

ProviderLink Self-Service User Guide

*An America's JobLink User Guide
for Self-Service Training Providers*

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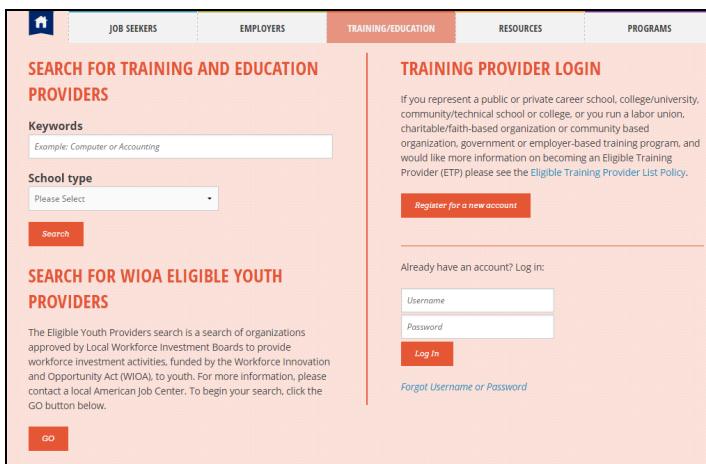
What is ProviderLink?

ProviderLink provides functionality for training providers to apply for inclusion on the statewide Workforce Innovation and Opportunity Act (WIOA) Eligible Training Provider (ETP) List. By creating an account, training providers can enter and edit information about their training institution and the programs they offer. Providers apply online, and Local Area and State ETP Administrators review and approve ETP applications online.

Providers display to the public on America’s JobLink (AJL) following review and approval by State Administrators. If the provider is applying for inclusion on the WIOA ETP List, the provider and program information is reviewed first by Local Area ETP Administrators, and then by State ETP Administrators. If approved, the provider and program display as WIOA-Approved.

The purpose of this guide is to assist ProviderLink users. For information on WIOA ETP eligibility and the application process, contact your Local Area ETP Administrator.

ETP login page



The screenshot shows the ETP login page with a navigation bar at the top containing 'JOB SEEKERS', 'EMPLOYERS', 'TRAINING/EDUCATION', 'RESOURCES', and 'PROGRAMS'. The 'TRAINING/EDUCATION' tab is active. The page is divided into two main sections: 'SEARCH FOR TRAINING AND EDUCATION PROVIDERS' and 'TRAINING PROVIDER LOGIN'. The search section includes a 'Keywords' input field with the example 'Computer or Accounting', a 'School type' dropdown menu, and a 'Search' button. The login section includes a 'Register for a new account' button, a 'Log In' section with 'Username' and 'Password' input fields, a 'Log In' button, and a 'Forgot Username or Password' link.

Create Account

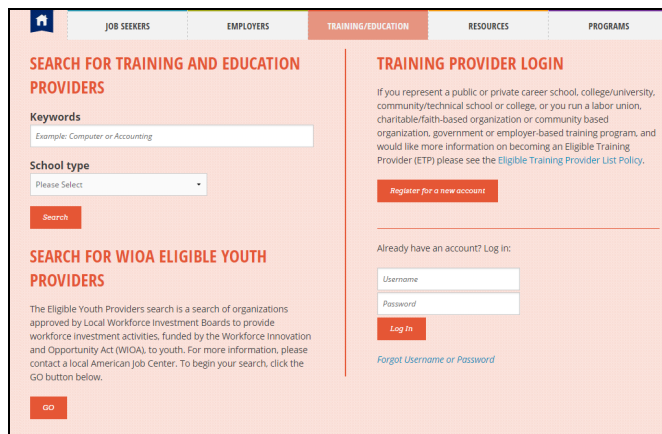
To create a new account, you must be associated with a training provider. Thus, the path to creating an account is different for users who have an existing training provider record in ProviderLink and those who need to create a new training provider.

Locate and have available the training institution's FEIN, basic identifying information, contact person and his/her basic identifying information, and details about at least one training program.

CREATE A NEW ACCOUNT FOR AN EXISTING TRAINING PROVIDER

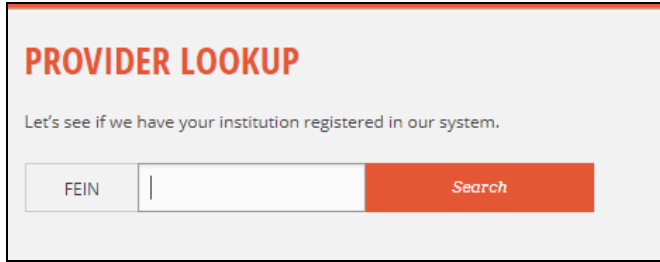
Your user account must be associated with a training provider. If your training provider has a record in ProviderLink, and you would like to add or update information, follow these steps:

1. Locate and have available your training institution's Federal Employer Identification Number (FEIN).
2. Go to America's JobLink. At the top of the home page, click **Training/Education**. In the Training Provider Login section, click **Register for a new account**.



3. The Provider Lookup page displays. Enter the provider's FEIN. Click **Search**.

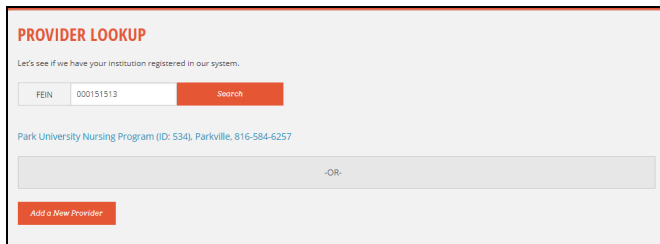




The screenshot shows a web form titled "PROVIDER LOOKUP" in red. Below the title is the text "Let's see if we have your institution registered in our system." There is a search input field with the label "FEIN" and a red "Search" button to its right.

4. If the FEIN matches an existing training provider, a link will display beneath the FEIN search with the name, ID number, city, and phone number of the training provider.

 **Provider Lookup Results**



The screenshot shows the results of a search. It features the same "PROVIDER LOOKUP" header and introductory text. The search input field now contains the value "000151513" and the "Search" button is highlighted. Below the search field, the results are displayed: "Park University Nursing Program (ID: 534), Parkville, 816-584-6257". A horizontal line with "-OR-" in the center separates this result from a second, empty search area. At the bottom left of the results area, there is a red button labeled "Add a New Provider".

5. Click the link of the correct training provider. The New User Registration page displays.

 **Existing Training Provider Registration**

TRAINING PROVIDER REGISTRATION * Indicates a required field

Username* Make sure your username is easy to remember and does not contain spaces or special characters. Your username must contain between 6 to 20 characters.

Confirm Username*

Password* To make your password more secure it must include letters, at least one number and a special character. Your password must contain between 8 to 20 characters. Passwords are case sensitive.

Confirm Password*

Security Question*

Security Question Answer*

[Forgot Username or Password](#)

PROFILE INFORMATION

First Name*

Middle Initial

Last Name*

Phone* Enter your phone number, including extension if available, as ###-###-####-####.

Cell Phone

Fax

Email Address* A notification will be sent to the email address with confirmation instructions.

Confirm Email Address*

PROVIDER INFORMATION

 Training Provider Registration fields and descriptions

Training Provider Registration	
Field	Description
Username	(Text) Enter a username that is between 6 and 20 characters and does not contain spaces or special characters.
Confirm Username	(Text) Re-enter the username.
Password	(Text) Enter a password that is between 8 and 20 characters and contains at least one number and one special character. Passwords are case sensitive.
Confirm Password	(Text) Re-enter the password.

Security Question	(Drop-down); Select a security question to which you will remember the answer.
Security Answer	(Text) Enter the answer to your security question.
First Name	(Text) Enter your first name.
Middle Initial	(Text) Enter your middle initial.
Last Name	(Text) Enter your last name.
Phone	(Text) Enter your primary phone number, including extension if available as ###-###-####x###.
Cell Phone	(Text) Enter your cell phone number.
Fax	(Text) Enter your fax number.
Email Address	(Text) Enter your email address. You will receive an email with instructions for confirmation.
Confirm Email Address	(Text) Re-enter your email address.

- After your account has been approved, you can log in using the username and password established when you created your account. You will have access to the provider and program information for the associated training provider.

CREATE A NEW ACCOUNT AND NEW PROGRAM FOR A NEW TRAINING PROVIDER

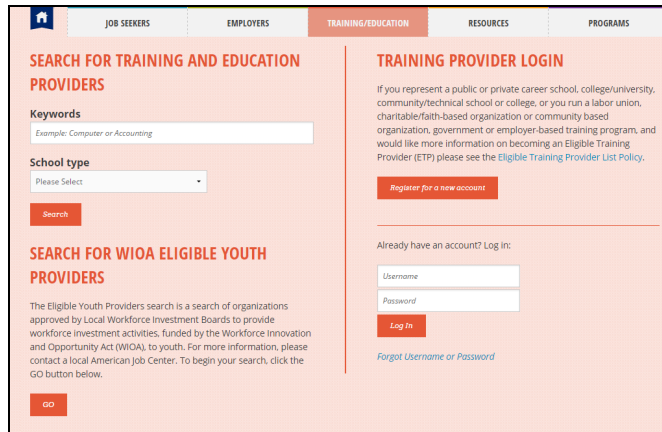
If after searching for your training provider using the Provider Lookup described above, you find they do not have a record in ProviderLink, you will need to add the provider. The steps to create an account, add a new provider, and add a program are designed as one flow. After you create your account, ProviderLink will immediately prompt you to add your provider information. After you add the provider information, ProviderLink will then prompt you to add a program.

