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# WIOA Bulletin No. 10-16 Change 1

**DATE:** July 3, 2018

**TO:** WIOA Partners

SUBJECT: Eligible Training Provider Policies

# PURPOSE

This bulletin updates the policies and procedures of the statewide Eligible Training Provider List (ETPL) in Hawaii. The procedures describe the roles and responsibilities of the Workforce Development Council (WDC) and the Local Workforce Development Boards (LWDBs) in managing Hawaii's ETPL and training providers delivering services to students. The Workforce Innovation and Opportunity Act (WIOA) emphasizes informed customer choice, performance accountability, and continuous improvement. This directive establishes the State eligibility criteria and processes for initial and subsequent determinations for training providers approved to receive Workforce Innovation and Opportunity Act (WIOA) funds, and adds new performance and Registered Apprenticeship information requirements. These policies and procedures may change as Federal and State requirements are modified.

While LWDBs must address the provisions in these policies and procedures, they may develop stricter application, eligibility, renewal and termination processes to ensure quality training in their local areas. Each LWDB shall establish ETPL policies and procedures for their respective local areas; including either developing a local area specific ETPL application or adopting the sample application provided by WDC (Appendix A). Each LWDB must also establish the indemand industries and in-demand jobs that qualify for the ETPL in the local area policy. LWDBs must also ensure that Local Plans include their ETPL policies and procedures.

# BACKGROUND

WDC must establish procedures for use by LWDBs in determining the initial and subsequent eligibility of public and/or private training providers to be included on the statewide ETPL and receive funds from Individual Training Accounts (ITAs) to pay for training of WIOA eligible participants. WDC is required to develop and operate the ETPL in partnership with LWDBs. The ETPL is designed to gather and display useful information on training providers, their services and the quality of their programs so that customers can make informed choices.

LWDBs receive applications from training providers, determine if the applicant meets State and local criteria for listing, and forwards information on those providers who meet these criteria to WDC.

WDC accepts and verifies certain information forwarded by LWDBs on training providers, compiles them into a comprehensive state list (the ETPL), and disseminates the ETPL with cost information. The official Hawaii ETPL is available online at <a href="http://labor.hawaii.gov/wdc/">http://labor.hawaii.gov/wdc/</a>.

An American Job Center (AJC) may issue an ITA to a WIOA-eligible individual (out-of-school youth age 16-24 or an adult or dislocated worker) to fund training services. The training provider must be selected from those listed on the ETPL (exceptions are listed in WIOA Section 122 (h)). The eligible individual can then compare the offerings on the ETPL, and with the assistance of AJC staff, select the most appropriate training program. The AJC may also contract with an ETPL provider for cohort training (20 *Code of Federal Regulations* Section 680.320 (a)(4)) if the following occurs: 1) the LWDB determines it would facilitate the training of multiple individuals in demand occupations; and 2) the contracts do not limit customer choice.

# I. General Provisions

# A. <u>Definitions</u>

- 1. **Program of Training Services** is defined (20 CFR § 680.420) as one or more courses or classes, or a structured regimen that leads to one of the following:
  - a. A recognized post-secondary credential, secondary school diploma or its equivalent.
  - b. An industry-recognized certificate or certification, a certificate of completion of a registered apprenticeship, a license recognized by the State or the Federal government, an associate or baccalaureate degree.
  - c. Employment.
  - d. Measurable skill gains toward such a credential or employment.
  - e. These training services could be delivered in person, on-line, or in a blended approach.
- 2. **Completion** is defined as successfully completing an activity and attaining the skills competencies, certification, license, credential, degree, or employment associated with the activity in the customer's employment plan.
- 3. **Exit** is defined (20 CFR § 677.150) as the status of a customer who has not received a WIOA service for 90 days and for whom no future services are planned. "Service" does not include self-service, information-only activities or follow-up services. AJC staff may "close" a case and enter completion and employment information in HireNet Hawaii, but "exits" occur automatically after 90 days of no service.
- 4. Individuals with barriers to employment (20 CFR § 680.320) include those individuals in one or more of the following categories: displaced homemakers; low-income individuals; Indians, Alaska Natives and Native Hawaiians; individuals with disabilities; older individuals; ex-offenders; homeless individuals; youth who are in or have aged out of the foster care system; individuals who are English learners, have low literacy levels, or face substantial cultural barriers; eligible migrant seasonal farmworkers (MSFW); individuals within two years of exhausting lifetime eligibility under Temporary Assistance for Needy Families (TANF); single-parents (including single pregnant women); long-term unemployed individuals; and members of other groups identified by WDC.
- 5. **In-demand** refers to occupations, industry sectors or clusters, or career pathways that have been identified in the Unified State Plan or the Local Plan for the area, as emerging, growing, a priority for local workforce partners, or otherwise having the best job prospects due to the workforce needs or hiring demands of employers.
- 6. **Pre-apprenticeship Skills Training** is defined (20 CFR § 681.480) as a program or set of strategies designed to prepare individuals to enter and succeed in registered apprenticeship programs, and that has a documented partnership (letter of commitment) with at least one, if not more, approved apprenticeship program sponsor.

Such pre-apprenticeship programs should possess or develop a record of enrolling their preapprenticeship graduates into a registered apprenticeship or other types of employment and training programs serving target populations.

# B. ETPs and Youth

WIOA Title I youth funds can be used with ETPs for the provision of training services to out-of-school youth, ages 16 to 24, when appropriate and in accordance with the LWDB's policy on ITAs (WIOA  $\S134(c)(3)(F)(iii)$ ). When using youth funds for ITAs, the ETPL must be used. (20 CFR § 681.550).

#### C. Types of Training to which these Procedures Apply (WIOA Section 134; 20 CFR § 680.200)

In order for a provider of training services to receive WIOA funds, its program(s) must be listed on the ETPL. These programs may provide training services, such as the following:

- 1. Occupational skills training, including training for non-traditional employment and training that integrates English-language and math instruction needed to succeed on the job.
- 2. Programs that combine workplace training with related instruction, which may include cooperative education programs.
- 3. Training programs operated by the private sector.
- 4. Skill upgrading and retraining.
- 5. Entrepreneurial training.
- 6. Apprenticeship and Pre-Apprenticeship Skills Training.

