:

- The entity's identifying information (at page 1)
- Item 4
- Signature section

5. By signing the WIOA ETP initial eligibility application, the entity became obligated to report performance data regarding its approved programs. The biennial review and continued eligibility process will include an examination of the past two years of performance data, as applicable, including whether reports were timely and accurately submitted. Approval of programs to continue to be listed on the ETPL will be contingent upon meeting reporting criteria.

Note:  
Federal WIOA regulations (at 20 CFR §680.460) require that the state's continued eligibility criteria take into account the ability of training entities to offer programs that lead to postsecondary credentials as well as the quality of programs that lead to a recognized postsecondary credential.

The continued eligibility *process* must take into account information reported to state agencies with respect to federal and state training programs other than programs within WIOA Title I, Subtitle B.

The entity must submit any additional information requested by the Connecticut Department of Labor (CTDOL).

In the event the continued eligibility application for the entity (provider) or any of its programs is denied, the entity may contact the lead WDB for appeal information or visit <http://www.ctdol.state.ct.us/wia/WIOAPolicyManual.pdf> to view CTDOL's policy that includes appeal details.

I, the undersigned, am authorized to sign on behalf of \_\_\_\_\_ (applying entity's legal name as it appears on page one of the application) and I affirm that the information provided in this application, including any attachments, is complete and correct to the best of my knowledge and belief. I have read, understand and agree to the application criteria referenced within this application, including any attachments, and further understand and agree to the following:

- This application will be reviewed by the Workforce Development Board (WDB).
- This application will not be accepted for review by the WDB if any field has been left blank.
- The Connecticut Department of Labor will conduct a review of the applicant entity's compliance with OSHA, Wage and Workplace Standards Division, and UI Tax (Unemployment Compensation).
- It is the responsibility of the entity to inform the lead WDB and any secondary WDBs immediately of any and all updates or changes to any information contained in the application in the format required by the WDB.
- Any outstanding issues of fraud, non-payment of funds, or record of employment law non-compliance may result in delay or denial of this application or the entity's subsequent removal from the Eligible Training Provider List.
- Failure to comply with any of the requirements listed in the WIOA ETP Application forms, including any attachments, and any misrepresentation of information provided in the WIOA ETP Application forms, including any attachments, may result in denial of the application or subsequent removal from the Eligible Training Provider List.

Signature of entity's Authorized Representative	Date
Printed name of entity's Authorized Representative	Title

Applying entities are subject to review for compliance with applicable federal and state laws. **Attach** a completed, signed "Employer Authorization For the Release Of Confidential Data" form to this application (form is available at <http://www.ctdol.state.ct.us/wia/wioa-trngproviderapps.htm>.)

Name of Training Provider (entity name) stated on page 1 \_\_\_\_\_

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Workforce Development Board Approval:

I, the undersigned, am authorized to sign on behalf of the Workforce Development Board named below and I affirm that:

- The information provided herein, including any attachments, has been reviewed for completeness and compliance with both WIOA and ETPL program requirements;
- The board has received complete, timely and accurate training performance data as attested to above by the entity, in the format required, for each WIOA-approved program offered by the entity for which the entity is applying for continued eligibility

YES  
 NO

- The board has received, reviewed, and approved all updates to the WOA ETP initial eligibility application (as modified, if applicable) that have been submitted by the entity during this continued eligibility review; and
- The entity (provider) named on page 1 and its programs included by attachment are hereby approved, **EXCEPT for those programs listed at "Denied Programs" below**, by the Workforce Development Board named below.

\_\_\_\_\_  
Signature of Workforce Development Board Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Workforce Development Board Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Workforce Development Board

Denied programs and reason for denial (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_