



Program Additions

Utah Department of Workforce Services (DWS)
APPLICATION TO PROVIDE OCCUPATIONAL SKILLS TRAINING SERVICES
 Program Additions

Part A: School Information

School Information	
School Name	
Street	
City, State & Zip Code	
If mailing address differs from the training location, please provide that address:	
Contact Name	
Contact Phone Number	
Contact E-mail	
Toll Free Number	
Web Address	
Other Names Operated Under	

Part B: Program Information: The following information is required for each program seeking approval. Please attach additional pages if needed.

Program Name		
If accreditation is required and you do not have institution-wide accreditation, is this program accredited?	NO	YES (if yes, please provide a copy of your current letter of accreditation)
Is one of the goals of your program to have your students satisfy the education requirements for licensure by the Division of Occupational and Professional Licensing (DOPL) or any other licensing agency?	NA	
	NO	YES (if yes, please provide the following: Type of license: Agency that will issue the license: Please attach documentation that your curriculum has been reviewed by DOPL or other licensing agency, and documentation that your instructors are licensed by DOPL or other licensing agency to practice the occupation or profession that is taught.)
Completion Rate (%)	% Grads in Unsubsidized Employment	Wage at Placement
Type of certification, license or accreditation that students completing the program obtain		



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Certification (%)	
Program Cost: Please include the cost for tuition, fees, books, supplies etc.	
Program Information: (Please include length of training, overview of curriculum etc.)	

Part C: Before sending, please verify that the following is included with the application:

- Documentation of registration or exemption from registration as a proprietary school with the Utah Division of Consumer Protection. If you are in your review year, please also provide your Review Registration Approval Letter from the Utah Division of Consumer Protection.
- A copy of your current letter of institution-wide accreditation, and/or current letter of accreditation for each program for which you are seeking approval, if applicable. (Please note that the accreditation certificate is not sufficient documentation.)
- Documentation that your curriculum and instructors have been reviewed by DOPL or other licensing agency, if applicable.

Please note that if any information is missing, fraudulent or required documents are not attached to the application, it will delay the process for approval or denial.

By signing this application, you are agreeing that your school will:

- Provide DWS students with progress and attendance reports upon request.
- Notify DWS of any changes including addition or deletion of courses, programs or locations, changes in program cost, accreditation, approval, certification and/or license and relocation or change of ownership. (Depending on the change, it may require a new application approval process.)
- Provide services in a professional and timely manner.
- Have an adequate facility that abides with ADA guidelines.
- Abide by the DWS Equal Opportunity Clause:
 - Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I – financially assisted program or activity:
 - Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;
 - Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
 - The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;
 - And Title IX of the Education Amendments of 1972, as amended which prohibits discrimination on the basis of sex in education programs.
 - Not recruit on DWS premises without DWS Manager or Director's approval.
 - Not rely solely on funds from DWS to remain in business.



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- ❑ Not use your organization or corporate names and logos, or pass out materials identifying yourself to the media, to business or other organizations/associations, or to individuals, in the context of conducting any DWS operations or contracted services.
- ❑ Not expect or require a minimum number of DWS referred customers. (DWS makes no guarantee to the number of customers that will attend your school.)

I certify that the information contained herein is complete and accurate to the best of my knowledge, and is furnished for the purpose of obtaining DWS approval to offer services in the state of Utah, and in conformity with the standards set forth by the state of Utah. Should circumstances result in any modifications of the content, I will advise DWS. I understand that failure to abide by the rules may result in a further review of services and possible termination of application status or approval of services.

Printed Name

Signature

Date

Mail the completed application and required documentation to:

Attn: Tara Connolly
Department of Workforce Services – WDD
140 E 300 S
Salt Lake City UT 84111

Or email to dws_trainingproviders@utah.gov

Hand-delivered applications will not be accepted.

For questions on completing the application please call 801.707.3710.

The approval process can take up to 90 days.