After adding a program, you can make no further changes or additions until your account is approved. The initial approval of your account is NOT approval for the WIOA ETP List; it is approval for access to the system. This validation is usually accomplished within 24 hours; however, please wait 72 hours before making inquiries. If you provide an e-mail address, you will receive an e-mail notification that your account has been approved. After your account is approved, you can add additional programs and make edits as needed.

Add New Account

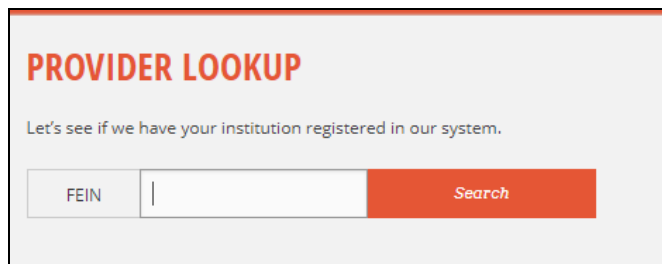
1. Go to America’s JobLink. At the top of the home page, click Training/ Education. In the Training Provider Login section, click **Register for a new account**.

ProviderLink login



2. The Provider Lookup page displays. Enter the provider's FEIN. Click **Search**.

Provider Lookup



3. If no FEIN match is found, or if the correct training provider is not listed, click **Add New Provider**.

Provider Lookup: No FEIN Match

PROVIDER LOOKUP

Let's see if we have your institution registered in our system.

FEIN 783692581 Search

There are currently no registered training providers with this FEIN.

Add a New Provider

4. The New User Registration page displays. Complete the required fields.

 Training Provider Registration

TRAINING PROVIDER REGISTRATION * Indicates a required field

Username*	<input type="text"/>
	<small>Make sure your username is easy to remember and does not contain spaces or special characters. Your username must contain between 6 to 20 characters.</small>
Confirm Username*	<input type="text"/>
Password*	<input type="password"/>
	<small>To make your password more secure it must include letters, at least one number and a special character. Your password must contain between 8 to 20 characters. Passwords are case sensitive.</small>
Confirm Password*	<input type="password"/>
Security Question*	Please Select ▼
Security Question Answer*	<input type="text"/>
	Forgot Username or Password

PROFILE INFORMATION

First Name*	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name*	<input type="text"/>
Phone*	<input type="text"/>
	<small>Enter your phone number, including extension if available, in ###-###-####.</small>
Cell Phone	<input type="text"/>
Fax	<input type="text"/>
Email Address*	<input type="text"/>
	<small>A notification will be sent to the email address with confirmation instructions.</small>
Confirm Email Address*	<input type="text"/>

PROVIDER INFORMATION

Provider Name*	<input type="text"/>
Address*	<input type="text"/>
City*	<input type="text"/>
County*	Please Select ▼
State*	Kansas ▼
Zip Code*	<input type="text"/>
Country*	United States ▼
International Locality	<input type="text"/>
Phone*	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Web Address	<input type="text"/>
F EIN*	387989541
Training Agent	<input type="text"/>
Vendor	<input type="text"/>
Provider Contact Name*	<input type="text"/>
Contact Title*	<input type="text"/>
Contact Address*	<input type="text"/>
Contact City*	<input type="text"/>
Contact State*	Kansas ▼
Contact Zip	<input type="text"/>
Contact Country*	United States ▼
Contact International Locality	<input type="text"/>
Contact Phone*	<input type="text"/>
Contact Fax	<input type="text"/>
Contact Email Address	<input type="text"/>
Training Institution Type*	Please Select ▼
Are reasonable accommodations available upon request for people with disabilities?*	Please Select ▼
Are you in any partnership(s) with business?*	Please Select ▼
Do you provide access to training for individuals who are employed?*	Please Select ▼
Do you provide access to training for individuals with barriers to employment?*	Please Select ▼
WIDA Youth Services Provider*	Please Select ▼

Continue

 Training Provider Registration fields and descriptions

Training Provider Registration	
Field	Description
Username	(Text) Enter a username that is between 6 and 20 characters and does not contain spaces or special characters.
Confirm Username	(Text) Re-enter the username.
Password	(Text) Enter a password that is between 8 and 20 characters and contains at least one number and one special character. Passwords are case sensitive.
Confirm Password	(Text) Re-enter the password.
Security Question	Drop-down; Select a security question to which you will remember the answer.
Security Answer	(Text) Enter the answer to your security question.
Profile Information	
First Name	(Text) Enter your first name.
Middle Initial	(Text) Enter your middle intial.
Last Name	(Text) Enter your last name.
Phone	(Text) Enter your primary phone number, including extension if available as ###-###-####x###.
Cell Phone	(Text) Enter your cell phone number.
Fax	(Text) Enter your fax number.
Email Address	(Text) Enter your email address. You will receive an email with instructions for confirmation.
Confirm Email Address	(Text) Re-enter your email address.

Provider Information	
Provider Name	(Text) Enter the name of the training provider. Although this is not desirable, an institution can (and often will) have more than one record in ProviderLink. For example, if the name is Hamilton Area Community College, one record may read Hamilton ACC, another may read HACC, and another Hamilton Area Community College. Take care to use the name consistently.
Address	(Text) Enter the street address for the provider. This address is used by the public to map the location and get directions. Avoid providing a P.O. box, because these cannot be mapped.
City	(Text) Enter the city where the institution is located.
County	(Drop-down) Select the training provider's county.
State	(Drop-down) Select the state where the institution is located.
ZIP Code	(Text) Enter the ZIP or postal code of the institution.
Country	(Drop-down) If outside of the United States, select the country in which the training provider is located.
International Locality	(Text) If applicable, enter the international state, province, or county in which the training provider is located.
Phone	(Text) Enter the telephone number for the training provider.
Fax	(Text) Enter the fax number for the training provider.
Email Address	(Text) Enter an email address to which the public can address general information inquiries.
Website Address	(Text) Enter the website address for the training provider.
Website Link	(Display Only) If a website address is entered, the URL displays as a link when the page is saved.

FEIN	(Display Only) The FEIN entered in Provider Lookup displays. The FEIN can only be edited by ProviderLink staff.
Training Agent	(Text) Enter the Training Agent ID. If the Training Agent ID field is not entered, ProviderLink will assign the Training Agent ID when the page is saved.
Vendor	(Text) Enter the Vendor ID. If the Vendor ID field is not entered, ProviderLink will assign the Vendor ID when the page is saved.
Provider Contact Name	(Text) Enter the full name of the contact person for the training provider.
Contact Title	(Text) Enter the title of contact person for the training provider.
Contact Address	(Text) Enter the full address of the contact person.
Contact City	(Text) Enter the city where the contact person is located.
Contact State	(Drop-down) Select the state in which the contact person is located.
Contact ZIP	(Text) Enter the ZIP or postal code of the contact person.
Contact Country	(Drop-down) If the contact person is located in a country other than the United States, select that country.
Contact International Locality	(Text) If applicable, enter the international state, province, or county in which the contact person is located.
Contact Phone	(Text) Enter the telephone number for the contact person.
Contact Fax	(Text) Enter the fax number for the contact person.
Contact Email Address	(Text) Enter an email address for the contact person.

<p>Training Institution Type</p>	<p>(Drop-down) Select an option to indicate the type of institution:</p> <ul style="list-style-type: none"> • Charitable / Faith-Based Organization • College / University (Four Year) • Community-Based Organization • Employer • Government Agency • Labor Union • Other • Private Career School / College • Private Corporation • Public Community / Technical School / College
<p>Are reasonable accommodations available upon request for people with disabilities?</p>	<p>(Drop-down) Select Yes or No.</p>
<p>Are you in any partnership(s) with business?</p>	<p>(Drop-down) Select Yes or No.</p>
<p>Do you provide access to training for individuals who are employed?</p>	<p>(Drop-down) Select Yes or No.</p>
<p>Do you provide access to training for individuals with barriers to employment?</p>	<p>(Drop-down) Select Yes or No.</p>

WIOA Youth Services Provider	(Drop-down) Select Yes or No.
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- The Assurances page displays. Carefully review the information on this page. If your training institution assures compliance, select **Yes** and click **Submit**.

If your training institution cannot assure compliance, click **No** to terminate the application process and return to the AJL Home page. Compliance is required.

