Workforce Investment Board of Will County
Program Recertification Application Form
Attachment C

Date Submitted:
Provider Name:

Programs to recertify (keep on the State list):

List in table below or include attachment of programs to be recertified and the changes.

Program Name	**Changes Yes/No**	**If yes, list changes From/To (Tuition Cost, hours, description, location, etc.)**

Programs not being recertified (to be removed from State list):

Program Name	**Reason**