

Workforce Investment Field Instruction (WIFI) No. 5-00, Change 1

DATE: June 24, 2003

TO: Maryland WIA Grant Recipients

SUBJECT: Maryland State List of Occupational Training Providers

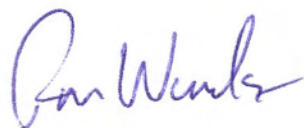
REFERENCES: Public Law 105-220 - Workforce Investment Act
20 CFR 652 - Workforce Investment Act; Final Rules, WIFI #11-99

BACKGROUND INFORMATION: The Workforce Investment Act (WIA) requires that the State distribute to the one-stop system, on at least an annual basis, a list of training providers recommended by the local Workforce Investment Boards (LWIBs). Reference may be made to sections 122 and 134 of WIA and sections 663.595 and 663.505 of the WIA regulations. The purpose of this list is to provide consumer information about training programs that qualify for WIA funding. The attached document represents our Maryland State List of Occupational Training Providers policy and procedure.

ACTION TO BE TAKEN: Each Local Workforce Investment Board should adhere to the attached policy and procedure. It is recommended that specific staff be designated "liaison" for this area.

CONTACT PERSON: Luray R. Steele (410) 767-2834

EFFECTIVE DATE: June 24, 2003



Ron Windsor
Executive Director
Office of Employment Training



MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

EXECUTIVE SUMMARY

This procedure is the **State of Maryland** method for reviewing training provider and program applications for inclusion, and retention, on the Maryland State List of Occupational Training Providers, in accordance with the Workforce Investment Act (WIA).

- Training providers and programs must be nominated to the Maryland State List of Occupational Training Providers by a Local Workforce Investment Board (LWIB). Training providers must meet criteria, including performance standards, for inclusion and retention on the list. The performance standard is a 61% employment rate for all programs that have been in existence for more than a year.
- For WIA occupational training referrals, occupational training providers and programs **must** be on the Maryland State List of Occupational Training Providers, with the following 2 exceptions: the occupational training provider is offering unique programs and enrolling no more than 2 WIA students per program, per year; or, the LWIB grants a waiver to a customer being served by a training provider not on the list because there is a demand for the occupation in the LWIB area, in accordance with WIF1 #11-99, Section E. For example, an employer agreeing to hire a customer upon completion of training is evidence of a demand for the occupation. Use of these two exceptions shall be documented in the LWIB files.
- Training providers must track performance for all programs on the Maryland State List of Occupational Training Providers. Maryland State staff will collect performance data annually from all training providers. Results of performance data evaluation will be distributed to the LWIBs and training providers. Programs failing to meet minimum performance standards, or failing to provide performance data, will be removed from the list.
- Training providers may appeal failure to be included on the list, or removal of programs from the list. Should an appeal reach the level of the Department of Labor, Licensing and Regulation (DLLR), DLLR's decision on appeals is final.
- The procedure to nominate out-of-state training providers to the list was completely revised. A Task Force, comprised of State and Local staff, developed the enclosed procedure.

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

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DEFINITIONS

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

DEFINITIONS

Department of Labor, Licensing, and Regulation (DLLR) – the State agency charged with overseeing statewide workforce development activities.

Maryland Higher Education Commission (MHEC) - the State agency charged with protecting the citizens of Maryland by assuring providers of higher education are operating legally in Maryland. Training providers offering courses to the general public for occupational programs are required to obtain MHEC approval.

Local Workforce Investment Board (LWIB) – the local agency which manages the training and employment programs at the local level.

Non-exempt training providers - training providers who must obtain MHEC approval to operate legally in Maryland.

Exempt training providers – training providers who, because of the student population served, do not have to obtain MHEC approval to operate legally in Maryland.

Occupational training – program or course of study that prepares the student for a specific job or occupation (e.g. Microsoft certified systems engineer (MCSE), automobile mechanic, geriatric nursing assistant, truck driver, secretary).

Maryland State List of Occupational Training Providers – list of training programs nominated by LWIBs and meeting performance standards in order to be eligible to provide occupational training to WIA participants.

Existing program – an occupational training program offered at an accredited public or private degree granting institution, an approved private career school, or an institution that has been granted exempt status and has been offered for longer than a year.

New program – an occupational training program offered at an accredited public or private degree granting institution, an approved private career school, or an institution that has been granted exempt status and has been offered for less than a year.

Unique program – an occupational training program in an occupational category for which customer referrals are rare. The training program of horse farrier (black smith) is an example of a unique program.

Performance standards – standards that must be met for initial placement and to remain on the Maryland State List of Occupational Training Providers. Performance standards must be met yearly to remain on the list.

Verifiable employment rate – employment rate that can be verified by documentation that demonstrates minimum performance standards. Documentation may include: student surveys; outcomes from Welfare-to-Work records; SSNs matched against unemployment insurance records. Data must include the student name or SSN, the enrollment and completion or exit date from the program, the employer's name, address and phone number, and the date of hire.

I. OVERVIEW AND EXCEPTIONS

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

I. OVERVIEW AND EXCEPTIONS

An occupational training provider obtains a place on the Maryland State List of Occupational Training Providers by nomination through a LWIB. MHEC reviews and verifies documentation submitted by training provider applicants.

For occupational training referrals, occupational training providers and programs **must** be on the Maryland State List of Occupational Training Providers with the following *exceptions*:

Exception 1

The occupational training provider is offering unique programs and enrolling no more than 2 WIA students per program, per year.

OR

Exception 2

The LWIB grants a waiver to a customer being served by a training provider not on the list because there is a demand for the occupation in the LWIB area, in accordance with WIFI #11-99, Section E. For example, an employer agreeing to hire a customer upon completion of training is evidence of a demand for the occupation.

Use of these two *exceptions* shall be documented in the LWIB files.

A separate set of forms, and application procedure, exists for each type of training provider. The forms and application procedure are labeled as a specific version for:

- Two and Four Year Public and Private Institutions
- Private Career Schools
- Exempt Institutions
- Out-of-State Institutions

For illustrative purposes only, **sample** application procedures and forms are included in the Appendix of this WIFI.

The samples included are:

- Training Provider Questionnaire (LWIB version)
- LWIB Nomination Form
- Application Procedure for Nominating **Programs** to be included on Maryland State List of Occupational Training Providers for the Workforce Investment Act (WIA)
- Nomination Form: Program to be on Maryland State of Occupational Training Providers
- WIA Data Collection Affirmation Form
- Memorandum of Understanding

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

- Application Procedure for Nominating Out-of-State Training **Providers** for Inclusion on the Maryland State List of Occupational Training Providers for the Workforce Investment Act (WIA)
- WIA Certification Form for Out-of-State Training Providers
- Appeal of WIA Performance Data – Verification of Employment Data, WIA Form A

All forms are available from the Maryland Higher Education Commission's (MHEC) web site at www.mhec.state.md.us

The State is currently developing an on-line Internet application process. When the system is operational, applications will be submitted electronically.