#### D. <u>Special Circumstances - Exemptions</u>

There are some training programs that are exempt from direct application to the ETPL or are subject to special ETPL policy provisions. These exceptions include the following:

- 1. On-the-Job Training, Customized Training, Incumbent Worker Training, Internships, Paid or Unpaid Work Experience and Transitional Employment.
- 2. Instances where the LWDB determines that:
  - a. There is an insufficient number of ETPs in the local area.
  - b. There is an effective training program offered in the local area by a community-based or private organization serving individuals with barriers to employment; or
  - c. That it would be most appropriate to award a contract to an institution of higher education or other eligible provider to facilitate the training of multiple individuals in in-demand industry sectors or occupations, provided customer choice is not limited; or
  - d. When a LWDB provides training services through a pay-for-performance contract. Institutions of higher education, such as community colleges, do not need to be on the state's ETPL to provide training through direct contract with a LWDB [20 CFR § 680.320 (a)(4)].
- 3. For exempted programs, WDC reserves the right to:
  - a. Require One-Stop Operators in a local area to collect performance information; and
  - b. Determine whether the providers of the exempted programs meet the information requirements and eligibility criteria described in this Policy. Exempted providers that meet the requirements and criteria are considered ETPs. [WIOA §122(h)(1); TEGL 41-14]

# **II.** Provider Application Policy and Procedures

WDC, LWDBs, and providers shall use the process outlined in Appendix B to establish the eligibility of Training Providers to receive WIOA funds before WIOA participants are enrolled into their programs:

# A. Eligibility for New Providers

- 1. New providers must be evaluated based on the requirements set forth in WIOA, as follows:
  - a. Providers must submit an application to the LWDBs for the training program(s) they wish to offer. In addition to any local requirements, providers must provide the information outlined in "III. D. Business and WIOA Requirements" and any other information required by the LWDB; and agree to submit student and performance data as listed in Appendices C and D. Timelines and deadlines for the submission of data will be issued at a later date.
  - b. Providers are eligible only for programs that qualify and are approved by WDC and LWDBs.
- 2. Providers must submit evidence of accreditation and/or licensure from the appropriate state or other governing body (see Section III.B. Licensing).
- 3. Distance learning programs are eligible only when offered by institutions that are fully accredited by a recognized accrediting body (see Section III. E. Technology-Based Learning).
- 4. Initial eligibility is limited to a period of one (1) fiscal year for each approved program. "Fiscal year" is defined as the 12-month period commencing on the date when initial eligibility is approved for the applicable program. [WIOA Section 122(a)(4)(B), TEGL 41-14]
- 5. LWDBs are responsible for the retention of the original hard copy of the ETP application and must have them available for monitoring.
- 6. The LWDB shall provide a written notice of determination of acceptance or rejection of an initial application to an applying entity within thirty (30) calendar days of the receipt of the completed initial eligibility determination application. [WIOA Section 122(c)(1)]
- 7. The LWDB policy shall determine the circumstances under which reconsideration of an application may be afforded to an entity whose initial application was denied. [WIOA Section 122(c)(1)]

# B. Apprenticeship Programs

In Hawaii, the apprenticeship program and its sponsor must be registered (approved) by the United States Department of Labor (USDOL) Office of Apprenticeship or the State Department of Labor and Industrial Relations Workforce Development Division (WDD). The federal DOL is responsible for apprenticeship programs on federal property such as Pearl Harbor Naval Shipyard, and WDD is responsible for other apprenticeship programs. For a list of construction and non-construction apprenticeship programs and their sponsors that are registered (approved) by WDD, go to: <a href="http://labor.hawaii.gov/wdd/home/job-seekers/apprenticeship/type-of-apprenticeships-available//">http://labor.hawaii.gov/wdd/home/job-seekers/apprenticeship/type-of-apprenticeships-available//</a>

- 1. Registered Apprenticeship programs are automatically qualified for the ETPL as long as the program remains registered with the United States Department of Labor Office of Apprenticeship, WDD, or until the program asks to be removed from the ETPL by notifying WDC by email at: <u>dlir.workforce.council@hawaii.gov</u>.
- 2. Registered Apprenticeship sponsors who wish to be listed on the ETPL will send a completed application to WDC by email at <u>dlir.workforce.council@hawaii.gov</u>. The application may be found at: <u>https://labor.hawaii.gov/wdc/add-a-registered-apprenticeship-program-to-the-eligible-training-provider-list</u>/. The following information is needed:
  - a. Occupations included within the Registered Apprenticeship program;
  - b. The name and address of the Registered Apprenticeship program sponsor;
  - c. The name and address of the Related Technical Instruction provider, and the location of instruction if different from the program sponsor's address;
  - d. The method and length of instruction; and,
  - e. The number of active apprentices.
- 3. At the end of each program year, WDC will ask WDD for a list of all Registered Apprenticeship programs that were either voluntarily or involuntarily deregistered. These programs will be removed from the list.
- 4. Registered Apprenticeship program sponsors that do not provide the Related Technical Instruction portion of the apprenticeship program may be required to submit additional information about their educational provider, including the cost of instruction.

5. Pre-apprenticeship programs do <u>not</u> automatically qualify for the ETPL. They are subject to the same requirements as regular ETPs.

# C. University of Hawaii System

- 1. The University of Hawaii (UH) System is exempt from the Hawaii Compliance Express, proof of liability insurance, and proof of accreditation requirements.
- 2. All programs proposed by the UH System must meet the criteria set by the LWDBs and WDC; and the information in IV.A. and B. must be provided. Programs must also meet the all performance criteria and standards set by the LWDBs and WDC.
- 3. All programs are responsible for submitting performance reports or for ensuring that the program is participating in a system that submits reports to WDC.
- 4. A sample UH System application is provided as Appendix E. LWDBs may adopt this application or develop a local area specific application.

# D. <u>Renewal of Eligibility</u>

- 1. The provider must renew its eligibility and establish continued eligibility for each approved program to continue receiving WIOA funds after the program's one-year period of initial eligibility ends. [WIOA § 122(c)(2)]
- 2. Thereafter, providers must contact the Local Board(s) every two years to renew each program's continued eligibility to receive WIOA funds. [WIOA § 122(c)(2)]

# III. Criteria to Become an Eligible Training Provider

# A. <u>Types of Training Providers</u>

Training providers must meet one of the following criteria to be eligible for the ETPL:

- 1. Higher education institutions that provide a program that leads to a recognized post-secondary credential;
- 2. Registered Apprenticeship programs under the National Apprenticeship Act;
- 3. Public or private training providers, which may include:
  - a. joint labor-management organizations; and
  - b. adult education and literacy providers if services are provided with occupational skills training;
- 4. LWDBs, if they meet the conditions of WIOA § 107(g)(1); and
- 5. Community-Based Organizations (CBOs) or private organizations of demonstrated effectiveness under contract with the LWDB.

# B. <u>Licensing</u>

Hawaii requires significant consumer protection through its licensing requirements. Training providers must be licensed by the appropriate Hawaii or Federal licensing authority, as required by law.

- 1. Training providers must be licensed or certified by the appropriate governing board or agency. Specific occupations have governing boards that issue licenses, such as the Hawaii Board of Barbering and Cosmetology or the Hawaii Motor Vehicle Repair Industry Board. Other occupations, such as Nurse Aide, are certified through entities contracted by the State Department of Commerce and Consumer Affairs, and pilots or aviation schools are approved by the Federal Aviation Administration (FAA).
- 2. Trade, vocational, or technical schools are usually licensed by the Hawaii Department of Education (HIDOE) unless they are exempt or accredited by another recognized entity.

Accredited post-secondary institutions with a physical presence in the state are authorized by the Hawaii Post-secondary Education Authorization Program (HPEAP), see the HPEAP website and Hawaii Administrative Rules Title 8 Chapter 101.

- 3. Private post-secondary training providers, who apply for a Hawaii Private Postsecondary license and are denied due to a determination that the training program is not vocational in nature, are not eligible to be listed on the ETPL.
- 4. Training providers that provide adult education and literacy activities in combination with occupational skills training are not required to be licensed. However, the provider of the occupational skills training must be licensed if a training license is required by law.
- 5. Apprenticeships are not licensed but must be registered with WDD.