Equal Opportunity Assurances

Assurances

Training provider assures that it and all its employees responsible for providing training services, will comply fully with all nondiscrimination and equal opportunity provisions of the laws listed below:

WIOA Section 188, which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity;

Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;

Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

The Americans with Disabilities ACT (ADA) of 1990 which prohibits discrimination against qualified people with disabilities based on disability;

The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;

Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs;

The KANSAS Act Against Discrimination;

This assurance applies to the training provider's approval to display on JobLink information about their training/educational institution and programs to those individuals seeking such information. The undersigned understands that JobLink has the right to remove the training provider's information from JobLink for non-compliance.

For training providers who submit training program applications for approval as a WIOA Eligible Training Provider (ETP), this assurance applies to the Eligible Training Provider's (ETP) operation of the WIOA Title I-financially assisted program or activity, and to all agreements the ETP makes to carry out the WIOA Title I financially-assisted program or activity. The undersigned understands that the United States has the right to seek judicial enforcement of this assurance.

For training programs approved for the WIOA ETP list, the training provider further agrees to collect and provide the program performance and cost information required by the Workforce Innovation and Opportunity Act and the Governor's Workforce Policy Board, and to accept the Individual Training Account (ITA) payment method.

You must answer Yes to continue, if you answer No you will be returned to the Login Page

Yes

No

6. The Eligibility page displays. Complete the Eligibility page. Click **Save/Continue**.



Eligibility/Degrees - Tower Community College

Type of Training Institutions

Select the type of institution for this provider

Public
 Private
 Non-Profit
 Sectarian

Eligibility

Complete the information regarding training provider eligibility by selecting all applicable options below.

	Postsecondary eligible to receive Title IV funds from Higher Education Act (HEA) and provides an associate degree, baccalaureate degree or certificate	Please Select One ▼
	Postsecondary not providing an associate degree, baccalaureate degree or certificate	Please Select One ▼
	Registered Apprenticeship program under National Apprenticeship Act	Please Select One ▼
	Non-Registered Apprenticeship program	Please Select One ▼
	Community Based Organization	Please Select One ▼
	Joint Vocational School	Please Select One ▼
	Proprietary School	Please Select One ▼
	Other (Identify below)	Please Select One ▼

Other Type(s) of Institution

If you checked 'Other' as an Institution type, describe the Institution below.

Other (Please specify if selected above)

Additional Info

Please answer the following question.

Is your training/education institution authorized with your state to provide a program of education beyond secondary education?

Yes
 No

Degrees Offered

Please answer the following questions concerning types of degrees offered by the institution.

Associate Degree	Please Select One ▼
Baccalaureate Degree	Please Select One ▼
Certificate	Please Select One ▼
License	Please Select One ▼
Competency of Skill Recognized by employer	Please Select One ▼
	Additional Skills or Competencies Generally Recognized by Employers
	Please Select One ▼
Other (please see below)	Please Select One ▼

Other Type(s) of Degrees

Please describe other types of degrees that the institution offers.

Other (Please specify if selected above)

 Eligibility fields and descriptions

Provider Eligibility	
Field	Description
Select the type of institution for this provider.	(Checkboxes) Check all that apply: <ul style="list-style-type: none"> • Public • Private • Non-Profit • Sectarian
Postsecondary eligible to receive Title IV funds from Higher Education Act (HEA) and provides an associate degree, baccalaureate degree, or certificate	(Drop-down) Select Yes or No.
Postsecondary not providing an associate degree, baccalaureate degree, or certificate	(Drop-down) Select Yes or No.
Registered Apprenticeship Program under National Apprenticeship Act	(Drop-down) Select Yes or No.
Non-Registered Apprenticeship Program	(Drop-down) Select Yes or No.
Community-Based Organization	(Drop-down) Select Yes or No.
Joint Vocational School	(Drop-down) Select Yes or No.
Proprietary School	(Drop-down) Select Yes or No.
Other (Identify Below)	(Drop-down) Select Yes or No.

Other (Please specify if selected above.)	(Text) Enter a description of the type of training institution. Required if Other is Yes.
Is your training / education institution authorized with your state to provide a program beyond secondary education?	(Option buttons) Select Yes or No.
Associate Degree	(Drop-down) Select Yes or No.
Baccalaureate Degree	(Drop-down) Select Yes or No.
Certificate	(Drop-down) Select Yes or No.
License	(Drop-down) Select Yes or No.
Competency of Skill Recognized by Employer	(Drop-down) Select Yes or No.
Additional Skills or Competencies Generally Recognized by Employers	(Drop-down) Select Yes or No.
Other (Please see below.)	(Drop-down) Select Yes or No.
Other (Please specify if selected above.)	(Drop-down) Select Yes or No.

- The Debarment page displays. Complete the Debarment page (See drop-down for fields and descriptions). Click **Save/Continue**.

None of the fields on the Debarment page are required. If your institution is not on a debarment list, click **Save/Continue** without making any entries in any of the fields.



Debarment - Tower Community College

Debarment Status

Please answer the following question.

Is your training/education institution listed on any state or federal debarment lists?

Yes
 No

If yes, please indicate the name(s) and date(s) of your institution's debarment(s).

Name of First Debarment List	<input type="text"/>
Date of First Inclusion	<input type="text" value="mm/dd/yyyy"/>
Name of Second Debarment List	<input type="text"/>
Date of Second Inclusion	<input type="text" value="mm/dd/yyyy"/>
Name of Third Debarment List	<input type="text"/>
Date of Third Inclusion	<input type="text" value="mm/dd/yyyy"/>

 Debarment fields and descriptions

Debarment	
Field	Description
Is your training / education institution listed on any state or federal debarment lists?	(Option buttons) Select Yes or No.
Name of First Debarment List	(Text) Enter the name of the first debarment.
Date of First Inclusion	(Text) Enter the date of first inclusion in mm / dd / yyyy format.
Name of Second Debarment List	(Text) Enter the name of the second debarment.
Date of Second Inclusion	(Text) Enter the date of second inclusion in mm / dd / yyyy format.

Name of Third Debarment List	(Text) Enter the name of the third debarment.
Date of Third Inclusion	(Text) Enter the date of third inclusion in mm / dd / yyyy format.

8. The Institution Info page displays. Complete the Institution Info page (See drop-down for fields and descriptions). Click **Save/Continue**. The new provider record is complete. You are now ready to add a program. After your user account is approved, you can return to the programs page and add more programs.

 [Institution Info](#)

Institution Info - Tower Community College

Complete the fields with your institution's approval, tuition and financial aid information and click the 'Save' button.

Approving Organization/Agency Approval

Accredited:	<input type="text" value="Please Select One"/>
Accredited by:	<input type="text"/>
Approved:	<input type="text" value="Please Select One"/>
Approved by:	<input type="text"/>
Registered:	<input type="text" value="Please Select One"/>
Registered with:	<input type="text"/>
Licensed:	<input type="text" value="Please Select One"/>
Licensed by:	<input type="text"/>

Tuition and Financial Aid

	Does your institution have a tuition refund policy?
	<input type="text" value="Please Select One"/>
	Does your institution have access to or offer the following financial aid?
	<input type="text" value="Please Select One"/>
Federal Grants:	<input type="text" value="Please Select One"/>
List:	<input type="text"/>
State Grants:	<input type="text" value="Please Select One"/>
List:	<input type="text"/>
Local Grants:	<input type="text" value="Please Select One"/>
List:	<input type="text"/>
Scholarships:	<input type="text" value="Please Select One"/>
List:	<input type="text"/>
Fellowships:	<input type="text" value="Please Select One"/>
List:	<input type="text"/>
Training/Education Institution Grants:	<input type="text" value="Please Select One"/>
List:	<input type="text"/>

 Institution Info fields and descriptions

Institution Info	
Field	Description
Accredited	(Drop-down) Select Yes or No.
Accredited By	(Text) Enter name of accreditation entity.
Approved	(Drop-down) Select Yes or No.

Approved By	(Text) Enter name of approval entity.
Registered	(Drop-down) Select Yes or No.
Registered With	(Text) Enter name of registration entity.
Licensed	(Drop-down) Select Yes or No.
Licensed By	(Text) Enter name of licensure entity.
Does your institution have a tuition refund policy?	(Drop-down) Select Yes or No.
Does your institution have access to or offer the following financial aid?	(Drop-down) Select Yes or No.
Federal Grants	(Drop-down) Select Yes or No.
List	(Text) List federal grants.
State Grants	(Drop-down) Select Yes or No.
List	(Text) List state grants.
Local Grants	(Drop-down) Select Yes or No.
List	(Text) List local grants.
Scholarships	(Drop-down) Select Yes or No.
List	(Text) List scholarships.
Fellowships	(Drop-down) Select Yes or No.
List	(Text) List fellowships.
Training / Education Institution Grants	(Drop-down) Select Yes or No.
List	(Text) List training / education institution grants.

Add New Program

1. To add your first program, complete the fields on the Program Description page (See drop-down for fields and descriptions). Click **Save/Continue**. The Program Performance page displays.

 Program Description

Program Description - Tower Community College
* Indicate a required field

Describe each individual program that the training provider would like to have certified.