**II. MARYLAND TRAINING
PROVIDERS/PROGRAMS**

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

II. MARYLAND TRAINING PROVIDERS/PROGRAMS

Potential training providers must be an accredited public or private degree granting institution, an approved private career school, or been granted exempt status by MHEC.

If a provider is not in one of the above categories, then the provider must complete the *Training Provider Questionnaire* and submit it to MHEC for review and determination of status. The provider will be notified of its status in writing and given appropriate direction and follow-up paperwork. The *Training Provider Questionnaire* may be obtained from the Local Workforce Investment Board (LWIB) or MHEC.

All programs/courses of study must be nominated by the Local Workforce Investment Board to be included on the Maryland State List of Occupational Training Providers. The *LWIB Nomination Form* is obtained from MHEC by the provider who completes and submits it to the LWIB for review of each nominated program/course of study. The signed form indicates if the request to add is approved or denied by the LWIB; it is then returned to the provider.

When an approved *LWIB Nomination Form* is received from the Local Workforce Investment Board, the potential training provider must then follow the directions in the packet called Application Procedure for Nominating Programs to be included on Maryland State List of Occupational Training Providers For the Workforce Investment Act (WIA) for each of the nominated programs/courses of study. There is an Application Procedure packet for each of the following: Two and Four Year Public and Private Institutions, Private Career Schools, Exempt Institutions, and Out-of-State Institutions. The packet includes the form called *Nomination Form: Program to be on Maryland State List of Occupational Training Providers*. The packet is obtainable from MHEC.

If the programs/courses of study have been in **existence for more than one year**, they must meet the minimum performance standard prior to being added to the Maryland State List of Occupational Training Providers. Instructions on the procedure to demonstrate minimum performance standards are obtainable from MHEC.

An **initial** institution application must also include the *WIA Data Collection Affirmation* form and *Memorandum of Understanding* form. Both forms are obtainable from MHEC.

All completed forms will then be submitted to MHEC for addition to the Maryland State List of Training Providers. Programs/courses of study not meeting minimum standards cannot be added to the Maryland State List of Occupational Training Providers. All nominated programs/courses of study **must** be MHEC approved or included in the MHEC exempt status.

If all application steps are completed correctly, approved programs will be included on the Maryland State List of Occupational Training Providers in approximately 45 days.

**III. OUT-OF-STATE TRAINING
PROVIDERS/PROGRAMS**

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

III. OUT-OF-STATE TRAINING PROVIDERS/PROGRAMS

Potential out-of-state training providers must complete the following process for inclusion on the Maryland State List of Occupational Training Providers. The term home state refers to the location of the school where the training is conducted.

Step 1 and Step 2 are to be completed **only** for **initial** application to be on the Maryland State List of Occupational Training Providers.

Step 1:

For an **initial** application, the applicant submits Maryland's *WIA Certification Form for Out-of-State Training Providers*. It must be signed by the appropriate official of the home state and be submitted to the nominating Local Workforce Investment Board (LWIB). If training is to be conducted in more than one state, the certification form must be completed and signed by the appropriate official in each state where training is conducted. The certification form attests that the training provider:

- Is approved by the higher education authority in the home state,
- Is on the home state's WIA training provider list,
- Provides WIA performance data to the home state, and
- Publishes verifiable consumer data available to the general public, which includes performance data for all students in the program.

Step 2:

For an **initial** application the out-of-state training provider applicant must also submit to the nominating Local LWIB:

- *WIA Data Collection Affirmation Form*, signed by the institution president/director, indicating that the institution will collect and report the performance data as required by WIA, and
- *Memorandum of Understanding*, signed by the institution president/director, that will facilitate the collection and analysis of the program performance data required by WIA. Please complete and sign pages 6 and 10 of the *Memorandum of Understanding* and insert the institution name wherever "name of training provider" is printed throughout the document

Step 3:

For each **program/course** of study being nominated for inclusion on the Maryland State List of Occupational Training Providers, follow the directions in the packet called "Application Procedure for Nominating **Programs** to be Included on Maryland State List of Occupational Training Providers for the Workforce Investment Act (WIA) Out-of-State Institutions". This packet includes the following forms:

- *LWIB Nomination Form*,
- *Nomination Form: Program/Course of Study to be on Maryland State List of Occupational Training Providers: Out-of-State Institutions*

IV. PERFORMANCE DATA COLLECTION
V. PERFORMANCE DATA DISTRIBUTION

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

IV. PERFORMANCE DATA COLLECTION

Program data for all providers on the Maryland State List of Occupational Providers will be collected and reviewed annually by DLLR/MHEC to assure performance standards are maintained.

A program/course must meet the minimum performance standards identified below to remain on the Maryland State List of Occupational Training Providers. Although training providers will be required to track and report the performance of both full-time students and part-time students enrolled in programs/courses on the Maryland State List of Occupational Training Providers, initial eligibility to remain on the Maryland State List of Occupational Training Providers will be based on the performance of full-time students enrolled in these programs/courses.

Requirement 1:

A minimum employment rate of 61% for WIA customers who successfully complete the program/course. (There must be at least 6 WIA customers enrolled in the program/course during the year for this performance indicator to be utilized.)

Or

A minimum employment rate of 61% for all WIA customers who exit the program/course. (There must be at least 6 WIA customers enrolled in the program/course during the year for this performance indicator to be utilized.)

AND

Requirement 2:

A minimum employment rate of 61% for all students who successfully complete the program/course.

Or

A minimum employment rate of 61% for all students who exit the program/course.

MHEC notifies all training providers when data is due. Training providers return data to MHEC as instructed.

V. PERFORMANCE DATA DISTRIBUTION

The State will transmit performance data collected annually on each occupational program on the Maryland State List of Occupational Providers to training providers and LWIBs. The State will identify WIA programs with performance below the minimum level required for eligibility to remain on the Maryland State List of Occupational Training Providers. The State will inform the training providers and LWIBs of the opportunity to appeal the program data and the procedures for appeal. The programs identified by the State will be removed from the Maryland State List of Occupational Providers unless successfully appealed. The State will inform the training providers and LWIBs of the decision to remove a program from the Maryland State List of Occupational Providers based on the performance data.