# C. <u>Training Courses Exempt from State Department of Education Licensure</u>

- 1. Schools maintained or classes conducted by employers for their own employees where no fee or tuition is charged;
- 2. Courses of instruction given by a fraternal society, benevolent order, or professional organization to its members and which are not operated for profit;
- 3. Flying schools qualified under the Federal Aviation Administration;
- 4. Classes conducted for fewer than five students at one time and the same time;
- 5. Classes or courses of instruction which are conducted for twenty or fewer class sessions during any twelve-month period;
- 6. Vocational, hobby, recreation, or health classes or courses;
- 7. Courses of instruction on religious subjects given under the auspices of a religious organization; or
- Schools registered by the State Department of Commerce and Consumer Affairs. [Eff 12/1/87; comp 3/15/01] (Auth: HRS §302A-101, §302A-424, §302A-427) (Imp: HRS §302A-1112, §302-A-101, §302-A-424, §302A-425)

# D. Business and WIOA Requirements

Training providers must:

- 1. Meet the requirements of the Hawaii Post-Secondary Education Authorization Program (HPEAP), Hawaii Revised Statutes Chapter 305J. Refer to: <u>http://cca.hawaii.gov/hpeap/</u>
- 2. Be a legal entity, registered to do business in Hawaii.
- 3. Be current with tax obligations as required by Hawaii Revised Statutes 103D-310(c) and verified by a "Certificate of Vendor Compliance" issued by Hawaii Compliance Express, https://vendors.ehawaii.gov/hce/splash/welcome.html.
- 4. Obtain from a company authorized by law to issue such insurance in the State of Hawaii, commercial general liability insurance in an amount of at least two million dollars (\$2,000,000) coverage for bodily injury and property damage resulting from the provider's performance as a training provider. The provider shall maintain in this liability insurance in effect until the provider is removed from the ETPL AND WIOA participants have exited all programs sponsored by the provider. The provider shall provide to the LWDB a certificate of liability insurance with the provider's ETPL application. The certificate shall provide that the State of Hawaii, the City and County of Honolulu, the County of Hawaii, the County of Maui, the County of Kauai and their officers and employees are Additional Insureds.
- 5. Not be associated with occupations that pay commission only and **not** be debarred by the state or the federal government as they would not be eligible to be included on the ETPL.
- 6. Have provided training for at least one year at the time of application, and have a proven track record of students successfully completing the programs and meeting all state performance standards. Training providers that have been training in another state for more than a year, and have recently opened a new campus in Hawaii do not need to train a year in Hawaii to be listed on the ETPL. Registered Apprenticeships do not need to complete a year of training participants

to be eligible for the ETPL.

- 7. Have at least five (5) students enrolled in a program for the minimum performance standards to be used in determining eligibility.
- 8. Have refund policies specifying when refunds for tuition and other costs associated with the training program will be allowed. Refund policies that indicate that no refunds will be made are not acceptable. Refund policies must be written and published so that students are aware of how to request a refund.
- 9. Have a grievance policy which provides for due process for students to file complaints with an organization against faculty, staff, or other college employees. Grievance policies must be written and published so that students are aware of how to file a complaint.
- 10. Agree to payment policies and procedures determined by the LWDBs.
- 11. Offer training programs that:
  - a. Relate to in-demand industry sectors and occupations in Hawaii;
  - b. Are aligned with industry sector strategies and career pathways; and
  - c. Are job driven.
- 12. Comply with all non-discrimination and equal opportunity provisions of WIOA Section 188 and all other applicable federal and state laws.
- 13. Provide the information and documentation requested on the "Eligible Provider List Application Form."

# E. <u>Technology-Based Learning</u>

LWDBs must ensure access to training services throughout the State, including rural areas, by approving programs that use technology-based learning and meet all State and local requirements. Training providers using technology-based learning, also referred to as distance, online, web-based or computer-based learning, must meet the following requirements:

- 1. Have a mechanism for student interaction with an instructor or instructors;
- 2. Ensure periodic assessment of each student;
- 3. Because the student and teacher are not place- or time-bound in distance learning/on-line training programs, providers must have a policy describing the responsibilities of each party in the distance learning experience;
- 4. Have a mechanism to track students' participation in the ETPL training program; and
- 5. Comply with any additional requirements of the LWDB.

# F. Other Eligibility Factors

At a minimum, eligibility criteria must include performance expectations. Standards for performance are set by WDC and the LWDBs. Providers must submit accurate and timely data, as listed on Appendices C and D, for all students, not just WIOA participants, in their classes. Program-specific performance data will be verified by WDC at these points:

- when reviewing an application for initial eligibility; and
- every twenty-four (24) months following a determination of continued eligibility (*i.e.*, when reviewing an application for renewal of continued eligibility).

WDC will also consider the following factors when determining the eligibility of training providers:

- 1. Information reported to state agencies on federal and state training programs other than those provided under WIOA;
- 2. Record of submitting timely and accurate performance reports; and
- 3. Other factors as needed.

# G. ETPL Performance Standards

The following performance measures will be used in determining the standards for training programs to be included on the ETPL. LWDBs may identify additional measures and/or may propose standards that are higher than the State standards. The State will issue standards at a later date.

- 1. Unsubsidized employment during the second (2<sup>nd</sup>) quarter after exit;
- 2. Unsubsidized employment during the fourth (4th) quarter after exit;
- 3. median earnings of students who are in unsubsidized employment during the 2<sup>nd</sup> quarter after exit; and
- 4. The credential attainment rate.

# H. Evaluation Period

The evaluation period is at minimum the last two program years, which begins July 1st and ends June 30th of the second year.

# **IV. Required Program Information**

# A. The provider must provide the following information for <u>each</u> program:

- 1. Name of training program;
- 2. Classification of Instructional Programs (CIP) Code (https://nces.ed.gov/ipeds/cipcode);
- 3. CIP Name;
- 4. The in-demand industry sector or occupation that the program serves;
- 5. A brief description of the program;
- 6. Method of instruction (classroom, distance learning, or classroom and distance);
- 7. Description of business or employer partnership in relation to the program;
- 8. Credential earned ("postsecondary credential" refers to an industry-recognized certificate or certification, a certificate of completion of an apprenticeship, a license recognized by the State or Federal Government, or an associate or baccalaureate degree (WIOA Sec. 3(50)));
- 9. Length in weeks;
- 10. Total hours;
- 11. Training program website; and
- 12. Phone number of program contact.

# **B.** Performance Reports

Training providers must annually submit performance data to WDC. Details on the process to submit the data and the specific data will be provided at a later date. It is suggested that providers begin to develop a process to collect student data.

Beginning July 1, 2018, the provider must compile student demographic information and performance data as detailed in Appendices C and D for submission by September 30 after the first full year for performance calculation.

