



Application B

**Utah Department of Workforce Services (DWS)
APPLICATION TO PROVIDE OCCUPATIONAL SKILLS TRAINING SERVICES
Non-Title IV Post Secondary Schools**

Part A: School Information

School Information	
School Name	
Street Address	
City, State, Zip Code	
Mailing Address, if different	
Contact Name	
Contact Phone Number	
Contact E-mail	
Toll Free Number	
Web Address	
Other Names Operated Under	
List how long your school has been in business in Utah AND attach your school's business license(s) showing at least one year. (Your school must have been in business in Utah for at least one year. No start up schools will be approved.)	
Accreditation and State Authorization Agencies	
You must be registered or registered as "exempt" as a postsecondary proprietary school with the Utah Division of Consumer Protection.	Please attach your registration or registration as exempt certificate or letter.
Are you a government agency?	NO YES
Does your school have institution-wide accreditation?	NO YES (if yes, please provide a copy of your current letter of accreditation) N/A



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Financial Documentation	
Refund Policy	Please attach your current refund policy.
Grievance Procedure	Please attach an outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility etc.
For electronic payment through a point of sale/credit card machine, please list your Merchant ID Number for Tuition Payments:	
If you do not have a credit card machine:	Please complete the Direct Deposit Authorization Form (last page of application) and attach a voided check and utility bill or business license that shows the same address as printed on the voided check. If you select this option to receive payment, you MUST mail your application.

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



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

- Current business license(s) showing that your school has been in business in Utah for at least one year.
- Documentation of registration or exemption from registration as a postsecondary 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.)
- A copy of your refund policy.
- An outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility, etc.
- If not accepting payments through a point of sale machine, a completed Direct Deposit Authorization Form, a voided check and a utility bill or business license that shows the same address as on the voided check. (The business license required above can be used for this requirement if the address matches the voided check).
- 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;



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- 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.
- ❑ 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.



Direct Deposit Authorization Form for Electronic Funds Transfers (EFT) for Vendors

Payee Information

Name of Business or Individual Street Address	Vendor Code City	SSN or EIN State Zip Code
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Attach a voided check. A photocopy of a voided check will not be accepted. Do not attach a deposit slip, as they do not contain sufficient information for processing. **Attach a utility bill or business license that shows the same address as printed on the voided check.**

Provide financial institution and account information on this form and sign the *Authorization for Setup* below.

Financial Institution

Financial Institution Name Routing Transit Number (9 DIGITS)	City Account Number	State	Zip Code
		Type of Account	
		Checking	Savings

Authorization for Setup

I hereby authorize the State of Utah ("the State") to initiate credit entries to the account number listed above ("this account"). I further authorize the State to correct credit entries made in error to this account. I agree that this AUTHORIZATION FOR SETUP is to remain in full force and effect until the State has received written notification from me of its termination, in such time and manner as to afford the State and the Financial Institution a reasonable opportunity to act upon my notification. I recognize that if I fail to provide complete or accurate information on the above DIRECT DEPOSIT AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFERS (EFT) FOR VENDORS ("this form"), the processing of this form may be delayed and/or my payments may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this form, I hereby hold the State harmless for the recovery of such erroneous transfers, notwithstanding any reasonable attempts made by the State to correct such errors.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

 Authorized Signature

Printed Name

Title

Date
 (mm/dd/yyyy)

Email Address

Telephone Number

Fax Number