WIDA Approved: New program

Do you wish to apply for WIDA Approval?
 Yes
 No
 NA

* This individual program of training services is: (check all that apply)
 Single Course/Class
 Training Program of Multi-Courses
 Non-traditional for Women

* Program Name or Single Course/Class Title:

* Program Synopsis: (5000 character max.)

[Check spelling](#)

* Training Services Delivered By: (check all that apply)
 Online with a browser
 Directly on a computer
 Onsite at our location

* Training Services Offered When: (check all that apply)
 Daytime hours
 Evening hours
 Weekends

Curriculum Competency Based:

Prerequisites:

* Total Credit/Curriculum Hours:

Total Number of Training Weeks:

* Training Location:

County:

* Zip Code: -

Program Length:

* Type of Credential: (check all that apply)
 Industry certification
 Apprenticeship certification
 Government License
 Associate degree
 Baccalaureate degree and above
 Community College certification
 Secondary School diploma
 Employment
 Measurable Skills Gain

* Type of Financial Aid Offered:

Refund Policy:

Program Cost Items

Add to the Program description by completing the Program Costs listed below. When finished, click Save.

Program Cost Item	Cost/Description
In-State/District Tuition:	<input type="text"/> 0.00
Out-of-State/District Tuition:	<input type="text"/> 0.00
Registration Fee:	<input type="text"/> 0.00
Books (Estimated):	<input type="text"/> 0.00
Supplies/Materials/Hand Tools (not included in tuition):	<input type="text"/> 0.00
Testing/Exam Fees:	<input type="text"/> 0.00
Graduation Fees:	<input type="text"/> 0.00
Other:	<input type="text"/> 0.00

Curriculum

If Certified is checked 'yes', then Authorizing Entity must be entered.

Is the proposed curriculum currently certified by an accrediting agency or similar national standardization program? If yes, enter the name of the agency or authorizing entity.

Certified:
 Yes
 No

Authorizing Entity:

Occupational

Please provide the specific name of one or two occupations that this training program will prepare an individual to do. Include the minimum entry level wage for the occupation and indicate the certification, licensing and credentials by boards or other approval required prior to employment.

* Program Type: CIP Lookup

* Occupation Title (O*Net-SOC): ONET Lookup

Hourly Wage 1: 0.00

Required Certification 1:

Occupation Title (O*Net-SOC): ONET Lookup

Hourly Wage 2:

Required Certification 2:

[Save/Return](#) | [Clear Changes](#)

 Program Description fields and descriptions

Program Description	
Field	Description
WIOA Approved	(Display Only) Displays the status of the program.
Do you wish to apply for WIOA Approval?	(Option Buttons) Select Yes or No.
Last Updated	(Display Only) Displays date of last update to the program, not the status. The date of state administrator approval displays on the Provider Programs page. Displays after the page is saved.
This individual program of training services is: (Check all that apply.)	(Checkboxes) Check all that apply: <ul style="list-style-type: none"> • Single Course / Class • Training Program of Multi-Courses • Non-traditional for Women
Local WIB Number	(Display Only) Displays after the page is saved. The Local WIB Number is generated from the ZIP code of the program.
Program Name or Single Course / Class Title	(Text) Enter the name of the program or course.
Program Synopsis	(Text) Enter a brief description of the program: 5,000 character max.
Training Services Delivered By:	(Checkboxes) Check all that apply: <ul style="list-style-type: none"> • Online with a browser • Directly on a computer • Onsite at our location

Training Services Offered When:	<p>(Checkboxes) Check all that apply:</p> <ul style="list-style-type: none"> • Daytime hours • Evening hours • Weekends
Curriculum Competency Based	<p>(Text) If the curriculum is competency-based, describe the competencies.</p>
Prerequisites	<p>(Text) List the prerequisites.</p>
Total Credit / Curriculum Hours	<p>(Text) Enter the number of credit or curriculum hours.</p>
Total Number of Training Weeks	<p>(Text) Enter the number of weeks needed to complete the program / course.</p>
Training Location	<p>(Text) Enter the street address of the training location.</p>
County	<p>(Drop-down) Select the county where the training is located.</p>
Zip Code	<p>(Text) Enter the ZIP code where the training is located.</p>
Program Length	<p>(Drop-down) Select the program length:</p> <ul style="list-style-type: none"> • Quarter • Semester • Trimester • Other <p>The program length indicates the type of periods for the training. For example, if the training is offered by the semester, but takes two semesters to complete, select Semester. The total length of the training is indicated by Total Credit / Curriculum Hours and / or Total Number of Training Weeks.</p>

Type of Credential	<p>(Checkboxes) Select the type of attainment:</p> <ul style="list-style-type: none"> • Industry certification • Apprenticeship certification • Government License • Associate degree • Baccalaureate degree and above • Community college certification • Secondary school diploma • Employment • Measurable Skills Gain
Type of Financial Aid Offered	(Text) Enter the type of financial aid for which this program is eligible.
Refund Policy	(Text) Enter a description of the provider’s refund policy for this program.
In-State / District Tuition	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If district, name the district.
Out-of-State / District Tuition	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If district, name the district.
Registration Fee	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If the fee is due for each semester and the program is more than one semester, describe.

Books (Estimated)	(Text) Enter the cost.(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If the cost for books is for one semester, and the program is more than one semester, describe.
Supplies / Materials / Hand Tools (Not Included in Tuition)	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. List the supplies, materials, and hand tools required and the student's estimated cost. If the cost is for one semester, and the program is more than one semester, describe. Include all costs: art supplies for art classes, fuel charges for truck driving, etc.
Testing / Exam Fees	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. Indicate when the testing fees are due: before or after the training, and to whom they are paid. For example, network administrator certification exams are administered by a third party and the student is required to pay the third party to take the exam.
Graduation Fees	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost, for example, a diploma fee.
Other	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. List and describe any other costs. If the cost for books is for one semester, and the program is more than one semester, describe.

Certified	(Option buttons) Select Yes or No. If the curriculum is certified by an accrediting entity or national standardization program, select Yes.
Authorizing Entity	(Text) Required if Certified is Yes. Enter the name and / or description of the entity.
Program Type Title	(Display Only) displays the Classification of Instructional Programs (CIP) title after the CIP is selected.
Program Type	(Text) Use the CIP Lookup button to search for and select the Classification of Instructional Programs. The CIP should be provided by the training provider.
Occupation Title (O*Net SOC) Title	(Display Only) Displays the O*NET title after the O*NET is selected.
Occupation Title (O*Net SOC)	(Text) Use the O*NET button to search for and select an occupation for which this program prepares the student.
Hourly Wage 1	(Text) Enter the hourly wage for an entry-level employee in this occupation.
Required Certification 1	(Text) Enter a description of any certifications required to enter employment in this occupation.
Occupation Title (O*Net SOC) Title	(Display Only) Displays the O*NET title after the O*NET is selected.
Occupation Title (O*Net SOC)	(Text) Use the O*NET button to search for and select an occupation for which this program prepares the student.
Hourly Wage 2	(Text) Enter the hourly wage for an entry-level employee in this occupation.
Required Certification 2	(Text) Enter a description of any certifications required to enter employment in this occupation.

2. If the program has already been administered, complete the “Program Performance For All Students” section of the Program Description page (See drop-down for fields and descriptions). Enter only raw numbers OR percentages, not both. The WIOA Participant Performance section is (Display Only) and will be filled in by Local Area Staff. Click **Save/Return**. The Program is added and the Provider Programs page displays.

Any program that is covered by Higher Education Act (HEA) or is a registered apprenticeship program is not required to complete the Program Performance page for initial eligibility; however, it is encouraged. All programs must complete the Program Performance page to be considered for renewal (subsequent eligibility). If you do not wish to complete the Program Performance page at this time, click **Save/Continue** without making any entries in any of the fields.

 Program Performance

Program Performance - Tower Community College

Any program that is covered by the Higher Education Act (HEA) or is a registered apprenticeship program is not required to submit the following performance data information for initial eligibility. However, it is encouraged.

All programs must complete the following performance data to be considered for renewal (subsequent eligibility).

Any providers requiring assistance acquiring statistical performance information on program participants for the Employed and Average Wage measures may request assistance for UI wage matching. If interested in this assistance, please contact the Local Area contact for instructions.

Enter either raw numbers or percentages, not both.

Gunslingers 101

Program Performance For All Students

Begin Date	<input type="text" value="mm/dd/yyyy"/>
End Date	<input type="text" value="mm/dd/yyyy"/>
Number Participated	<input type="text"/>
Number Completed	<input type="text"/>
Completed Percent	0%
Number Employed After Leaving The Program	<input type="text"/>
Employed Percent	0%
Avg Hourly Wage At Placement:	<input type="text" value="0.00"/>

Do not enter the percentages if Completed and Employed values are entered.

Completed Percent	<input type="text"/>
Employed Percent	<input type="text"/>

WIOA Participant Performance

To be filled in by Local Area Staff

Begin Date	
End Date	
Completed	
Employed	
Employed Percent	0%
Employed > 6 Mo.	
Employed > 6 Mo. Percent	0%
Avg Hourly Wage > 6 Mo.:	0.00
Attained More Skills:	
Attained More Skills Percent:	0%

Do not enter the percentages if Employed, Employed > 6 mo., and Attained More Skills values are entered.