Performance results will be made available for all programs on the ETPL to provide customer choice information for WIOA participants. At a minimum, the following levels of performance achieved by all students in all programs on the ETPL will be made available for public distribution. Data must include all WIOA and non-WIOA students who participated in each training program [WIOA § 116(d)]:

- 1. The percentage of students in unsubsidized employment during the 2<sup>nd</sup> quarter after exit from the program;
- 2. The percentage of students in unsubsidized employment during the 4<sup>th</sup> quarter after exit from the program;
- 3. The median quarterly earnings of students in unsubsidized employment during the 2<sup>nd</sup>

quarter after exit from the program;

- 4. The percentage of students who obtain a recognized postsecondary credential or a secondary school diploma or its equivalent (GED or HiSet) during participation or within a year after exit (a secondary school diploma or its equivalent is only counted if the student is also employed or enrolled in another education or training program leading to a recognized postsecondary credential within one (1) year after exit); and
- 5. The total number of individuals that successfully complete the program of study or equivalent.

#### V. Notice of Ineligibility

In rare cases, providers can be or become ineligible, and not placed on or be taken off the ETPL for reasons, such as failure to meet standards, submitting inaccurate information, or other violations of WIOA requirements.

#### A. Application or Initial Eligibility Denials

A training provider or program may be denied initial eligibility for the following reasons:

- 1. The application is not complete or information was not provided in a timely manner.
- 2. The training program does not meet the WIOA definition of training services, which is a program of one or more courses or classes or a structured regimen that leads to:
  - a. A recognized post-secondary credential, secondary school or equivalent;
  - b. Employment, or
  - c. A measurable skill gain toward such a credential or employment.
- 3. The training program does not result in a federally or locally recognized credential.
- 4. Performance data is not included with the application or does not meet the minimum performance measures.
- 5. The training program does not support occupations in demand within the local area.
- 6. The training provider is not in compliance with the WIOA statute, regulations, or any agreement executed under WIOA.
- 7. WDC or LWDB determines that the training provider intentionally supplied inaccurate information.

#### B. Reapplication

When a training provider or program is denied for any reason other than lack of documentation or information, the provider must wait six months to reapply.

#### C. Denial or Termination Notice

Within 10 days after a LWDB determines that a training provider's application does not meet the eligibility criteria, or that a provider's eligibility should be terminated, the LWDB shall issue a denial or termination notice to the training provider. A notice shall be issued listing each training program denied or terminated.

- 1. The notice shall be mailed to the training provider at the address listed on the application and to the attention of the contact person identified on the application. The notice shall clearly:
  - a. Display the "date mailed;"
  - b. Identify the program that was denied or terminated;
  - c. State specific reason(s) for the action; and
  - d. State that the training provider has the right to appeal to the LWDB within 14 calendar days of the date the notice is mailed.
- 2. The LWDB shall send a copy of the notification to WDC.

# VI. Removal from the ETPL

# A. <u>Removal of Training Programs</u>

A training program may be removed from the ETPL for the following reasons:

- 1. WDC or LWDB determines that the training provider supplied inaccurate information.
- 2. The training program no longer meets the WIOA definition of occupational skills training.
- 3. The program does not meet minimum performance standards. If there were no WIOA participants in the training program during the past year, there will be no performance data to review for continued eligibility. The Local Board must examine the demand for the related occupation to determine if there is still local demand for it and decide whether to keep the program on the ETPL for another year. If no WIOA participants enroll in the training program for more than two years, it may be removed from the ETPL.

# B. <u>Removal of Training Providers</u>

Training providers determined by the LWDB to have intentionally supplied inaccurate information or to have substantially violated any provision of Title I of WIOA or WIOA regulations, including 29 CFR Part 38, must be removed from the ETPL, in accordance with the enforcement provisions of WIOA Section 122(f). A provider who is terminated under these conditions must be terminated for no less than two (2) years and is liable to pay all Youth, Adult and Dislocated Worker training funds it received during the period of non-compliance. [20 CFR § 680.480]

Training providers may also be removed for the following reasons:

- 1. All of a training provider's programs have been removed.
- 2. The training provider has not maintained required licenses and liability insurance, or is found to be noncompliant with the training providers' assurances.
- 3. The training provider is found knowingly to make false claims to prospective participants about costs or WIOA eligibility.

# C. <u>Removal Due to Higher Performance Standards</u>

Local areas that have implemented higher performance standards may remove programs that have not met requirements based on their local ETPL policy for removal of programs.

# VII. Appeal Procedure

To appeal a termination or denial of eligibility, the training provider must file the written appeal with the LWDB within 14 calendar days of the date the notice was mailed. Throughout this appeal procedure, "LWDB" refers to "the LWDB or its designee."

# A. Administrative Reconsideration

Within 10 working days of receiving the appeal, the LWDB shall review the appeal and may reverse the original decision if an administrative error was made, or if additional information from the training provider changes the basis of the original decision.

- 1. If the LWDB reverses its prior decision of termination or denial of eligibility, the LWDB shall:
  - a. Forward the written decision, with the basis for the decision, and a copy of the appeal file to WDC;
  - b. Notify the training provider in writing of the decision and its basis, and that the LWDB has notified WDC; and

- c. Return the provider to the Initial or Renewal Eligibility process.
- 2. If the LWDB determines to continue to deny eligibility, the LWDB shall:
  - a. Inform the training provider in writing of its decision to deny reversal of the original decision, including a basis for that denial; and
  - b. Provide the training provider with information regarding the formal appeals process.

# B. Formal Appeal

- 1. Within 14 calendar days from the mailing date of the decision from 2.a. above, the training provider may file a formal appeal with the DLIR's Employment Security Appeals Referees' Office (ESARO).
- 2. Within 30 calendar days of the receipt of the formal appeal, a hearing officer from the ESARO will:
  - a. Conduct a hearing at which the training provider and the LWDB will be allowed to present their cases; no new information will be allowed;
  - b. Decide the case based on the review of the written record and the hearing arguments; and
  - c. No later than 30 working days of the conclusion of the hearing, issue a written decision to the training provider and the LWDB. The hearing officer's decision will be final and conclusive.
- 3. If the hearing officer reverses the denial, the LWDB shall comply with the decision in a prompt and efficient manner. Procedures shall be followed for designating the training provider as eligible, inclusion of the training provider's program on the statewide list, and written notification to the training provider.

#### VIII. Roles and Responsibilities

#### A. LWDB Responsibilities

LWDBs have the following responsibilities for the training provider eligibility process:

- 1. Issuing ETPL policies and procedures.
- 2. Developing a local area specific ETPL application or adopting the sample application provided by WDC (Appendix A).
- 3. Assisting in determining the initial eligibility of training providers;
- 4. Ensuring distribution and appropriate use of the ETPL through the local area One-Stop system;
- 5. Coordinating with WDC and training providers to ensure that training provider programs that are approved are placed on the statewide ETPL in a timely manner;
- 6. Determining whether proposed programs are training programs, career services or prevocational training programs;
- 7. Monitoring training providers for compliance and performance;
- 8. Reviewing training programs for initial eligibility;
- 9. Collecting performance and cost information, and any other required information related to programs from training providers;
- 10. Executing procedures prescribed by WDC to assist in determining the continued eligibility of all training programs;
- 11. Evaluating performance data of all training providers during the continued eligibility review to verify that the training programs meet minimum performance standards;
- 12. Consulting with the State ETPL Coordinator in cases where termination of an eligible provider is considered;
- 13. Coordinating with WDC to ensure the removal of training programs that are found to not meet ETPL requirements and performance levels, and/or are out of compliance with provisions of the WIOA;
- 14. Issuing written notices of acceptance or rejection of an initial application to applying entities

within thirty (30) calendar days of receipt of the application, and notifying the State ETPL Coordinator of denial of programs at the local level;

- 15. Working with the State ETPL Coordinator to ensure there are a sufficient number and types of training services in their respective local areas, including eligible training providers with expertise in assisting individuals with disabilities, and providers with expertise in assisting adults in need of adult education and literacy activities;
- 16. Establishing policy for determining circumstances under which reconsideration of an application may be afforded to an entity whose initial application was denied; and
- 17. Giving training providers an opportunity to appeal a denial or termination of eligibility of programs that includes an opportunity for a hearing at the local level, a timely decision and a right to appeal to WDC.