VI. PERFORMANCE DATA APPEALS

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

VI. PERFORMANCE DATA APPEALS

1. If a training provider or LWIB has an issue with the data presented and/or the decision to remove a program from the Maryland State List of Occupational Training Providers, the provider or LWIB must submit a written appeal within 30 calendar days. Appeals must: (1) state the basis of the appeal including the facts and issues that support the appeal and (2) provide additional verifiable data that substantiates a higher level of program performance that meets the requirement to remain eligible to be on the Maryland State List of Occupational Training Providers.
2. Written appeals must be submitted to MHEC to the Director of Academic Affairs—Career & Workforce Education, Maryland Higher Education Commission, 839 Bestgate Road, Suite 400, Annapolis, MD 21401.
3. MHEC will remove any individually identifiable data before forwarding the appeal to DLLR for review.
4. DLLR will review written appeals submitted in a timely manner by training providers or LWIBs.
5. A program that wins an appeal based on the submission of additional verifiable data will be eligible to remain on the Maryland State List of Occupational Training Providers.
6. A program whose appeal is denied will be ineligible for WIA funding and will be removed from the Maryland State List of Occupational Training Providers.
7. A program failing to appeal or failing to appeal within the specified 30-day period will be ineligible for State funding and will be removed from the Maryland State List of Occupational Training Providers.
8. The decision of DLLR will be final.

APPEALS – SUBMISSION OF ADDITIONAL VERIFIABLE PERFORMANCE DATA

Programs that fail to achieve the minimum performance required to remain on the Maryland State List of Occupational Training Providers may appeal. Appeals must be based on evidence that the minimum performance requirements are met when additional verifiable data is considered. Any additional data must be specific to:

1. Students who exited or completed the program in the reported fiscal year; and
2. Employment or other positive outcome reported in the quarter after the quarter the student exited or completed the program.

Additional verifiable data that may be submitted are:

1. Employment outside the region;
2. Commission-based employment;
3. Contract employment; and
4. Employment for all enrollments (full-time and part-time) in the program;

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

Items 1-3 above require the completion and written submission of the enclosed form (Appeal of WIA Performance Data – Verification of Employment Data, WIA Form A). A comparable form may be submitted if it includes the data elements on the enclosed form. The form is institution specific and may be obtained from MHEC.

Item 4 includes part-time enrollments in the calculation of annual employment rates computed by the State for purposes of WIA.

VII. GENERAL APPEALS

VII. GENERAL APPEALS

1. Training provider applicants not initially approved by the LWIB, or training providers removed from the list by LWIB action, appeal directly to the LWIB for resolution through the internal complaint process.
2. If the provider is not satisfied with the decision, the provider may appeal to DLLR within 30 calendar days after receipt of the LWIB decision. Appeals must state the basis of the appeal, including the facts or issues that support the appeal.
3. Appeals to DLLR are directed to the Executive Director, Office of Employment Training, Department of Labor, Licensing and Regulation, 1100 N. Eutaw Street, Room 601, Baltimore, Md. 21201
4. DLLR designee notifies all parties of the date, time, and location of the appeal conference.
5. Providers whose appeals are denied will not be placed on the Maryland State List of Occupational Training Providers.
6. Providers failing to appeal, or failing to appeal timely, will not be placed on the Maryland State List of Occupational Training Providers.
7. Providers not approved, or providers removed from the list, by DLLR may appeal directly to DLLR within 30 calendar days of notification of the action. Appeals must be written, state the basis of the appeal including the facts or issues that support the appeal. Appeal steps 3 through 6 above are followed.

APPENDIX

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

Referred by Local Workforce Investment Board

Name:
Contact Person

Address:

Telephone:

TRAINING PROVIDER QUESTIONNAIRE

Please complete and submit this questionnaire to the Maryland Higher Education Commission in order to determine whether Commission approval is required for your training to be offered in Maryland. With the questionnaire, provide the documents requested below. Upon review, you will receive written notification of the Commission's determination. Please allow two to four weeks for written notification.

Training Provider: _____

Complete Address: _____

Telephone: _____ Fax: _____ Website: _____

Contact Person: _____

TYPE OF TRAINING (Please briefly describe below your training.)

PURPOSE OF TRAINING (Please check all boxes below that are applicable to your training and provide the information requested.)

The purpose of your training is to prepare individuals to obtain gainful employment. Please list below the occupations for which graduates of your training will qualify.

The purpose of your training is to prepare individuals to obtain industry certification(s). Please identify below any industry certification tests your training will prepare graduates to take.

The purpose of your training is to prepare individuals to obtain licensure. Please identify below any licensing exam that your training will prepare graduates to take.

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- The purpose of your training is to enhance the individuals' skills and knowledge. However, the training is not sufficient in content and length to prepare them to obtain training-related employment. Please identify below the skills and knowledge that your training will provide.

MODE OF TRAINING (*Check all boxes below that are applicable to your training.*)

- Your training is conducted on an individual basis (no more than one student trained at a time).
- Your training is conducted on a group basis (training to multiple students at a time).
- Your training is apprenticeship training.
- Other mode of training. Please specify: _____

STUDENT POPULATION TO BE TRAINED (*Check all boxes below that are applicable to your training and provide the information requested.*)

- Your training is offered to the public.
- Your training is offered to employees who are funded by their employers through a contract between the employer and your training organization.
- Your training is offered to clients whose training is funded through a contract between an agency and your training organization. Please identify below the agency(s) and the source of funding that pays for the training.

- Your training is offered to clients who are funded by an agency through training vouchers. Please identify below the agency(s) and the funding source(s) that pays for the training.

- Your training is offered solely to individuals funded on a contractual basis. It is not open to the

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

public and no self-paying students are admitted. Please identify below the funding source(s) that pays for the training.

- Your training is conducted exclusively for your own employees. Please identify below the funding source(s) that pays for the training and how the employees are paid during the training.

Affidavit: This is to affirm that the information provided above and in the enclosed documents is true and correct.

Printed Name of Chief Executive Officer

Signature of Chief Executive Officer

Date

PLEASE SUBMIT THE FOLLOWING ITEMS WITH THE COMPLETED QUESTIONNAIRE:

1. Description of your training. Include a curriculum outline for each of your training programs.
2. Copies of all advertisements and promotional materials for marketing your training or recruiting students.
3. Copies of all bulletin, school catalog, student handbook, and other information provided to prospective students and enrolled students.

MAIL MATERIALS TO:

**MAUREEN JACKSON
MARYLAND HIGHER EDUCATION COMMISSION
839 BESTGATE ROAD SUITE 400
ANNAPOLIS, MD 21401**

MATERIALS MAY BE FAXED TO : 410-260-3203 ATTENTION MAUREEN JACKSON

If you have questions, call Ms. Jackson at 410-260-4587 or 1-800-974-0203 ext. 4587.

