



Workforce Investment Board of Will County New Training Provider Application Form

Date Submitted:

Provider Information

Provider Name:

Provider Address:

Provider Phone:

Provider FEIN:

WIOA Contact Information

Primary Contact:

Contact Phone:

Contact E-mail:

Organizational Details

What year did the organization begin operating as a training provider?

Is the organization that is seeking WIOA certification currently approved or accredited under an existing process recognized by the State of Illinois? If yes, please check all types of accreditation and approval that apply:

- Illinois Board of Education Illinois Department of Public Health
 Illinois Community College Board North Central Association
 Other nationally recognized industry association

Type of Organization:

- | | |
|---|---|
| <input type="checkbox"/> Proprietary School Community | <input type="checkbox"/> Community College |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Apprenticeship |
| <input type="checkbox"/> Adult Education/Vocational/Technical | <input type="checkbox"/> Business/Private Corporation |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Other |

Are all facilities ADA Compliant? Yes No

Has the provider given assurance and certifications that their agency fully complied with the nondiscrimination, equal opportunity, and disability provisions of the Workforce Investment Act of 1998? Yes No

Attachment Check List. Please ensure that the following items are attached to your application:

- Copy of Accreditation
- Copies of Relevant Certifications
- Program Catalog

Program Information

Please list all programs in which you are applying for certification. Please note the following: All programs must lead to a certification or licensure, or completion of a degree or certificate. You must submit a New Program Application Form for each program listed below.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.