# B. <u>Training Provider Responsibilities</u>

Training providers have the following responsibilities:

- 1. Completing and submitting the appropriate application to the LWDB where the training will take place, according to the LWDB's requirements;
- 2. Submitting student data and performance information as instructed;
- 3. Collecting information about all students attending a training program as required for reporting of performance measures;
- 4. Submitting updated information or changes to a training program to the appropriate LWDB as soon as the change occurs;
- 5. Providing periodic updates on WIOA training participants, including copies of credentials and transcripts received by WIOA participants as required and requested by the LWDB;
- 6. Notifying WDC and LWDB(s) of impending school move, sale or closure; and
- 7. Notifying WDB and LWDB(s) of change in contact person and any relevant information; and
- 8. Complying with the provisions of Title I of WIOA and WIOA regulations, including 29 CFR Part 38.

# **REFERENCES:**

- Workforce Innovation and Opportunity Act of 2014 (WIOA or Opportunity Act), Public Law (Pub. L.) 113-128, Title I; enacted July 22, 2014
- Workforce Innovation and Opportunity Act, Final Rule, 20 CFR 680 Subparts C and D, 2017
- Training and Employment Guidance Letter (TEGL 41-14), Workforce Innovation and Opportunity Act Title I Training Provider Eligibility Transition, June 26, 2015
- Training and Employment Notice (TEN) No. 1-15, *Promising Practices in Achieving Universal Access and Equal Opportunity: A Section 188 Disability Reference Guide*, July 7, 2015
- Training and Employment Guidance Letter (TEGL) No. 3-15, Guidance on Services Provided through the Adult and Dislocated Worker Program under the Workforce Innovation and Opportunity Act (WIOA or Opportunity Act) and Wagner Peyser, as Amended by WIOA, and Guidance for the Transition to WIOA Services, July 1, 2015
- Training and Employment Guidance Letter (TEGL) No. 41-14, Change 1, November 24, 2015
- Training and Employment Guidance Letter (TEGL) No. 15-10, Increasing Credential, Degree, and Certificate Attainment by Participants of the Public Workforce System, Attachment 2, "Credential Resource Guide," December 15, 2010

#### **APPENDICES:**

Appendix A: Sample Eligible Training Provider Application (Parts I and II)

Appendix B: Eligible Training Provider List Application Process

Appendix C: Required Student Data

Appendix D: Performance Measures

Appendix E: Sample University of Hawaii Application

Appendix F: Eligible Training Provider Approval Request Form for LWDBs to request approval by WDC

#### **INQUIRIES:**

Inquiries regarding this bulletin may be directed to Jeanne Ohta at 586-9170 or Maria-Elena Diaz at 586-9285.

ICYN C.H. TASAKA

ALLICYN C.H. IASAK

C: ASO-WIOA Unit

# Appendix A Part I Sample Eligible Training Provider Application

#### This is a two-part application:

**Part I:** Training Provider Application **Part II:** Program(s) application, use the form <u>here</u>

Date of application: Click to enter a date.

#### TRAINING PROVIDER INFORMATION

1. Name of Training Provider (as it appears on W-9 form): Click here to enter text.

DBA (if any): Click here to enter text.

2. Provider street address: Address line 1: Click here to enter text.

Address line 2: Click here to enter text.

City: Click here to enter text.

State: Click to enter text.

Zip Code: Click here to enter text.

3. Provider mailing address (if different from above):

Address line 1: Click here to enter text.

Address line 2: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip Code: Click here to enter text.

- 4. Provider phone number: Click here to enter text.
- 5. Provider Website: Click here to enter text.
- 6. Provider Contact: Name: Click here to enter text. Title: Click here to enter text. Phone: Click here to enter text. Email: Click here to enter text.
- 7. How long has the provider been in operation in Hawaii? Click here to enter text.
- 8. Type of Provider (check only one):

□Postsecondary education institution

□Other public or private provider of training which may include joint-labor management organizations and eligible providers of adult education and literacy activities under Title II of WIOA if such activities are provided in combination with occupational skills training

 $\Box$ A local board that meets the requirements of WIOA Section 107(g)(1)

Community-based or private organization that provides training under contract with a local board

- 9. Provider is a private postsecondary career school authorized by the Hawaii Post-Secondary Education Authorization Program (HPEAP): Choose one.
- 10. What type of training organization are you? Check any that apply and append the attachment as specified.
  - □Post-secondary, degree-granting school accredited by an accreditation body recognized by the U.S. Department of Education (US DOE)

Name of accrediting body: Click here to enter text. Attach copy of your current accreditation

□Massage, cosmetology or real estate school registered as a school with the appropriate board under the Hawaii State Department of Commerce and Consumer Affairs (DCCA) Attach a copy of your current DCCA registration

Distance Learning program that is fully accredited by a recognized accrediting body

Name of accrediting body: Click here to enter text. Attach a copy of your current accreditation

□Private training school, other than those listed above.

- a. If you are licensed by the Hawaii State Department of Education (HIDOE), Attach a copy of your current HIDOE License OR
- b. If you are exempt from HIDOE requirements, please check exemption that applies below, <u>and</u> **attach documentation** that substantiates your exemption\*:

□schools maintained or classes conducted by employees for their own employees where no fee or tuition is charged;

□courses of instruction given by a fraternal society, benevolent order, or professional organization to its members and which are not operated for profit;

□classes conducted for fewer than five students at one time and the same time;

□classes or courses of instruction which are conducted for twenty or fewer class sessions during any twelve-month period;

□a vocational, hobby, recreational or health classes or courses;

□courses of instruction on religious subjects given under the auspices of a religious organization; or

□schools registered by the Hawaii State Department of Commerce and Consumer Affairs [Eff 12/7/87; comp 3/5/01] (Auth: HRS §302A-1112, 302A-427) (Imp: HRS §302A-1112, 302A-101, 302A-424, 302A-425)

\*More information:

(http://www.hawaiipublicschools.org/TeachingAndLearning/AdultEducation/Pages/Licensin

g-a-vocational-school.aspx)

11. All non-governmental/private sector applicants must attach the following to the application:

# **a. Certificate of Current Hawaii Compliance Express/Tax Clearance** (which was issued within the past 6 months)

**b. Certificate of Liability Insurance:** from a company authorized by law to issue such insurance in the State of Hawaii, commercial general liability insurance in an amount of at least two million dollars (\$2,000,000) coverage for bodily injury and property damage resulting from the provider's performance as a training provider. The provider shall maintain in this liability insurance in effect until the provider is removed from the ETPL AND WIOA participants have exited all programs sponsored by the provider.