Employed Percent	
Employed > 6 Mo. Percent	
Attained More Skills Percent:	

 Program Performance fields and descriptions

Program Performance	
Field	Description
Begin Date	(Text) Enter the program begin date in mm / dd / yyyy format.
End Date	(Text) Enter the program end date in mm / dd / yyyy format.
Number Participated	(Text) Enter the number of students who participated in the program.
Number Completed	(Text) Enter the number of students who completed the program.
Completed Percent	(Display Only) Displays after the number participated and number completed have been entered.
Number Employed After Leaving The Program	(Text) Enter the number of students who entered employment after leaving the program.
Employed Percent	(Display Only) Displays after the number completed and number employed after leaving the program have been entered.
Avg Hourly Wage At Placement	(Text) Enter the average hourly wage students earned at placement.
Completed Percent	(Text) Do not enter a percentage if raw numbers were entered in the Number Participated and Number Completed fields.
Employed Percent	(Text) Do not enter a percentage if raw numbers were entered in the Number Completed and / or Number Participated and the Number Employed After Leaving The Program fields.

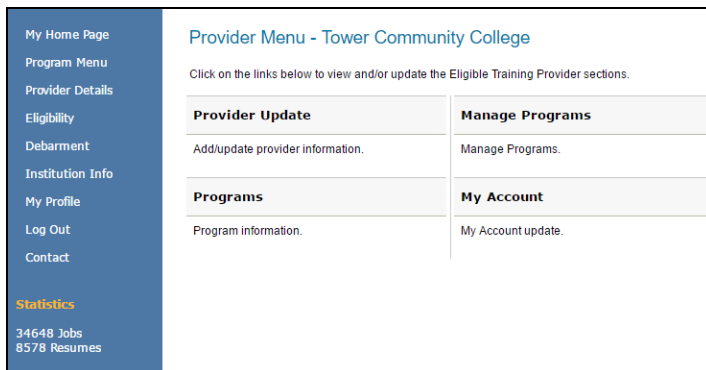
Manage My Account

NAVIGATION

ProviderLink uses a navigation menu and the Provider Menu home page for navigation and access to functions. The Provider Menu is in the desktop format: a page with links for each option, as follows:

1. **Provider Update:** Displays the first page of the provider record, editable. Use this menu option to update the provider information.
2. **Manage Programs:** Displays a list of programs with columns for Program Name, WIOA (Yes or No), and Date (Approval Date). Use this menu option to monitor eligibility expiration dates.
3. **Programs:** Displays a list programs with Edit and Delete links. Use this menu option to update program information, add new programs, or delete programs.
4. **My Account:** Displays the My Account page, editable. Use this menu option to keep your account information up-to-date.

Provider Menu (Desktop)



MY ACCOUNT

To manage your account information, including name, phone number, and email address, on the Provider Menu, click **My Account**. The Eligible Training Provider – My Account page displays allowing you to edit your contact information. Edit the information as necessary and click **Save / Continue**.

My Account

My Home Page

Program Menu

Provider Details

Eligibility

Debarment

Institution Info

My Profile

Log Out

Contact

Statistics

32590 Jobs

7609 Resumes

Eligible Training Provider - My Account

You may change your contact name, phone number and e-mail address. Email will be sent to this address whenever selected changes are made to provider information.

* indicates a required field

* First Name	<input type="text" value="Roland"/>
* Last Name	<input type="text" value="Deschain"/>
Middle Initial	<input type="text"/>
Phone Number:	<input type="text" value="785-555-5555"/> Ext. <input type="text" value=""/>
Email Address:	<input type="text" value="roland@tower.com"/>

If you do not have an e-mail account, click the following link for a list of free Internet e-mail providers

Security Question	<input type="text" value="What is your mother's maiden name?"/>
Answer	<input type="text" value="Eccleston"/>

You can also edit your account information by clicking **My Profile** in the navigation menu. From this page you can edit your user name and password, your security question and answer, and your contact information, and you can view notifications sent from the system. Click the appropriate links to edit the information.

My Profile

My Home Page

Program Menu

Provider Details

Eligibility

Debarment

Institution Info

My Profile

Log Out

Expand All | Collapse All

Account Information

Username	testuserB Change Username
Password Expires	2018-09-21 Change Password
Security Question	What is your mother's maiden name?
Security Question Answer	Eccleston Change Security Question or Answer

Contact Information

[Edit Contact Information](#)

First Name	Roland
Last Name	Deschain
Country	
Phone	785-555-5555
Email	roland@tower.com
Address	
City	
State	Kansas
Zip Code	
Company Name	
Job Title	

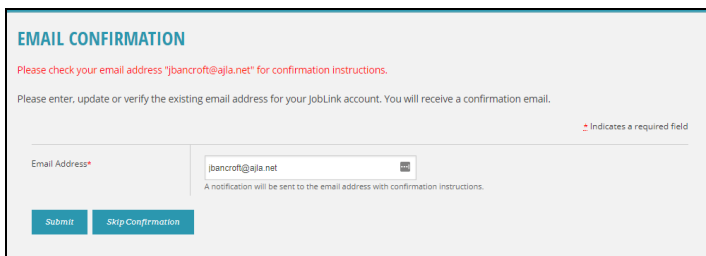
Notifications

Subject	Created

Email Confirmation

An email address confirmation displays to all users in all states upon first login after the 15.0 release (August 2017). If you currently have an email entered in your account profile, the email address will be prefilled. If you do not have an email entered in your account profile, you have the opportunity to enter an email address. You will see the Email Confirmation page on every login until you provide and confirm a unique email address. If you do not want to provide an email address, you must click “Skip Confirmation” each time you log in.

Email Confirmation



Submit Email for Confirmation

If you click **Submit**, on the next page in your login process, the message “Email sent to (email address) with confirmation instructions” displays. A confirmation email will be sent to the email address. That confirmation email contains a link that is valid for 24 hours.

If you click the link within 24 hours, you will be directed to the AJL splash page to log in. On the AJL splash page, a blue message displays stating “Your email has been confirmed.”

If the email address has already been confirmed, a message will display: "The email address has already been confirmed. It is possible you already have an account in JobLink associated with (email address). Please enter a different email address for this account." You may provide a different email address or click **Skip Confirmation**.

Skip Confirmation

If you choose to click the **Skip Confirmation** button on the Email Confirmation page, you will continue the login process. However, you will continue to see the Email Confirmation page on every login until you provide and confirm a unique email address. If you do not want to provide an email address, you must click “Skip Confirmation” each time you log in.

Contact Information

In My Profile, under Contact Information, if your email address entered has not yet been confirmed, a red "Unconfirmed" flag will display next to your email address in My Profile, with a button to Resend Confirmation Instructions. If you click **Resend Confirmation Instructions**, a confirmation email will be sent to the email address listed.

Contact Information: Unconfirmed Email

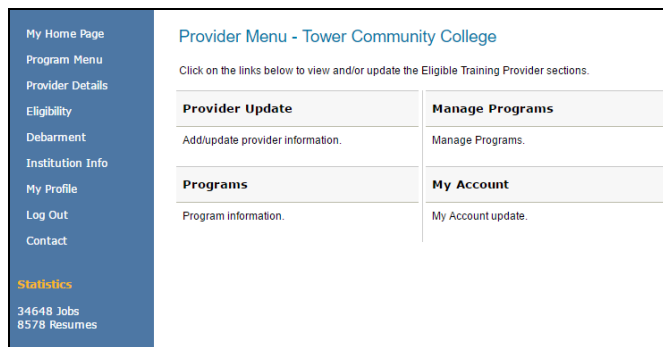
Contact Information	
Edit Contact Information	
First Name	Joy
Last Name	Bancroft
Country	United States
Phone	785-555-5555
Email Address	Unconfirmed! Please check your email for confirmation instructions. jbancroft@ajla.net
Resend Confirmation Instructions	

Add a Program

You may add *one* program when you add a new provider, and it is part of the user registration flow. Once the user account is approved for a new provider, you can add additional programs. To add additional programs:

1. On the Provider Menu, click **Programs**.

Provider Menu



2. The Provider Programs page displays. Click the **Add Program** button.
3. The Program Description page displays.
4. Complete the fields on the Program Description page (See table for fields and descriptions). Click **Save/Continue**. The Program Performance page displays.

Program Description

Program Description - Tower Community College
* Induce a request fee

Describe each individual program that the training provider would like to have certified.

WIDA Approved: New program

Do you wish to apply for WIDA Approval?
 Yes
 No
 NA

* This individual program of training services is: (check all that apply)
 Single Course/Class
 Training Program of Multi-Courses
 Non-traditional for Women

Program Name or Single Course/Class Title:

Program Synopsis: (5000 character max.)

