



**South Central Workforce
Determination of Training Provider's Eligibility for State EcSA**

TRAINING PROVIDER QUESTIONNAIRE

Thank you for your interest in becoming a training provider in the South Central Workforce area. This questionnaire is designed to determine your eligibility and suitability to provide training services in alignment with our local workforce development goals. Following the review of your questionnaire, South Central Workforce may request a meeting, a site visit, or additional information to ensure compliance with our standards and to further assess your organization's qualifications. Please complete all sections of the questionnaire thoroughly and accurately, then email it to info@scworkforce.org with the subject line "Completed Non-ETPL Questionnaire".

ORGANIZATION INFORMATION	
Organization:	Contact Person:
Address:	Email / Phone:
	Website Address:
	FEIN/Tax ID#:
<p>If applicable, describe any prior history of your training program(s) inclusion on the Eligible Training Provider List (ETPL) and why your program(s) are no longer listed. For more information about ETPL, visit careerbridge.wa.gov or wtb.wa.gov.</p>	

TRAINING PROGRAM INFORMATION	
Name of Training Program:	Training Method (e.g. in-person, online, hybrid)
Training Program Schedule:	Class Size:
	Credential(s)/Certificate(s)/Degree(s) Earned:
Training Program Cost:	Employment Retention Rate:
Rate of Certification/Degree Earned:	
Job Placement Rate:	Job Placement Wages:
<p>SOC or O*NET occupational codes and corresponding occupations for which students will be trained for: <small>SOC (Standard Occupational Classification) https://www.bls.gov/oes/current/oes_stru.htm O*NET (Occupational Information Network) https://www.onetonline.org/find/</small></p>	
<p>Please summarize the training program objectives and skills learned.</p>	
<p>Please provide and/or attach any additional information to help convey the stability and reliability of your organization, the quality and value of your training program to justify inclusion to be a training provider, and if your organization has demonstrated performance in the delivery of services to individuals experiencing systemic barriers to employment.</p>	
Training Provider Signature:	Submission Date:
SCW Use Only Signature:	Date Approved by SCW: