



# ETPL APPLICATION

SUBMIT COMPLETED APPLICATION TO [ITA-ETP@FWCA-STL.COM](mailto:ITA-ETP@FWCA-STL.COM)  
 QUESTIONS - 314-377-0445

DATE:

<b>TRAINING INSTITUTION</b>	
<b>TRAINING INSTITUTION ADDRESS</b>	
<b>TRAINING SITE ADDRESS (if different than above)</b>	
<b>EIN</b>	
<b>TRAINING CONTACT PERSON AND PHONE NUMBER</b>	
<b>PROGRAM TITLE</b>	
<b>PROGRAM SUMMARY (PHYSICAL SITE, ONLINE, HYBRID LEARNING, SKILLS GAINED)</b>	

<b>TUITION COST</b>	
<b>LIST FINANCIAL ASSISTANCE AVAILABLE (SCHOLARSHIP, FEDERAL GRANTS/LOANS)</b>	
<b>AVERAGE ASSISTANCE PROVIDED</b>	
<b>GRADUATION PERCENTAGE</b>	
<b>PERCENTAGE EMPLOYED AFTER GRADUATION</b>	
<b>AVERAGE WAGE OF GRADUATE</b>	
<b>AVERAGE EMPLOYER RETENTION RATE OF GRADUATES</b>	

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<p>DO YOU REQUIRE AN ENTRANCE EXAM, IF SO, NAME AND SCORE(S) NEEDED</p>	<p>YES      NO</p> <p>NAME:</p> <p>REQUIRED SCORE:</p> <p>NAME:</p> <p>REQUIRED SCORE:</p>
<p>DURATION OF TRAINING PROGRAM</p>	
<p>DOES YOUR ORGANIZATION HAVE AN EO OFFICER OR STAFF PERSON THAT DEALS WITH NONDISCRIMINATION, EO POLICIES AND REGULATIONS? IF YES, NAME AND CONTACT INFO</p>	<p>YES      NO</p> <p>CONTACT INFO:</p>
<p>DO YOU HAVE "EQUAL OPPORTUNITY IS LAW" POSTER AT YOUR TRAINING SITE?</p>	<p>YES      NO</p>
<p>ARE YOU COMPLIANT WITH THE AMERICANS WITH DISABILITIES (ADA)?</p>	<p>YES      NO</p>
<p>DO YOU HAVE A CONFIDENTIALITY POLICY?</p>	<p>YES      NO</p>
<p>DO YOU HAVE A WRITTEN COMPLAINT POLICY?</p>	<p>YES      NO</p>
<p>DOES YOUR TRAINING COURSE PROVIDE FLEXIBILITY FOR CUSTOMER NEEDS?</p>	<p>YES      NO</p>
<p>ARE YOU APPROVED BY THE STATE OF MISSOURI AS AN EDUCATION AND TRAINING PROVIDER (ETP)?</p>	<p>YES      NO</p>
<p>ARE YOU APPROVED TO TRAIN IN THE STL FUNDING REGION BY THE STATE OF MISSOURI</p>	<p>YES      NO</p>
<p>SIGNATURE TRAINING PROVIDER</p>	<p>DATE:</p>
<p>APPROVAL SIGNATURE WIOA DESIGNATED STAFF</p>	<p>DATE:</p>