[Check settings](#)

* Training Services Delivered By: (check all that apply)
 Online with a browser
 Directly on a computer
 Onsite at our location

* Training Services Offered When: (check all that apply)
 Daytime hours
 Evening hours
 Weekends

Curriculum Competency Based:

Prerequisites:

* Total Credit/ Curriculum Hours:

Total Number of Training Weeks:

* Training Location:

County:

* Zip Code: -

Program Length:

* Type of Credential: (check all that apply)
 Industry certification
 Apprenticeship certification
 Government License
 Associate degree
 Baccalaureate degree and above
 Community College certification
 Secondary School diploma
 Employment
 Measurable Skills Gain

* Type of Financial Aid Offered:

Refund Policy:

Program Cost Items

Add to the Program description by completing the Program Costs listed below. When finished, click Save.

Program Cost Item	Cost/Description
In-State/District Tuition:	<input type="text"/> 0.00
Out-of-State/District Tuition:	<input type="text"/> 0.00
Registration Fee:	<input type="text"/> 0.00
Books (Estimated):	<input type="text"/> 0.00
Supplies/Materials/Hand Tools (not included in tuition):	<input type="text"/> 0.00
Testing/Exam Fees:	<input type="text"/> 0.00
Graduation Fees:	<input type="text"/> 0.00
Other:	<input type="text"/> 0.00

Curriculum

If Certified is checked 'yes', then Authorizing Entity must be entered.

Is the proposed curriculum currently certified by an accrediting agency or similar national standardization program? If yes, enter the name of the agency or authorizing entity.

Certified:
 Yes
 No

Authorizing Entity:

Occupational

Please provide the specific name of one or two occupations that this training program will prepare an individual to do. Include the minimum entry level wage for the occupation and indicate the certification, licensing and credentials by boards or other approval required prior to employment.

* Program Type: CIP Lookup

* Occupation Title (O*Net-SOC): ONET Lookup

Hourly Wage 1: 0.00

Required Certification 1:

Occupation Title (O*Net-SOC): ONET Lookup

Hourly Wage 2:

Required Certification 2:

[Save/Return](#) | [Clear Changes](#)

 Program Description fields and descriptions

Program Description	
Field	Description
WIOA Approved	(Display Only) Displays the status of the program.
Do you wish to apply for WIOA Approval?	(Option buttons) Select Yes or No.
Last Updated	(Display Only) Displays date of last update to the program, not the status. The date of state administrator approval displays on the Provider Programs page. Displays after the page is saved.
This individual program of training services is: (Check all that apply.)	(Checkboxes) Check all that apply: <ul style="list-style-type: none"> • Single Course / Class • Training Program of Multi-Courses • Non-traditional for Women
Local WIB Number	(Display Only) Displays after the page is saved. The Local WIB Number is generated from the ZIP code of the program.
Program Name or Single Course / Class Title	(Text) Enter the name of the program or course.
Program Synopsis	(Text) Enter a brief description of the program: 5,000 character max.
Training Services Delivered By:	(Checkboxes) Check all that apply: <ul style="list-style-type: none"> • Online with a browser • Directly on a computer • Onsite at our location

Training Services Offered When:	<p>(Checkboxes) Check all that apply:</p> <ul style="list-style-type: none"> • Daytime hours • Evening hours • Weekends
Curriculum Competency Based	<p>(Text) If the curriculum is competency-based, describe the competencies.</p>
Prerequisites	<p>(Text) List the prerequisites.</p>
Total Credit / Curriculum Hours	<p>(Text) Enter the number of credit or curriculum hours.</p>
Total Number of Training Weeks	<p>(Text) Enter the number of weeks needed to complete the program / course.</p>
Training Location	<p>(Text) Enter the street address of the training location.</p>
County	<p>(Drop-down) Select the county where the training is located.</p>
Zip Code	<p>(Text) Enter the ZIP code where the training is located.</p>
Program Length	<p>(Drop-down) Select the program length:</p> <ul style="list-style-type: none"> • Quarter • Semester • Trimester • Other <p>The program length indicates the type of periods for the training. For example, if the training is offered by the semester, but takes two semesters to complete, select Semester. The total length of the training is indicated by Total Credit / Curriculum Hours and / or Total Number of Training Weeks.</p>

Type of Credential	<p>(Checkboxes) Select the type of attainment:</p> <ul style="list-style-type: none"> • Industry certification • Apprenticeship certification • Government License • Associate degree • Baccalaureate degree and above • Community college certification • Secondary school diploma • Employment • Measurable Skills Gain
Type of Financial Aid Offered	(Text) Enter the type of financial aid for which this program is eligible.
Refund Policy	(Text) Enter a description of the provider’s refund policy for this program.
In-State / District Tuition	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If district, name the district.
Out-of-State / District Tuition	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If district, name the district.
Registration Fee	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If the fee is due for each semester and the program is more than one semester, describe.

Books (Estimated)	(Text) Enter the cost.(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If the cost for books is for one semester, and the program is more than one semester, describe.
Supplies / Materials / Hand Tools (Not Included in Tuition)	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. List the supplies, materials, and hand tools required and the student's estimated cost. If the cost is for one semester, and the program is more than one semester, describe. Include all costs: art supplies for art classes, fuel charges for truck driving, etc.
Testing / Exam Fees	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. Indicate when the testing fees are due: before or after the training, and to whom they are paid. For example, network administrator certification exams are administered by a third party and the student is required to pay the third party to take the exam.
Graduation Fees	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost, for example, a diploma fee.
Other	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. List and describe any other costs. If the cost for books is for one semester, and the program is more than one semester, describe.

Certified	(Option buttons) Select Yes or No. If the curriculum is certified by an accrediting entity or national standardization program, select Yes.
Authorizing Entity	(Text) Required if Certified is Yes. Enter the name and / or description of the entity.
Program Type Title	(Display Only) displays the Classification of Instructional Programs (CIP) title after the CIP is selected.
Program Type	(Text) Use the CIP Lookup button to search for and select the Classification of Instructional Programs. The CIP should be provided by the training provider.
Occupation Title (O*Net SOC) Title	(Display Only) Displays the O*NET title after the O*NET is selected.
Occupation Title (O*Net SOC)	(Text) Use the O*NET button to search for and select an occupation for which this program prepares the student.
Hourly Wage 1	(Text) Enter the hourly wage for an entry-level employee in this occupation.
Required Certification 1	(Text) Enter a description of any certifications required to enter employment in this occupation.
Occupation Title (O*Net SOC) Title	(Display Only) Displays the O*NET title after the O*NET is selected.
Occupation Title (O*Net SOC)	(Text) Use the O*NET button to search for and select an occupation for which this program prepares the student.
Hourly Wage 2	(Text) Enter the hourly wage for an entry-level employee in this occupation.
Required Certification 2	(Text) Enter a description of any certifications required to enter employment in this occupation.

5. If the program has already been administered, complete the “Program Performance For All Students” section of the Program Description page (See table for fields and descriptions). Enter only raw numbers OR percentages, not both. The WIOA Participant Performance section is (Display Only) and will be filled in by Local Area Staff. Click **Save/Return**.

Any program that is covered by Higher Education Act (HEA) or is a registered apprenticeship program is not required to complete the Program Performance page for initial eligibility; however, it is encouraged. All programs must complete the Program Performance page to be considered for renewal (subsequent eligibility). If you do not wish to complete the Program Performance page at this time, click **Save/Continue** without making any entries in any of the fields.

 Program Performance

Program Performance - Tower Community College

Any program that is covered by the Higher Education Act (HEA) or is a registered apprenticeship program is not required to submit the following performance data information for initial eligibility. However, it is encouraged.

All programs must complete the following performance data to be considered for renewal (subsequent eligibility).

Any providers requiring assistance acquiring statistical performance information on program participants for the Employed and Average Wage measures may request assistance for UI wage matching. If interested in this assistance, please contact the Local Area contact for instructions.

Enter either raw numbers or percentages, not both.

Gunslingers 101

Program Performance For All Students

Begin Date	<input type="text" value="mm/dd/yyyy"/>
End Date	<input type="text" value="mm/dd/yyyy"/>
Number Participated	<input type="text"/>
Number Completed	<input type="text"/>
Completed Percent	0%
Number Employed After Leaving The Program	<input type="text"/>
Employed Percent	0%
Avg Hourly Wage At Placement:	<input type="text" value="0.00"/>

Do not enter the percentages if Completed and Employed values are entered.

Completed Percent	<input type="text"/>
Employed Percent	<input type="text"/>

WIOA Participant Performance

To be filled in by Local Area Staff

Begin Date	
End Date	
Completed	
Employed	
Employed Percent	0%
Employed > 6 Mo.	
Employed > 6 Mo. Percent	0%
Avg Hourly Wage > 6 Mo.:	0.00
Attained More Skills:	
Attained More Skills Percent:	0%

Do not enter the percentages if Employed, Employed > 6 mo., and Attained More Skills values are entered.