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

APPLICATION PROCEDURE FOR NOMINATING OUT-OF-STATE TRAINING PROVIDERS FOR INCLUSION ON THE MARYLAND STATE LIST OF OCCUPATIONAL TRAINING PROVIDERS FOR THE WORKFORCE INVESTMENT ACT (WIA)

Potential out-of-state training providers must complete the following process for inclusion on the Maryland State List of Occupational Training Providers. Home state refers to the location of the school where the training is conducted.

Step 1 and Step 2 are to be completed **only** for **initial** application to be on the Maryland State List of Occupational Training Providers.

Step 1:

For an **initial** application, the applicant submits Maryland's *WIA Certification Form for Out-of-State Training Providers* (WIA Attachment A). It must be signed by the appropriate official of the home state and be submitted to the nominating Local Workforce Investment Board (LWIB). If training is to be conducted in more than one state, the certification form must be completed and signed by the appropriate official in each state where training is conducted. The certification form attests that the training provider:

- Is approved by the higher education authority in the home state,
- Is on the home state's WIA training provider list,
- Provides WIA performance data to the home state, and
- Publishes verifiable consumer data available to the general public, which includes performance data for all students in the program.

Step 2:

For an **initial** application the out-of-state training provider applicant must also submit to the nominating Local LWIB:

- *WIA Data Collection Affirmation Form* (WIA Attachment B), signed by the institution president/director, indicating that the institution will collect and report the performance data as required by WIA, and
- *Memorandum of Understanding* (WIA Attachment C) signed by the institution president/director, that will facilitate the collection and analysis of the program performance data required by WIA. Please complete and sign pages 6 and 10 of the *Memorandum of Understanding* and insert the institution name wherever "name of training provider" is printed throughout the document

This indicates agreement by the institution to submit data on an **annual** basis to the Maryland Higher Education Commission (the "Commission") to determine if the program performance data meets the Maryland minimum requirement of an annual employment rate of 61% to remain on the State List.

Step 3:

For each **program/course** of study being nominated for inclusion on the Maryland State List of Occupational Training Providers, follow the directions in the attached packet called "Application Procedure for Nominating **Programs** to be Included on Maryland State List of Occupational Training Providers for the Workforce Investment Act (WIA) Out-of-State Institutions". This packet includes the following forms:

- *LWIB Nomination Form* (Attachment WIA D);

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- *Nomination Form: Program/Course of Study to be on Maryland State List of Occupational Training Providers: Out-of-State Institutions (Attachment E)*

The completed forms are returned to the LWIB who will then submit all completed forms to:

Maureen Jackson
Maryland Higher Education Commission
830 Bestgate Road, Suite 400
Annapolis MD 21401-3013

If all application steps are completed correctly, approved programs will be included on the Maryland State List of Occupational Training Providers in approximately 45 days.

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WIA Attachment A

WIA
CERTIFICATION FORM FOR
OUT-OF-STATE TRAINING PROVIDERS
SAMPLE

One of the requirements for inclusion on the Maryland State List of Occupational Training Providers for out-of-state providers is verification of qualifications from authorized officials of the provider's home state. This form must be signed by one of the authorized representatives in the provider's home state who is responsible for coordinating and managing that state's eligible WIA training provider list. The signed form must be submitted to the Local Workforce Investment Board (LWIB) from which the provider is seeking nomination to the Maryland State List of Occupational Training Providers.

The _____ (name of training provider)
of the State of _____ does meet **all** of the following qualifications.

Please initial or write "yes" in the blank space next to each statement.

- _____ Is approved by the higher education authority in the home state
- _____ Is on the home state's WIA training provider list
- _____ Provides verifiable WIA performance data to the home state
- _____ Publishes verifiable consumer data available to the general public, which includes performance data for all students in the program

Please submit verification of home state approval and standing on the home state's WIA list.

(Authorized official printed name and title)

(Signature) (Date)

(Authorizing state agency and address)

(Phone number)

Note to LWIB: Please review and sign before forwarding to MHEC

LWIB Signature: _____
Title: _____
Address: _____
Phone: _____

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WIA Attachment B

**WIA
DATA COLLECTION AFFIRMATION FORM
SAMPLE**

This is to affirm that the School identified below will track and report the performance of students enrolled in each program included on the Maryland State List of Occupational Training Providers in accordance with requirements established in Maryland for implementing the Workforce Investment Act (WIA). This will include, but not be limited to, the School taking the action necessary to track and report all data required to calculate program completion rates, employment rates, and average earnings for all individuals enrolled in each program as well as those students funded through WIA. This data collection will be required of each program on the Maryland State List of Occupational Training Providers even if no students enrolled in the program are funded through WIA.

Name of School

Signature of Director of School

Date

Please return to:

**Judy Hendrickson
Director of Academic Affairs-Career/Workforce Education
Maryland Higher Education Commission
839 Bestgate Road Suite 400
Annapolis Maryland 21401**

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WIA Attachment C

SAMPLE MEMORANDUM OF UNDERSTANDING

To: WIA Training Provider Applicants
From: MHEC Staff
RE: Data Sharing Agreement for the Collection of Data Required by the Workforce Investment Act (WIA)
Date: June 26, 2003

Your institution has requested to be on the Maryland State List of Occupational Training Providers for WIA. Performance data required by WIA must be collected for each program/course. Furthermore, each program must meet established performance standards to remain on the Maryland State List of Occupational Training Providers. The purpose of this memorandum is:

- **To transmit a Memorandum of Understanding (MOU) which when executed will permit your institution to be a party to a Data Sharing Agreement between the Jacob France Center (JFC) of the University of Baltimore, the Maryland Higher Education Commission (MHEC), and the Department of Labor, Licensing, and Regulation (DLLR). This Data Sharing Agreement will facilitate the collection and analysis of program performance data required by the Workforce Investment Act (WIA).**

Each training provider is asked to enter into a Memorandum of Understanding with the Jacob France Center of the University of Baltimore to process data required to be collected and analyzed for purposes of WIA. Legal counsel for MHEC and DLLR have reviewed the attached Data Sharing Agreement to ensure its compliance with federal and State privacy laws. MHEC's Assistant Attorney General describes the proposed data sharing agreement and assures that it is designed to comply with the Family Educational Rights and Privacy Act (FERPA). She states:

"The University of Baltimore, through its Jacob France Center, has acted as the agent for DLLR for the purpose of maintaining and performing research related to and involving the wage record archives and the DLLR data since 1998. Under the proposed data sharing agreement between the MHEC, the training providers, and JFC, the Jacob France Center will act as an agent for MHEC and WIA training providers in maintaining and performing research on information obtained from educational records for the purpose of evaluating Federal and State supported education programs such as WIA. As part of the evaluation, as required by WIA, educational data will be analyzed with data relating to core performance data maintained by JFC for the Department of Labor, Licensing, and Regulation (DLLR). However, this analysis will be done by JFC and will be conducted so that personal identification of individuals will not be permitted by anyone other than the employees of JFC who are actually conducting the analysis. The data will be destroyed when no longer needed for analysis. Any reports issued by DLLR and MHEC will be in the aggregate and not make reference to individuals.