The certificate shall provide that the State of Hawaii, the City and County of Honolulu, the County of Hawaii, the County of Maui, the County of Kauai and their officers and employees are Additional Insureds.

12. How many complaints about the program from WIOA participants have been filed with your organization within the last two (2) years? Click here to enter text.

How were they resolved? Click here to enter text.

□Not applicable – this organization is a first-time applicant

# **Certifications and Assurances**

#### WIOA REQUIREMENTS:

| Under WIOA, WDC is required to collect and verify performance results for the program. Does                       | Choose one. |
|-------------------------------------------------------------------------------------------------------------------|-------------|
| provider agree to provide any and all data in the prescribed format required by WDC?                              |             |
| As a recipient of WIOA financial aid, providers are required to comply with Section 188 of WIOA                   | Choose one. |
| which prohibits discrimination on the grounds of race, color, religion, sex (including pregnancy,                 |             |
| childbirth or related medical conditions, gender identity, and transgender status), national origin               |             |
| (including limited English proficiency), disability, political affiliation or belief, and for beneficiaries only, |             |
| citizenship or participation in a WIOA-Title I financially assisted program or activity. Does your                |             |
| organization agree to comply with all laws governing non-discrimination?                                          |             |

#### LEARNING ENVIRONMENT, MATERIALS & MANAGEMENT:

| Do you certify that your training is carried out in a physical space approved by building code(s) to be used for commercial usage such as described in your application or that it is web-based?      | Choose one. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Do you certify that all of your learning materials and equipment for the ETP training program you are seeking approval for are at least the same as those afforded to the general public?             | Choose one. |
| Do you understand that the number of participants referred to any ETP approved organization to attend any particular training course cannot be predetermined or guaranteed?                           | Choose one. |
| Do you certify that certificates/credentials are awarded only to WIOA participants who have earned them via coursework requirements and a grading system as expected of all your students?            | Choose one. |
| Does your organization have a written and published grievance policy which describes how students can file complaints with your organization against faculty, staff, or other employees and students? | Choose one. |

#### **MONITORING:**

| Do you certify that the State, LWDB/county and federal government(s), through any authorized representative, are allowed to review, inspect and/or audit your organization's books, records and documents, including performance data related to this application?                                                                            | Choose one. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Do you certify that documents, papers, books, records and other evidence which sufficiently and properly reflect all expenditures of any nature related to your organization's performance forservices under this application are retained for a period of at least three (3) years?                                                          | Choose one. |
| Do you certify that in the event any litigation, claim, investigation, audit or other action arises involving the records retained for services resulting from this solicitation, then such records will be retained for three (3) years from the date of final payment, or the date of the resolution of the action, whichever occurs later? | Choose one. |

#### **RELEASE OF INFORMATION:**

| Do you certify that your organization will adhere to all applicable federal, state and county confidentiality and privacy laws in the management and storage of student files, records and related materials?                                                                                                                                                                                                   | Choose one. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Do you certify that your organization will obtain prior written approval from the LWDB/county whenever it identifies or refers to the LWDB, county, one-stop center(s), or the state, its employees or participants, in any and all media releases, public statements, announcements, broadcasts, posters, programs, computer postings, and other printed, published, or electronically disseminated materials? | Choose one. |

#### **PAYMENT, WITHDRAWALS, SUBSTITUTIONS & CANCELLATIONS:**

| Student withdrawals Do you certify that the one-stop center shall not be responsible for paying the tuition or other training related expenses if the one-stop center gives you, the training provider, a written withdrawal notice that you will receive at least three business days prior to the start of the scheduled class?                                                                                                                                                                                                                                                                                | Choose one. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Does your organization have a written and published refund policy that describes how students can request a refund?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Choose one. |
| Student substitutions – Do you certify that should a participant withdraw from a course that you will give the one-stop case manager the first opportunity to replace the participant with a substitute participant and that you will not charge the one-stop center any additional fees for such substitutions?                                                                                                                                                                                                                                                                                                 | Choose one. |
| Course cancellation Do you certify that you will also notify each participant of the cancelled or rescheduled class(es) by telephone, email, postal mail, fax or similar means to be received at least two business days prior to the start date of the canceled or rescheduled class(es) and that you will keep a written log that indicates you attempted to contact each participant no fewer than two times?                                                                                                                                                                                                 | Choose one. |
| Do you certify that you will accept participants funded by other sources and that these participants will be able to select training from the same lists of courses as contained in this application?                                                                                                                                                                                                                                                                                                                                                                                                            | Choose one. |
| Do you agree to defend, indemnify and hold harmless the State of Hawaii, Department of Labor and<br>Industrial Relations, City and County of Honolulu, County of Hawaii, County of Maui, County of<br>Kauai, and their officers, employees, agents from and against all liability, loss, damage, cost, and<br>expense, including all attorneys' fees, and all claims, suits and demands therefore, arising out of or<br>resulting from the acts or omissions of the training provider or the training provider's employees,<br>officers, agents, or subcontractors for training resulting from this application? | Choose one. |

#### **CERTIFICATION BY APPLICANT**

I hereby attest that I am authorized to act on behalf of this organization and have reviewed the application and have knowledge of the content and the information contained herein. I declare that the information provided and each statement, monetary amount and supporting documentation included is true and correct to the best of my knowledge and belief. I also hereby attest that this organization and its instructors currently hold all licenses, certificates, permits and accreditations required under applicable federal, state and county laws, ordinances, codes and rules, required to provide the training services described herein. This organization is also in good standing with the Hawaii State Department of Commerce and Consumer Affairs. I understand that any noncompliance and/or misrepresentations, including but not limited to, those contained in all amendments to our course offerings that we initiate hereafter, may

result in the termination of this organization from participation in the Eligible Training Provider program for a period of 24 months. I understand that this organization will be held liable for repayment of all funds received via the ETP program for any period of noncompliance. I understand that these are construed to provide remedies and penalties that supplement, but do not supplant, other civil and criminal remedies and penalties. I understand that the ETP program is per the Workforce Innovation and Opportunity Act of 2014.

#### □AGREE

#### DISAGREE

Signature

Print Name Date

To be considered for inclusion on the ETPL, the training provider (provider) must supply all of the information requested in Parts I and II of this application. All completed applications must be submitted to the county where the training will be provided. If there are any questions, please contact your local area Workforce Development Board:

Hawaii County: Office of Housing and Community Development 50 Wailuku Drive Hilo, HI 96720 Phone: (808) 961-8379 Email: ohcdwia@hawaiicounty.gov

Kauai: Office of Economic Development 4444 Rice Street, Suite 200 Lihue, HI 96766 Phone: (808) 241-4950 Email: <u>kbradford@kauai.gov</u> Maui: Office of Economic Development 2200 Main Street, Suite 305 Wailuku, HI 96793 Phone: (808) 270-8225 Email: brian.nagami@co.maui.hi.us

Oahu: Oahu Workforce Development Board 715 South King Street, Suite 211 Honolulu, HI 96813 phone: (808) 768-5889 email: oahuwdb@honolulu.gov

