

ELIGIBLE TRAINING PROVIDER REGISTERED APPRENTICESHIP APPLICATION

The State Eligible Training Provider List (ETPL) is utilized by individuals seeking training opportunities funded by the Workforce Innovation and Opportunity Act (WIOA). Registered Apprenticeship (RA) programs are automatically eligible for the State ETPL and are not subject to the same application and performance requirements as other training providers. To be listed on the ETPL, please complete the below information in its entirety:

Registered Appr	enticeship Prog	ram Sponsor:					
Program Sponsor	Name:	-					
Street Address:							
City:	State:	Zip Code:	Ap	pprenticeship Registration Date:			
Program Sponsor Contact Name:			Program Sponsor Contact Title:				
Phone #:		Email Addre	Email Address:				
Federal Employm	ent Identification	Number (FEIN):					
Apprenticeship is	registered with:	☐ U.S. Department	t of Labor	☐ RI Sta	te Apprenticeship Council		
I 4 4 D	· 1 / / e 1 · ee	4.d. d. D	G)				
Name of Provider	•	t than the Progran	n Sponsor):				
Street Address:							
City:	State:			Zip Coo	ode:		
Authorized ETP	L Contact Perso	on					
Contact Name:			Contact Title:				
Contact Phone #: Contact Fa		Contact Fax 7	:#:		Contact Email:		

Program Information:						
Program Name:				CIP Code (if known):		
Program Description:				•		
Instruction Method: ☐ In-	* • • • • • • • • • • • • • • • • • • •	Online/Dist	tance Learning	☐ Blended I	Duo ouous	
	•					
Instruction Length in Weeks:	Is Financial A	Aid Available?	☐ Pell Grant		nal Scholarship	
	16 : 6	1 0'	☐ Federal Loan	Other	□ None	
Minimum Class Size:	Maximum C	lass Size:	Number	of Instructors:		
Total Class Time:	me:	Class Frequence	ey: □ Daily □	Bi-Weekly	☐ Semester	
Describe the minimum entry	level requirer	nents or prered	quisites (800 cha	aracters or less):		
Describe any equipment used	l in this progr	am:				
J 1 1	1 6					
Program Costs: please indicate	te in the 'othe	r' section any	out of nocket ex	enenses to the stude	nt that is not co	vered in the
program costs.	e in the other	r section any	our of poeter ex	penses to the state	ni inai is noi co	verea in the
Tuition/Fee:						
Books:						
Tools:						
Other:						
If Other, describe:						

Person completing this form:

Printed Name:

Title:

Please send completed forms to Leslie Milner at Leslie.Milner@dlt.ri.gov

For program funding details in compliance with the Stevens Amendment, please visit https://dlt.ri.gov/wds/program-funding