The arrangements described above were designed to comply with the Family Educational Rights and Privacy Act (FERPA). Sections 99.31(a)(6)(i) permits disclosure without prior consent when "[t]he disclosure is to organizations conducting studies for, or on behalf of, educational agencies or institutions to: . . .(B) administer student aid programs. . ." The restrictions on use of the data imposed by the 99.31(a)(6)(ii) (A) and (B) are incorporated into the data sharing agreement between JFC and MHEC and the training providers. The requirements of 99.35 are met since the research and analysis are being conducted by an educational institution, the University of Baltimore's JFC."

If you have any questions regarding this matter, please contact me at 410-260-4587 or by e-mail at mjackson@mhec.state.md . Please return the signed Data Sharing Agreement to:

Maureen Jackson
Senior Education Analyst
Maryland Higher Education Commission
839 Bestgate Road Suite 400
Annapolis, MD 21401-3013

Enclosures

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

WIA Attachment C

SAMPLE

(name of training provider)

MEMORANDUM OF UNDERSTANDING

1. This Memorandum of Understanding (hereafter "MOU" or "Agreement") is between the training provider (name of training provider) and The Jacob France Center at the University of Baltimore (JFC-UB). This **Agreement** recognizes that the JFC-UB maintains confidential administrative records received from federal, state and local government agencies. The **Agreement** also recognizes that use of these records is strictly limited by prior specification of approved uses signed by an authorized person representing each provider of confidential information that is to be used in a particular instance and by an authorized person on behalf of the JFC-UB. A copy of each signed use specification document is to be maintained by each signing party.
2. This **Agreement** provides for the JFC-UB to receive confidential student data from (name of training provider) for specified purposes stated below. The **Agreement** further states the conditions that must be met in storing, processing and releasing information drawn from these records; identifies a responsible person affiliated with each party to the **Agreement** for purposes of enforcing these requirements and resolving any differences of interpretation that might arise; establishes a sunset provision for the duration of the **Agreement** with explicit steps to be taken if both parties want to renew the **Agreement**; and describes a process for destroying the confidential records, or returning them to between (name of training provider) at the termination of the **Agreement** period.
3. Each party to this **Agreement** understands and acknowledges that the sole purpose for the **Agreement** is to provide for a secure, reliable and cost-effective linking of (name of training provider) data with other databases held by the JFC-UB for the stated purposes authorized. No provision in this **Agreement** can be interpreted to obligate any other organization or person in any way.

Specifically, the intention to link student data with other databases does not obligate the owners of the other confidential records to make them available for the desired purpose. This caution is included to recognize and protect the legal rights of third parties. However, this **Agreement** has been signed with an expectation that the required information to satisfy the intended purposes will be available. It is understood that prior or simultaneous negotiation of the necessary data sharing agreements with other affected parties has been undertaken. (name of training provider) retains a unilateral right to terminate the **Agreement** upon learning that the necessary data sources to accomplish the stated purposes of the **Agreement** will not be forthcoming.

4. The following uses of confidential student data provided by (name of training provider) to the JFC-UB are authorized:

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

- Satisfying, or contributing to, Workforce Investment Act performance measurement and consumer report requirements.
 - Satisfying, or contributing to, Perkins III Core Indicator measurement requirements, if applicable..
 - Satisfying, or contributing to, other federal and state performance measurement needs, which must be specified and approved in advance and attached to this **Agreement** as an amendment.
 - Satisfying, or contributing to, future performance measurement needs identified during the **Agreement** period by *(name of training provider)*. Such uses must be specified and attached to the **Agreement** as an amendment.
5. The *(name of training provider)* and JFC-UB mutually agree that the data uses identified in Item 4. satisfy the Family Educational Rights and Privacy Act (FERPA) exceptions to non-disclosure found at 20 USC 1232g(b). Specifically, USC 1232g(b)5 provides that nothing in the Act shall be construed to prohibit state and local educational officials from having access to educational records as necessary for audit and evaluation of federally or state supported educational programs. USC 1232g(b)(1)(F) further provides that education records and personally identifiable information may be released without student or parental consent to "organizations conducting studies for, or on behalf of, educational agencies or institutions for the purpose of developing, validating, or administering predictive tests, administering student aid programs, and improving instruction, if such studies are conducted in such a manner as will not permit the personal identification of students and their parents by persons other than representatives of such organizations and such information will be destroyed when no longer needed for the purpose for which it is conducted."
6. The *(name of training provider)* and the JFC-UB mutually agree that no student data provided to the JFC-UB under this **Agreement** may be used to provide performance information to any other organization or person without prior written approval by the person authorized to represent the *(name of training provider)* in all aspects of the **Agreement**.
7. This **Agreement** is a non-financial understanding between the *(name of training provider)* and the JFC-UB. No financial obligation by or on behalf of either of the parties is implied by a party's signature at the end of the **Agreement**. The terms of any financial liability that arises from data processing activities carried out in support of the performance measurement responsibilities covered here must be negotiated separately. The legal authority for data sharing for specified purposes that is conveyed by the signed **Agreement** cannot be used to support a subsequent claim of implied agreement to financial obligation.
8. Definitions of terms used in this **Agreement** include:

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

- A. "Disclose" or "Disclosure" means the release of information with or without a disclosure release from the individual to whom the information pertains.
- B. "Individual student record information" includes data elements maintained by, or on behalf of, providers of education services, which are needed to satisfy certain federal, state and local performance accountability requirements.
- C. "Earnings data" means unemployment insurance administrative records (UI wage records) maintained by the JFC-UB. Earnings data are maintained by the JFC-UB through a data-sharing agreement with the Maryland Department of Labor, Licensing and Regulation (DLLR).
- D. "Employment data" covers non-earnings aspects of employment, such as North American Industrial Classification System (NAICS) codes, employer identification, work-site location, out-of-state employment, federal government employment, and other types of employment that are not covered by state unemployment compensation statutes. Each of these sources is subject to disclosure stipulations that must be satisfied in any data storage, processing and release covered under this **Agreement**.
- E. "Operations Contractor" is the entity responsible for the technical operation and maintenance of the hardware and software used to link individual student data with employment and earnings data, as these are defined above. The JFC-UB is the only Operations Contractor designated in the **Agreement**.
- F. "**Agreement**" means this document with authorizing signatures representing (name of training provider) and the JFC-UB), as well as appended amendments that have been signed by both parties and make explicit reference to the **Agreement**.