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | Phone                                                                                                                                                   | Number of                                | Program                                                                                    | Contact                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | <b>Training Program Website</b>                                                                                                                         |                                          |                                                                                            |                            |
| Province and an other second s |                     |                                      |                                         | <b>Total Hours</b>                                                                                                                                      |                                          |                                                                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | Length                                                                                                                                                  | (weeks)                                  |                                                                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | Total Cost: Tuition,                                                                                                                                    | program fees, other costs                | for one student                                                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | <b>Credential Earned</b>                                                                                                                                |                                          |                                                                                            |                            |
| An other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PART II             | RAM INFORMATION                      | program)                                | Hethod of Instruction Business Partnership Description Credential Earned Total Costi Tutolon, Length Total Hours Training Program Wetsite Phone Worldor | (Is the provider in partnership          | with a business or employer for                                                            | the program <sup>3</sup> ) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Appendix A, PART II | ELIGBLE TRAINING PROGRAM INFORMATION | (one row per program)                   | Method of Instruction                                                                                                                                   | (classroom, distance                     | learning, or combination of                                                                | classroom and distance)    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | Training Program Description                                                                                                                            | (include the number of courses or        | credits needed to complete the learning, or combination of with a business or employer for | credential path)           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | ainer Provider Name & Training Program Course CIP Code CIP Name In-demand Industry                                                                      | Sector or occupation [include the number | (www.hiwi.org)                                                                             |                            |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                      | 11. 00. 00                              | CIP Name                                                                                                                                                |                                          |                                                                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      | 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | CIP Code                                                                                                                                                | (Sla-Dight)                              |                                                                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | Course                                                                                                                                                  | Number (Skr-Digh)                        |                                                                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | Training Program                                                                                                                                        | Name                                     |                                                                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                      |                                         | Trainer Provider Name B.                                                                                                                                | Campus                                   |                                                                                            |                            |

Briefly and concisely, provide the information requested in the spreadsheet, using only one row for each program,

and forward to the LWDB in an Excel file.

Sample Part I forms, and examples for Part II ETP program applications are posted at:

https://labor.hawaii.gov/wdc/how-to-become-an-eligible-training-provider/.

#### Appendix B Eligible Training Provider List (ETPL) Application Process

**Step 1:** Potential and existing ETPs will request the application from the appropriate Local Workforce Development Board (LWDB).

The Local Board in each county will be the main point of contact for the Workforce Innovation and Opportunity Act ETPL program. The provider will contact a representative using the contact list below for the application and for information on the process from submission of the application to approval for inclusion on the ETPL.

**Note:** Separate applications must be submitted to and approved by LWDB representatives in each county where training is to be provided.

#### Oahu:

Oahu Workforce Development Board City & County of Honolulu 715 South King Street, Suite 211 Honolulu, HI 96813 **Phone:** (808) 768-5889 **Email:** <u>owib@honolulu.gov</u>

Hawaii County: Office of Housing and Community

Development County of Hawaii 50 Wailuku Drive Hilo, HI 96720 **Phone:** (808) 961-8379 **Email:** <u>ohcdwia@hawaiicounty.gov</u>

#### Maui County:

Office of Economic Development County of Maui 2200 Main Street, Suite 305 Wailuku, HI 96793 Phone: (808) 270-8225 Email: brian.nagami@co.maui.hi.us

Kauai County: Office of Economic Development County of Kauai 4444 Rice Street, Suite 200 Lihue, HI 96766 Phone: (808) 241-4950 Email: kbradford@kauai.gov

- **Step 2:** The application is submitted to the appropriate LWDB(s). A sample application is posted at: https://labor.hawaii.gov/wdc/how-to-become-an-eligible-training-provider/
- **Step 3:** The LWDB must check the System for Award Management (SAM) website: <u>www.sam.gov</u> to check for exclusion (suspension or debarment) records and attach the report to the application. The LWDB will forward the approved application along with the ETP Approval Request Form (Appendix F) to the ETPL coordinator at WDC.

Instructions for searching for exclusion records are at this link: https://www.sam.gov/sam/transcript/Quick\_Guide\_for\_Searching\_Exclusions.pdf

**Step 4:** The programs will appear on the ETPL upon approval by the LWDB and WDC.

#### Appendix C Required Student Data

Individual data reported to WDC is not considered public information and is exempt from public disclosure laws pursuant to federal and state guidelines. (TEGL 39-11 and HRS §92F-4, 92F-13,14). For each reporting period, a single comma separated file (.csv) containing all student records for each applicable program will be submitted in the format specified.

| Data Element            | Description                                                                                                                                                                                                                                                   |  |  |  |  |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Student Code            | The student ID associated with the institution                                                                                                                                                                                                                |  |  |  |  |
| SSN                     | The Social Security associated with each student                                                                                                                                                                                                              |  |  |  |  |
| Driver's License Number | The driver's license number associated with each student                                                                                                                                                                                                      |  |  |  |  |
| Driver's License State  | The state in which the driver's license was issued for each student                                                                                                                                                                                           |  |  |  |  |
| First Name              | Student's first name                                                                                                                                                                                                                                          |  |  |  |  |
| Last Name               | Student's last name                                                                                                                                                                                                                                           |  |  |  |  |
| Middle Initial          | Student's middle initial (1-character)                                                                                                                                                                                                                        |  |  |  |  |
| DOB                     | Date of birth of student                                                                                                                                                                                                                                      |  |  |  |  |
| Gender                  | Student's gender (1-digit code)<br>1 = Female<br>2 = Male<br>3 = Not Provided                                                                                                                                                                                 |  |  |  |  |
| Hispanic                | Student's Hispanic origin (1-digit code)<br>1 = Hispanic Origin<br>2 = Not of Hispanic Origin<br>3 = Unknown/Not Provided                                                                                                                                     |  |  |  |  |
| Race                    | Student's race (2-digit code)<br>01 = White/Caucasian<br>02 = Black/African American<br>03 = American Indian or Alaska Native<br>04 = Asian<br>05 = Hawaiian Native or Other Pacific Islander<br>06 = Multi-Racial<br>07 = Other<br>08 = Unknown/Not Provided |  |  |  |  |
| Veteran Status          | A TRUE/FALSE code indicating a student's veteran status<br>(1 = true, 0 = false)                                                                                                                                                                              |  |  |  |  |
| Disability Status       | A code indicating a student's disability status<br>1 = True<br>2 = False<br>3 = Not Provided                                                                                                                                                                  |  |  |  |  |

#### Appendix D Performance Measures

Performance Measures outlined in Table 1 will be made available, beginning in 2018. Performance Measures will be reviewed, modified, and/or expanded by WDC, in accordance with WIOA § 122.