Employed Percent	
Employed > 6 Mo. Percent	
Attained More Skills	

 Program Performance fields and descriptions

Program Performance	
Field	Description
Begin Date	(Text) Enter the program begin date in mm / dd / yyyy format.
End Date	(Text) Enter the program end date in mm / dd / yyyy format.
Number Participated	(Text) Enter the number of students who participated in the program.
Number Completed	(Text) Enter the number of students who completed the program.
Completed Percent	(Display Only) Displays after the number participated and number completed have been entered.
Number Employed After Leaving The Program	(Text) Enter the number of students who entered employment after leaving the program.
Employed Percent	(Display Only) Displays after the number completed and number employed after leaving the program have been entered.
Avg Hourly Wage At Placement	(Text) Enter the average hourly wage students earned at placement.
Completed Percent	(Text) Do not enter a percentage if raw numbers were entered in the Number Participated and Number Completed fields.
Employed Percent	(Text) Do not enter a percentage if raw numbers were entered in the Number Completed and / or Number Participated and the Number Employed After Leaving The Program fields.

6. The Program is added and the Provider Programs page displays.

 Provider Programs

Provider Programs - Tower Community College

To edit an existing program, click the Edit link next to the name you wish to edit. To delete a program, click the Delete link.

Intro to Law Enforcement	Edit	Delete
--------------------------	----------------------	------------------------

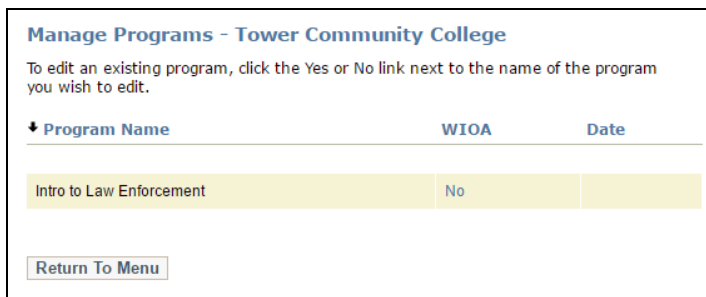
[Add Program](#) [Return To Menu](#)

Manage Programs

WIOA STATUS

The Manage Programs menu option provides functionality for you to manage the status of your programs for the WIOA Eligible Training Provider List. The Manage Programs page has three columns: Program Name, WIOA, and Date. The column headings are sortable and reverse-sortable by clicking the column heading. The arrow next to the column heading indicates how programs are sorted and the sort direction. To sort by another column, click the column heading. For example, if you have multiple programs but want to work with programs that are not WIOA approved, click the WIOA column heading. “Yes” or “No” in this column indicates WIOA Approved YES or WIOA Approved NO. If you want to work with programs for which eligibility will soon expire, click the Date column to sort the programs by approval date. Clicking the Yes or No link in the WIOA column displays the editable Program Description page.

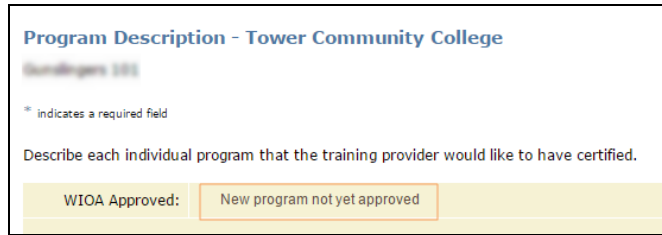
Manage Programs



1. If the program has “No” in the WIOA column and the Date column is blank, the program is a new program that has not been reviewed for WIOA eligibility.
2. If the program has “No” in the WIOA column and a date in the Date column, the program is either Denied or Removed. If the program is Denied, the local and state ETP administrators denied the program because it did not meet the minimum eligibility requirements. If the program is Removed, the local and state ETP administrators removed the program from the ETP list because the eligibility expired. The date in the date column is the status change date: the date the program was denied or removed.
3. If the program has “Yes” in the WIOA column and has a date in the Date column, the program is approved. The date is the date the program was approved. Eligibility expires one year from the approval date.

- To view the Approval status of the program, click a Yes or No link in the WIOA column. The Program Description page displays with a non-editable WIOA status description at the top.

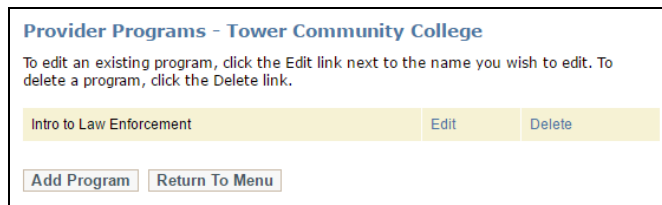
 WIOA Status



VIEW/EDIT/DELETE PROGRAMS

- To manage your program information, add a program, or delete a program, on the Provider Menu, click **Programs**. The Provider Programs page displays. Each program displays with the following links: Edit and Delete.

 Provider Programs



- Click **Edit** to display the editable Program Description page. Edit the information as needed (See drop-down for fields and descriptions).

 Program Description fields and descriptions

Program Description	
Field	Description
WIOA Approved	(Display Only) Displays the status of the program.
Do you wish to apply for WIOA Approval?	(Option buttons) Select Yes or No.

Last Updated	(Display Only) Displays date of last update to the program, not the status. The date of state administrator approval displays on the Provider Programs page. Displays after the page is saved.
This individual program of training services is: (Check all that apply.)	(Checkboxes) Check all that apply: <ul style="list-style-type: none"> • Single Course / Class • Training Program of Multi-Courses • Non-traditional for Women
Local WIB Number	(Display Only) Displays after the page is saved. The Local WIB Number is generated from the ZIP code of the program.
Program Name or Single Course / Class Title	(Text) Enter the name of the program or course.
Program Synopsis	(Text) Enter a brief description of the program: 5,000 character max.
Training Services Delivered By:	(Checkboxes) Check all that apply: <ul style="list-style-type: none"> • Online with a browser • Directly on a computer • Onsite at our location
Training Services Offered When:	(Checkboxes) Check all that apply: <ul style="list-style-type: none"> • Daytime hours • Evening hours • Weekends
Curriculum Competency Based	(Text) If the curriculum is competency-based, describe the competencies.
Prerequisites	(Text) List the prerequisites.

Total Credit / Curriculum Hours	(Text) Enter the number of credit or curriculum hours.
Total Number of Training Weeks	(Text) Enter the number of weeks needed to complete the program / course.
Training Location	(Text) Enter the street address of the training location.
County	(Drop-down) Select the county where the training is located.
Zip Code	(Text) Enter the ZIP code where the training is located.
Program Length	<p>(Drop-down) Select the program length:</p> <ul style="list-style-type: none"> • Quarter • Semester • Trimester • Other <p>The program length indicates the type of periods for the training. For example, if the training is offered by the semester, but takes two semesters to complete, select Semester. The total length of the training is indicated by Total Credit / Curriculum Hours and / or Total Number of Training Weeks.</p>

Type of Credential	<p>(Checkboxes) Select the type of attainment:</p> <ul style="list-style-type: none"> • Industry certification • Apprenticeship certification • Government License • Associate degree • Baccalaureate degree and above • Community college certification • Secondary school diploma • Employment • Measurable Skills Gain
Type of Financial Aid Offered	(Text) Enter the type of financial aid for which this program is eligible.
Refund Policy	(Text) Enter a description of the provider’s refund policy for this program.
In-State / District Tuition	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If district, name the district.
Out-of-State / District Tuition	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If district, name the district.
Registration Fee	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If the fee is due for each semester and the program is more than one semester, describe.

Books (Estimated)	(Text) Enter the cost.(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. If the cost for books is for one semester, and the program is more than one semester, describe.
Supplies / Materials / Hand Tools (Not Included in Tuition)	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. List the supplies, materials, and hand tools required and the student's estimated cost. If the cost is for one semester, and the program is more than one semester, describe. Include all costs: art supplies for art classes, fuel charges for truck driving, etc.
Testing / Exam Fees	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. Indicate when the testing fees are due: before or after the training, and to whom they are paid. For example, network administrator certification exams are administered by a third party and the student is required to pay the third party to take the exam.
Graduation Fees	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost, for example, a diploma fee.
Other	(Text) Enter the cost.
[Description]	(Text) Enter a description of the cost. List and describe any other costs. If the cost for books is for one semester, and the program is more than one semester, describe.

Certified	(Option buttons) Select Yes or No. If the curriculum is certified by an accrediting entity or national standardization program, select Yes.
Authorizing Entity	(Text) Required if Certified is Yes. Enter the name and / or description of the entity.
Program Type Title	(Display Only) displays the Classification of Instructional Programs (CIP) title after the CIP is selected.
Program Type	(Text) Use the CIP Lookup button to search for and select the Classification of Instructional Programs. The CIP should be provided by the training provider.
Occupation Title (O*Net SOC) Title	(Display Only) Displays the O*NET title after the O*NET is selected.
Occupation Title (O*Net SOC)	(Text) Use the O*NET button to search for and select an occupation for which this program prepares the student.
Hourly Wage 1	(Text) Enter the hourly wage for an entry-level employee in this occupation.
Required Certification 1	(Text) Enter a description of any certifications required to enter employment in this occupation.
Occupation Title (O*Net SOC) Title	(Display Only) Displays the O*NET title after the O*NET is selected.
Occupation Title (O*Net SOC)	(Text) Use the O*NET button to search for and select an occupation for which this program prepares the student.
Hourly Wage 2	(Text) Enter the hourly wage for an entry-level employee in this occupation.
Required Certification 2	(Text) Enter a description of any certifications required to enter employment in this occupation.