9. Confidentiality Restrictions on Use of Information: All parties to this agreement recognize that confidentiality of student, employer and employee data is of paramount importance and must be observed except where disclosure is allowed by law. Accordingly, the parties agree to take all necessary steps to protect such confidentiality by complying with the following provisions governing their handling of confidential information:

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

- A. **Operations Contractor:** The Jacob France Center at the University of Baltimore (JFC-UB).

The parties mutually agree that the following named individual is designated as "Custodian" of the files received by the JFC-UB from

(name of training provider) .

Custodian: David W. Stevens, Executive Director
The Jacob France Center
BC 368
University of Baltimore
1420 North Charles Street
Baltimore, MD 21201-5779
(410) 837-2729
"dstevens@ubmail.ubalt.edu"

Processing Site: The Jacob France Center

The "Custodian" will be personally responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in the **Agreement** to prevent unauthorized use. The Operations Contractor agrees to notify

(name of training provider) within thirty (30) days of any proposed change in custodianship. The parties mutually agree that (name of Training Provider) may disapprove the appointment of a new custodian and/or request the immediate return of its own records if the new custodianship arrangement is approved by the other parties.

- B. (name of training provider) :

The parties mutually agree that the following named individual will be designated as point of contact for the **Agreement** on behalf of

(name of training provider) .

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(Name of Contact)

(Title)

(Address)

(Telephone Number)

(E-Mail Address)

10. The Operations Contractor agrees that within the JFC-UB access to the original data covered by this **Agreement** shall be limited to the minimum number of individuals necessary to achieve the purpose stated in this section and to those individuals on a need-to-know basis only.

11. The following specific data files and updates as mutually agreed upon are covered under this **Agreement**:

[TO BE ADDED]

The intent of this listing of original data sources is to convey a clear mutual understanding and agreement that confidential administrative records

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

to carry out the purpose of the **Agreement** are covered only when such records are specified and appended to the **Agreement**.

12. Retention of Original Data:

The Operations Contractor (the JFC-UB) shall retain original data files, and any derivative files that continue identification of individuals and/or education entities only for the period of time required to fulfill its responsibilities.

When the purpose of the **Agreement** has been completed, the authorized person for the (name of training provider) will notify the JFC-UB either to return the files or to certify destruction of the files in writing within 30 days of receiving the instruction. If (name of training provider) elects to have its data returned the JFC agrees to return all such files within 30 days of receiving notice to that effect.

The JFC-UB agrees that no data from the original files, or any parts thereof, shall be retained when the aforementioned files are returned or destroyed unless authorization in writing for the retention of such files has been received from the appropriate authorized person designated in the **Agreement**.

The (name of Training Provider) and the JFC-UB mutually agree that comprehensive longitudinal coverage of providers is essential to achieve the basic purpose of the **Agreement**. Hasty destruction or return of component data files is inconsistent with this principle. It is therefore imperative that the Operations Contractor maintain timely communication with all parties, and reliable documentation of such activities, so the continuing justification for data retention is understood and endorsed.

The **Agreement** may be terminated immediately, upon written notice, should changes in governing state or federal laws or regulations render performance hereunder illegal, impracticable, or impossible.

Should this **Agreement** be terminated either by mutual consent or for cause, all parties shall remain liable for the payment of charges accrued up to and including such date of termination.

13. Amendment of the **Agreement**:

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This **Agreement** may be amended in writing when signed by both parties. Where a written amendment is used for this purpose, such amendments shall not become effective until the written amendment has been fully executed by all parties.

14. Limitations on Liability:

The Operations Contractor (the JFC-UB) does not warrant that the original data acquired from (name of Training Provider) is accurate or complete, although every reasonable effort to document the accuracy and completeness of such data files will be made.

To the extent permitted by applicable federal or state law, each party to the **Agreement** shall be responsible for the acts and omissions of its own employees. The parties shall not be held responsible for the misuse of data disclosed under this **Agreement** by the other party or employees of the other party.

15. Non-Discrimination:

Each party to this **Agreement** hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination in the performance of the **Agreement** on the ground of disability, age, race, color, religion, sex, or national origin.

16. Waiver/Strict Performance:

Failure by either party to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this **Agreement** shall not be construed as a waiver or relinquishment of any such term, covenant, condition, or provision of the **Agreement**.

17. Entire Agreement:

This **Agreement** is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions of the **Agreement**. The **Agreement** supersedes any and all

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.

18. Severability:

If any terms and conditions of this **Agreement** are held to be invalid or unenforceable as a matter of law, the other terms and conditions hereof shall not be affected thereby and shall remain in full force and effect. To this end, the terms and conditions of this **Agreement** are declared severable.

19. Effective Date of the **Agreement**:

This **Agreement** shall take effect upon the date on which it is fully executed by both parties, and it shall continue in force and effect until June 30, 2003, or until terminated or amended in accordance with the terms of the **Agreement**.

20. Signatures:

On behalf of the respective parties the undersigned individuals hereby attest that s/he is authorized to enter into this **Agreement** and agrees to all the terms specified herein.

For (name of Training Provider)

For the JFC-UB

(Printed Name and Title)

(Printed Name and Title)

(Signature)

(Signature)

Date: _____

Date: _____

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

WIA Attachment D

LWIB NOMINATION FORM SAMPLE

Check appropriate box:

- Two or Four Year Public School
- Two or Four Year Private School
- Private Career School

All nominated programs/courses of study **must** be nominated by the Local Workforce Investment Board (LWIB) to be included on the Maryland State List of Occupational Training Providers. If the program/course of study has been in **existence for more than one year**, the program/course of study must meet the minimum performance standard prior to being added to the Maryland State List of Occupational Training Providers. Programs/courses of study not meeting minimum standards cannot be added to the State List of Occupational Training Providers.

All nominated programs/courses of study **must** be approved by the Maryland Higher Education Commission (MHEC).

If the program/course of study is **newly approved or has met minimum standards**, fill in Section A for nomination and submit to LWIB for review, recommendation, and signature.

Section A:

_____ (Name of Institution) requests that the following program/course of study be placed on the Maryland State List of Occupation Training Providers for the Workforce Investment Act. The program/course of study has been approved by the Maryland Higher Education Commission, and if necessary, has met Maryland minimum standards.