| Performance Measure<br>Applies to All Students within a<br>WIOA-eligible program          | Implementation<br>Year | Description                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All Student* Credential<br>Attainment Rate                                                | CY 2018                | Total number of students who obtain a recognized post-secondary<br>credential, or a secondary school diploma or its recognized<br>equivalent during participation or 1 year after exit divided by the<br>total number of students exiting the program (both completers and<br>non-completers) within the 12-month reporting period.                               |
| All Student* Employment Rate<br>During 2nd Quarter After Exit                             | CY 2018                | Total number of students exiting (both completers and non-<br>completers) from the applicable program that were working in<br>unsubsidized employment during the 2nd quarter subsequent to the<br>exit quarter (the calendar quarter containing the exit or completion<br>date), divided by the total number of students exiting the program.                     |
| All Student* Employment Rate<br>During 4th Quarter After Exit                             | CY 2018                | Total number of students exiting (both completers and non-<br>completers) from the applicable program that were working in<br>unsubsidized employment during the 4th quarter subsequent to the<br>exit quarter (the calendar quarter containing the exit or completion<br>date), divided by the total number of students exiting the program.                     |
| All Student* Median Earnings<br>in Employment during 2nd<br>Quarter After Exit            | CY 2018                | Median earnings expressed as an hourly rate for all students exiting<br>the applicable program <b>and</b> working in unsubsidized employment<br>during the 2nd quarter subsequent to the exit quarter (the calendar<br>quarter containing the exit or completion date).                                                                                           |
| WIOA Participant Program<br>Completion Rate                                               | CY 2017                | Total number of WIOA participants completing the applicable<br>program divided by the total number of WIOA participants exiting<br>the program (both completers and non-completers) within the 12-<br>month reporting period.                                                                                                                                     |
| WIOA Participant Credential<br>Attainment Rate                                            | CY 2018                | Total number of WIOA participants who obtain a recognized post-<br>secondary credential, or a secondary school diploma or its<br>recognized equivalent during participation or 1 year after exit<br>divided by the total number of WIOA participants exiting the<br>program (both completers and non-completers) within the 12-month<br>reporting period.         |
| WIOA Participant Employment<br>Rate During 2nd Quarter After<br>Exit                      | CY 2018                | Total number of WIOA participants exiting (both completers and<br>non-completers) from the applicable program that were working in<br>unsubsidized employment during the 2nd quarter subsequent to the<br>exit quarter (the calendar quarter containing the exit or completion<br>date), divided by the total number of WIOA participants exiting the<br>program. |
| WIOA Participant Employment<br>Rate During 4th Quarter After<br>Exit                      | CY 2018                | Total number of WIOA participants exiting (both completers and<br>non-completers) from the applicable program that were working in<br>unsubsidized employment during the 4th quarter subsequent to the<br>exit quarter (the calendar quarter containing the exit or completion<br>date), divided by the total number of WIOA participants exiting the<br>program. |
| WIOA Participant Median<br>Earnings in Employment<br>During the 2nd Quarter After<br>Exit | CY 2018                | Median earnings expressed as an hourly rate for WIOA participants<br>exiting the applicable program <b>and</b> working in unsubsidized<br>employment during the 2nd quarter subsequent to the exit quarter<br>(the calendar quarter containing the exit or the completion date).                                                                                  |

# Table 1: WIOA Eligible Training Provider Performance Measures

# Appendix E Sample University of Hawaii System Application Eligible Training Provider List

# PART I:

Date of application: Click to enter a date.

#### University of Hawaii Training Provider Information

- 1. Name of Campus: Click here to enter text.
- Campus Address: Address line 1: Click here to enter text.
   Address line 2: Click here to enter text.
   City: Click here to enter text.
   State: Click to enter text.
   Zip Code: Click here to enter text.

#### 3. Mailing address (if different from above):

Address line 1: Click here to enter text. Address line 2: Click here to enter text. City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

- 4. Provider Website: Click here to enter text.
- 5. Provider Contact: Name: Click here to enter text. Title: Click here to enter text. Phone: Click here to enter text. Email: Click here to enter text.
- 6. Have you identified a process to submit performance reports?

# (Appendix E continued) Part II Eligible Training Provider Program Application

|                                                              |                                        | Worldor                                                                                                                                                  | Area (Cou                                              |                                                                                            |                         |  |
|--------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------|--|
|                                                              |                                        | Phone                                                                                                                                                    | Number of Area (Cou                                    | Program                                                                                    | Contact                 |  |
|                                                              | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | <b>Training Program Website</b>                                                                                                                          |                                                        |                                                                                            |                         |  |
|                                                              |                                        | <b>Total Hours</b>                                                                                                                                       |                                                        |                                                                                            |                         |  |
|                                                              |                                        | Length                                                                                                                                                   | (weeks)                                                |                                                                                            |                         |  |
|                                                              |                                        | Total Cost: Tuition,                                                                                                                                     | program fees, other costs [weeks]                      | for one student                                                                            |                         |  |
|                                                              |                                        | <b>Credential Earned</b>                                                                                                                                 |                                                        |                                                                                            |                         |  |
| PART II<br>RAM INFORMATION                                   | program)                               | Method of Instruction Business Piertnership Description Credential Earned Total Cast: Tuikion, Length Total Hours Training Program Website Phone Workfor | (is the provider in partnership                        | with a business or employer for                                                            | the program?)           |  |
| Appendix A, PART II<br>ELIGIBLE TRAINING PROGRAM INFORMATION | (one row per program)                  | Method of Instruction                                                                                                                                    | (classroom, distance                                   | learning, or combination of                                                                | classroom and distance) |  |
|                                                              |                                        | rainer Provider Name & Training Program Course CIP Code CIP Name In-demand Industry Training Program Description                                         | Sector or occupation [include the number of courses or | credits needed to complete the learning, or combination of with a business or employer for | credential path)        |  |
|                                                              |                                        | in-demand Industry                                                                                                                                       | Sector or occupation                                   | (www.hiwi.org)                                                                             |                         |  |
|                                                              |                                        | CIP Code CIP Name                                                                                                                                        | [Siz Oigh]                                             |                                                                                            |                         |  |
|                                                              |                                        | Course                                                                                                                                                   | Name Number [Siz Digit]                                |                                                                                            |                         |  |
|                                                              |                                        | Training Program                                                                                                                                         | Name                                                   |                                                                                            |                         |  |
|                                                              |                                        | Trainer Provider Name &                                                                                                                                  | Campus                                                 |                                                                                            |                         |  |

Briefly and concisely, provide the information requested in the spreadsheet, using only one row for each program,

and forward to the LWDB in an Excel file.

Sample Part I forms, and examples for Part II ETP program applications are posted at:

https://labor.hawaii.gov/wdc/how-to-become-an-eligible-training-provider/.

# Appendix F Eligible Training Provider Approval Request Form for LWDBs to request approval by WDC

I have reviewed the Eligible Training Provider Application of: Click here to enter text.,

dated: Click to enter a date.

# <u>PART I</u>

- □ There are no exclusion (suspension or debarment) records for the provider on the System for Award Management (SAM) website, www.sam.gov. A copy of the report is attached.
- □ #1-9 are complete
- #10 DA copy of the Accreditation, Licensure, or Registration was provided
  - □A copy of the current HIDOE license was provided
  - The applicant is exempt from HIDOE requirements and documentation was provided
- #11 This is a non-governmental application
  - Certificate of Current Tax Clearance issued within the past 6 months was
  - provided
  - Certificate of Liability Insurance for \$2 million with the required language was provided
- #12 
  The complaint question was answered
- □ All of the Certifications and Assurances have been answered as "yes"

# Part II:

□ All programs listed meet the criteria for training programs

The local board of Click here to enter name. County has approved this Eligible Training Provider application.

| Signed: |  |  |
|---------|--|--|
| eignear |  |  |

Name (Print): Click here to enter name. Date: Click to enter a date.

Email this request to: the ETPL coordinator