3. If the program has already been administered, complete the “Program Performance For All Students” section of the Program Description page (See table for fields and descriptions). Enter only raw numbers OR percentages, not both. The WIOA Participant Performance section is (Display Only) and will be filled in by Local Area Staff. Click **Save/Return**. The Program is added and the Provider Programs page displays.

Any program that is covered by Higher Education Act (HEA) or is a registered apprenticeship program is not required to complete the Program Performance page for initial eligibility; however, it is encouraged. All programs must complete the Program Performance page to be considered for renewal (subsequent eligibility). If you do not wish to complete the Program Performance page at this time, click **Save/Continue** without making any entries in any of the fields.

 Program Performance fields and descriptions

Program Performance	
Field	Description
Begin Date	(Text) Enter the program begin date in mm / dd / yyyy format.
End Date	(Text) Enter the program end date in mm / dd / yyyy format.
Number Participated	(Text) Enter the number of students who participated in the program.
Number Completed	(Text) Enter the number of students who completed the program.
Completed Percent	(Display Only) Displays after the number participated and number completed have been entered.
Number Employed After Leaving The Program	(Text) Enter the number of students who entered employment after leaving the program.
Employed Percent	(Display Only) Displays after the number completed and number employed after leaving the program have been entered.

Avg Hourly Wage At Placement	(Text) Enter the average hourly wage students earned at placement.
Completed Percent	(Text) Do not enter a percentage if raw numbers were entered in the Number Participated and Number Completed fields.
Employed Percent	(Text) Do not enter a percentage if raw numbers were entered in the Number Completed and / or Number Participated and the Number Employed After Leaving The Program fields.

4. Click **Save / Return** to save the information and return to the Provider Programs page
5. Click **Return** to return to the Provider Programs page without saving.
6. Click **Delete** to delete the program. A delete confirmation page displays. Click **Delete** to delete the program. Click **Cancel** to return to the Provider Programs page without deleting the program.

Glossary

A

AJL

America's JobLink. America's JobLink is a web-based job-matching and labor market information system used by workforce development agencies.

AJLA

America's Job Link Alliance. America's Job Link Alliance (AJLA) is an alliance of workforce organizations partnering to produce high-quality information technology, while maximizing the return on investments for members. Our products empower workforce agencies to deliver exceptional customer service and drive the economy by connecting employers and job seekers.

AJLA-TS

America's Job Link Alliance-Technical Support. America's Job Link Alliance-Technical Support (AJLA-TS) serves as the national information systems development and support center for America's JobLink Alliance (AJLA). AJLA-TS helps state and local workforce agencies meet the needs of today's customers by providing intuitive, integrated information technology solutions and exceptional technical support.

B

BLS

Bureau of Labor Statistics. The BLS is the principal fact-finding agency for the Federal Government in the broad field of labor economics and statistics.

C

CIP

Classification of Instructional Programs. The CIP provides a taxonomic scheme that supports the accurate tracking and reporting of fields of study and program completions activity.

CIS

Career Information Systems. Provides comprehensive career information, resources, and services to help job seekers make successful education and career decisions.

D

DOT

Dictionary of Occupational Titles. The Dictionary of Occupational Titles, the reference work published by the USES which contains brief, non-technical definitions of U.S. job titles, distinguishing number codes, and worker trait data.

E

EEO

Equal Employment Opportunity. The U.S. Equal Employment Opportunity Commission (EEOC) enforces federal laws prohibiting workplace discrimination. The EEOC was created by the Civil Rights Act of 1964. The employment section of the Civil Rights Act of 1964, known as Title VII, prohibits discrimination based on race, color, national origin, sex, and religion, and also prohibits employers from retaliating against any employee who exercises his or her rights under Title VII.

EFL

Educational Functional Level. Descriptors of what a typical student functioning at a specified Adult Basic Education Level should be able to do, as defined by the National Reporting System.

EIN

Employer Identification Number. An EIN is a nine-digit number (for example, 12-3456789) assigned to sole proprietors, corporations, limited liability companies (LLC), partnerships, estates, trusts, and other entities for tax filing and reporting purposes.

ELL

English Language Learner. Those who do not use English as their primary language.

ESL

English as a Second Language

ETA

Employment and Training Administration. The Employment and Training Administration (ETA) administers federal government job training and worker dislocation programs, federal grants to states for public employment service programs, and unemployment insurance benefits. These services are primarily provided through state and local workforce development systems.

ETP

Eligible Training Provider. The Workforce Investment Act (WIA) of 1998 requires training providers to apply to a Local Workforce Development Board (Board) for certification to receive WIA/WIOA funds.

F

FEIN

Federal Employer Identification Number. See EIN.

L

LEP

Limited English Proficiency. LEP.gov promotes a positive and cooperative understanding of the importance of language access to federally

conducted and federally assisted programs.

LMI

Labor Market Information. The body of knowledge pertaining to the socio-economic forces influencing the employment process in specific labor market areas. These forces, which affect labor demand-supply relationships and define the content of the LMI program, include population and growth characteristics, trends in industrial and occupational structure, technological developments, shifts in consumer demands, unionization, trade disputes, retirement practices, wage levels, conditions of employment, training opportunities, job vacancies, and job search information.

N

NAICS

North American Industry Classification System. NAICS is the standard used by federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

O

O*NET

Occupational Network (database). The O*NET system serves as the nation's primary source of occupational information, providing comprehensive information on key attributes and characteristics of workers and occupations. The O*NET database houses this data and O*NET OnLine provides easy access to that information.

OSSY

Out-of-School Youth

P

PACIA

Performance Accountability & Customer Information Agency. The Agency designated by the Governor to be responsible for coordinating the state's

program for assessing state and local program performance, and evaluating training provider performance as required by the WIA.

Program

A funded activity which contains a specific set of eligibility criteria for determining the level of job seeker participation and provides a defined set of available services. Funding sources may be public and/or private and include: LE, WIA, SCSEP, TAA, RES, SRS, MSFW, and related activities.

R

Registered Apprenticeship

Registered Apprenticeship is a program of the United States Department of Labor that connects job seekers looking to learn new skills with employers looking for qualified workers.

S

SEIN

State Employer Identification Number. You must obtain a State Employer Identification Number if you pay wages to one or more employees; if your business is a corporation and you are an employee of the corporation (recommended so you can obtain all the tax free and deductible corporate fringe benefits); or if you are a sole owner and the sole employee of your business. Getting an SEIN is not required as long as you report the financial results of your business on Form 1040, Schedule C. The IRS and the Social Security use your social security number to track self-employment tax.

SIC

Standard Industrial Classification. The Standard Industrial Classification Codes that appear in a company's disseminated EDGAR filings indicate the company's type of business. The Standard Industrial Classification was replaced by the North American Industry Classification System (NAICS) starting in 1997, but several data sets are still available with SIC based data. Both SIC and NAICS classify establishments by their primary type of activity.

SOC

Standard Occupational Classification. The 2000 Standard Occupational Classification (SOC) system is used by Federal statistical agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of over 820 occupations according to their occupational definition. To facilitate classification, occupations are combined to form 23 major groups, 96 minor groups, and 449 broad occupations. Each broad occupation includes detailed occupation(s) requiring similar job duties, skills, education, or experience.

SSN

Social Security Number

T

TEGL

Training and Employment Guidance Letter

U

USDOL

United States Department of Labor. The mission of the USDOL is to foster, promote, and develop the welfare of the wage earners, job seekers, and retirees of the United States; improve working conditions; advance opportunities for profitable employment; and assure work-related benefits and rights.

USES

United States Employment Service. The component of the Employment and Training Administration of DOL which was established under the Wagner-Peyser Act of 1933 to promote and develop a national system of public job service offices.

W

WIA

Workforce Investment Act. In 1998, Congress passed the Workforce Investment Act (WIA), replacing the Job Training Partnership Act (JTPA) as the largest single source of federal funding for workforce development activities. WIA was to create a universal access system of one-stop career centers, which would provide access to training and employment services for a range of workers, including low-income adults, low-income youth, and dislocated workers.

WIASRD

Workforce Investment Act Standardized Record Data. Annual report of participant and exiter demographic, participation, exit and outcome information

WIOA

Workforce Innovation and Opportunity Act

WRIS

Wage Record Interchange System. The Wage Record Interchange System (WRIS) is a clearinghouse for state wage data that allows states to track the wage records of individuals who have participated in state workforce investment programs, then subsequently left the state, for performance reporting purposes. By participating in WRIS, states have a more robust picture of the effectiveness of their workforce investment programs, and are able to report more comprehensive outcomes against their performance measures.