Program Name:			
Degree Level: PCS Certificate	Lower Division Certificate Associate Degree	Bachelor's Degree Master's Degree	Credit Non-Credit
Total Credit Hours:	OR	Total Clock Hours:	Tuition: Books:
			Fees: Other:
Future Potential: (list up to 3 occupations)	1 2 3		

_____ **Request Approved:** add program/course of study to Maryland State List of Occupational Training Providers.

_____ **Request Not Approved:** do not add program/course of study to Maryland State List of Occupational Training Providers.

LWIB Signature _____
 Title: _____
 Address: _____

Date: _____

Note to LWIB: **Please review, indicate your decision above and sign the form.
 Please return the completed form to the submitting institution or agency.**

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

Application Procedure for Nominating Programs to be included on Maryland State List of Occupational Training Providers For the Workforce Investment Act (WIA)

SAMPLE

Programs may be nominated by schools for inclusion on the Maryland State List of Occupational Training Providers. The training must prepare an individual for an occupation or provide the skills necessary for gainful employment. Please note that the school is responsible for collecting and reporting program performance data for each program on the Maryland State List of Occupational Training Providers, as required by the Workforce Investment Act (WIA).

All programs being nominated to be included on the Maryland State List of Occupational Training Providers must first be reviewed and recommended for inclusion on the Maryland State List of Occupational Training Providers by a Local Workforce Investment Board (LWIB).

- If a program is being nominated at the specific request of the school, please complete the form *LWIB NOMINATION FORM* (WIA Attachment D). Submit this form to the Local Workforce Investment Board for review, recommendation, and signature,
OR
- If a program is being nominated at the specific request of a Local Workforce Investment Board, please submit a copy of the request with the program nomination form (WIA Attachment E). A written request by the LWIB will permit the program to be added to the Maryland State List of Occupational Training Providers without further review by the LWIB. Attachment D will not need to be completed or submitted to the LWIB.
- When recommendation to add is received from the Local Workforce Investment Board, complete the form *Nomination Form: Program to be on Maryland State List of Occupational Training Providers*: (WIA Attachment E) for each program recommended for inclusion on the Maryland State List of Occupational Training Providers. Instructions on how to complete the form are included.
- Submit the following to the Maryland Higher Education Commission:
 - *LWIB NOMINATION FORM* (WIA Attachment D) or copy of written nomination from the Local Workforce Investment Board for each program to be placed on the Maryland State List of Occupational Training Providers, **and**
 - *Nomination Form: Program to be on Maryland State List of Occupational Training Providers* (WIA Attachment E) to be included on Maryland State List of Occupational Training Providers. Each nomination form must be signed by the school director.

For an **initial school application** to be included as a WIA training provider, it will also be necessary to include:

- *WIA Data Collection Affirmation Form* (WIA Attachment B), signed by the school director, indicating that your school will collect and report the performance data required by WIA, **and**
- *Memorandum of Understanding* (WIA Attachment C), signed by the school director, that will facilitate the collection and analysis of the program performance data required by WIA. Please fill in and sign pages 6 and 10 of the *Memorandum of Understanding* and insert your school name wherever “name of training provider” is printed throughout the document.

If you have already completed and submitted these two forms, it is not necessary to do so again.

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

Meeting Minimum Performance Standard

Existing programs being nominated to be included on the Maryland State List of Occupational Training

Providers must demonstrate verifiable minimum performance standards of a 61% employment rate for students who have graduated from the program during the prior year. An existing program is defined as a program that has been offered for more than one year.

Data that may be submitted to substantiate this employment rate include:

- WIA,
- WtW (welfare to work) customers, or
- formal follow-up surveys of students.

If none of these methods are available, the school may submit the social security numbers of the students with their graduation/completion date for comparison with wage records.

Programs not meeting the minimum performance standard of 61% are ineligible for inclusion on the Maryland State List of Occupational Training Providers.

Application Checklist:

- _____ Signed *WIA Data Collection Affirmation Form* (WIA Attachment B) if initial application.
- _____ Signed *Memorandum of Understanding* (WIA Attachment C) if initial application.

- _____ Completed *Nomination Form: Program to be on Maryland State List of Occupational Training Providers*: (WIA Attachment E) form for each program, signed by the school director.

- _____ Copy of written request by Local Workforce Investment Board for program to be included on state list if applicable, **OR**
- _____ Copy of the *LWIB NOMINATION FORM* (WIA Attachment D) signed and approved by the LWIB for each program.

- _____ Verifiable documentation of a 61% employment rate for the prior year for each program, if applicable.

Please send the signed completed paperwork to:

Judy Hendrickson
Director of Academic Affairs-Career/Workforce Education
Maryland Higher Education Commission
839 Bestgate Road Suite 400
Annapolis, MD 21401

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

WIA Attachment E

Nomination Form: Program to be on Maryland State List of Occupational Training Providers SAMPLE

Institution Name:	Indicate status of program being nominated. Check one: New program (MHEC approved less than one year) Existing program (MHEC approved more than one year)		
*Program Name: (Not to exceed 55 characters)			
*Program Description: (Not to exceed 165 characters)			
Degree Level:	PCS certificate	FEIN:	
*Total Clock Hours:			
*Federal Financial Aid:	Yes	No	
Minimum Age:	Placement Test: Yes No		
*Admission Requirements: (Check only one)	HS or GED: HS or GED and Pass Admission Test: HS or GED or Pass Admission Test: Pass Admission Test: None:		
Other Additional Requirements:			
*Job Placement Available:	Yes	No	
*Future Potential: (list up to 3 occupations)	1 2 3		
Licensure Yes:	Type:	Certification Yes:	Type:
*Weeks to Complete:			
*Class-Time: (check all that apply)	Day Evening	Weekend Other	Type:
Distance Learning:	Yes	Type:	
*Total Tuition:			
*Fees:			
*Books and Supplies:			
*Other Costs:			
For more information on these programs:			
*Contact Person:			
Title:		Office Hours:	
*Phone:	Fax:	Email:	
*Address Line 1:			
Address Line 2:			
*City:	County:	*State: Md	*Zip:

* = Required Information

Signature of Director: _____
 Title: _____
 Date: _____

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

Instructions for Completing “Nomination Form: Program to be on Maryland State List of Occupational Training Providers” SAMPLE

The application form must be completed for each program being nominated by your school to be added to the Maryland State List of Occupational Training Providers. Nominated programs must be approved by MHEC. Please do **not** nominate programs not yet approved by MHEC.

Please fill in all required information (as indicated by an asterisk). Where appropriate, enter “NA” for “not applicable”.

The school director must sign the completed form. Incomplete forms will be returned to the school.

Data Items for Completion

Institution: Name of your school.

Program Name: Should not exceed 58 characters.

Program Status: ; Identify the status of the program/course of study being nominated for inclusion on the State List. As described below, the criteria for inclusion on the State List differs for new and existing programs/courses of study:

- **Existing programs:** Existing programs are those programs that have been MHEC approved for more than one year. Existing programs must demonstrate that they meet minimum program performance standards prior to being placed on the State List of Occupational Training Providers.
- **New programs** New programs are those that have been approved by the MHEC within the last year. New programs are eligible to be added to the State List of Occupational Training Providers without demonstrating that they meet minimum program performance standards.

Program Name: Should not exceed 55 characters.

Program Description: Briefly summarize the objectives of the program. (e.g. Provides skills and knowledge necessary to repair computers & take tests required to obtain A+ certification OR Develop expertise in Word, Excel & PowerPoint to test for MSOffice certification, User Specialist, expert level). **Note that the description must be limited to 165 characters.**

Degree Level: school certificate has been entered for the schools.

FEIN: Enter Federal Employment Identification Number.

Total # Clock Hours: Report the total clock hours for the approved program.

Federal Financial Aid: Indicate (by checking “yes” or “no”) whether program is eligible for federal financial aid.

Minimum Age: Specify the minimum age required for admission.

Placement Test: Indicate (by checking “yes” or “no”) whether a placement test is required of students to determine their placement in the program.

Admissions Requirements: Check one of the following options:

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

- **High School Grad or GED:** Indicate (by check mark) whether an applicant must be a high school graduate or possess a GED to be eligible for admission.
- **High School Grad or GED and Pass Admissions Test:** Indicate (by check mark) whether an applicant must be a high school graduate or possess a GED and pass an admissions test to be eligible for admission.
- **High School Grad or GED or Pass Admissions Test:** Indicate (by check mark) whether an applicant must be a high school graduate or possess a GED or pass an admissions test to be eligible for admission.
- **Admissions Test for All Students:** Indicate (by check mark) whether an admissions test is required for all applicants seeking admission to the program.
- **None:** If no admission requirements, please check the None box.

Other Additional Requirements: Specify any other admissions requirements (e.g. passage of a physical exam).

Job Placement Services: Indicate (by checking “yes” or “no”) whether your school provides job placement services to graduates of the program.

Future Potential:

- **Listing of Occupations for which the Program Prepares Graduates:** Identify the primary occupation for which the program prepares graduates (e.g. Computer Programmer, Truck Driver, Chef, Beautician). For most training, one occupation is sufficient to be identified and “NA” entered for two (2) and three (3).

Training for Licensure or Industry Certification: Indicate (by checking “yes”) whether the program prepares graduates for either licensure or industry certification. If yes, specify the type of licensure or industry certification (e.g. A +, certified nursing assistant, Microsoft Certified Systems Engineer).

Weeks to Complete Total Training: Specify the number of weeks required to complete the total training. For a program that is available on a full-time and part-time basis, specify the range (e.g. 4-8 weeks, 12-24 weeks).

Class Time: Check all that apply.

- **Day Option:** Indicate by checking box whether the program is offered in the day.
- **Evening Option:** Indicate by checking box whether the program is offered in the evening.
- **Weekend Option:** Indicate by checking box whether the program is offered on the weekend.
- **Other Option:** Specify any other schedule options available for the program (e.g. evening & weekend option).

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

Training Offered Via Distance Education: Indicate that the program is offered via distance education by checking box. If yes, specify the type of distance education (e.g. computer on-line instruction, interactive video classroom instruction).

Costs: Enter whole numbers only. Do not include cost of certification or licensure exams.

- **Total Tuition:** Specify the total tuition.
- **Fees:** Specify the cost of fees for the total program. Include all fees.
- **Books and Supplies:** Specify the estimated cost of books and supplies for the total program. Provide a range if appropriate.
- **Other Costs:** Specify any other costs for the total program.

Contact Person: Information regarding the office or person to be contacted for additional information about the program.

- **Name:** Enter name.
- **Title:** Contact person's official title.
- **Office Hours:** Enter office hours.
- **Phone Number:** Specify the phone number of the office or person to contact for additional information about the program.
- **FAX Number:** Specify the fax number of the office or person to contact for additional information about the program.
- **E-Mail Address:** Specify the email address of the office or person to contact for additional information about the program.
- **Address Line 1 and Line 2:** Enter complete address.
- **City:** Enter city.
- **State:** Completed.
- **Zip:** Enter zip code.
- **County:** Enter county.

MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE

APPEAL OF WIA PERFORMANCE DATA – VERIFICATION OF EMPLOYMENT DATA

WIA Form A

SAMPLE

LWIB: _____

Name of School: _____

Contact Person: _____

Name of Program : _____

Phone Number: _____

	2	3	4	5	6	7	8	9
WIA Student Name:	SSN	FT=1 or PT=2	Student Start Date	Actual Completion Date	Date of Hire	Employer's Name	Employer's Address	Employer's Phone

**MARYLAND STATE LIST of OCCUPATIONAL TRAINING PROVIDERS PROCEDURE
INSTRUCTIONS FOR COMPLETING WIA FORM A
APPEAL OF WIA PERFORMANCE DATA - VERIFICATION OF EMPLOYMENT DATA**

STEP 1: Identify the name of the school and the name of the program being appealed.
Identify the Local Workforce Investment Board and contact person.

STEP 2: Complete the columns of WIA Form A as indicated below:

Column #	Data Element	Description
1	Student Name	Enter student's complete name: first name last name
2	SSN	9 digit Social Security number 000000000 = unknown Social Security Number Do not leave Social Security Number blank
3	Full-time or Part-Time Status	1 = Full time 2 = Part time. A full-time student is defined as a student enrolled in a program Requiring 18 or more clock hours per week
4	Student Start Date	Student's training program start date Enter as month, day, year. The start date must be between July 1, 2001 and June 30, 2002
5	Actual Completion Date	Enter the ACTUAL date that the student successfully completed the program The date must be between July 1, 2001 and June 30, 2002 Enter as month, day, year Leave blank if student did not complete the training
6	Date of Hire	Enter the date that the student was hired ¹ Enter as month, day, year Leave blank if the student was not hired
7	Employer's Name	Enter the name of the employer, if employed.
8	Employer's Address	Enter the address of the employer, if employed.
9	Employer's Phone	Enter the area-code and phone number of the employer, if available.

5/03

¹ For the employment to be counted in the employment rate, the date of hire must be in the quarter after the student either successfully completed the program or exited the program.