



All **additional program requests** must be submitted to the Atlanta Regional Workforce Board on the following **Additional Programs Request Form**. No program will be considered unless it is on the correct form. These programs would have to meet all the normal criteria for consideration and would have to have been *authorized by NPEC or other authorizing agency prior to consideration*. **No program will be considered without recent performance information on a minimum of five (5) students.**

A complete listing of text books with corresponding ISBN# should be submitted along with this request form.

The form can be completed and submitted online to:

workforce@atlantaregional.com

or mailed to:

Atlanta Regional Commission, WFD
40 Courtland Street
Atlanta, GA 30303

No Fax Copies will be processed due to possible print quality issues.

All program changes are subject to the Quarterly ITA Committee review and notification of committee recommendations will be provided in writing following the meeting.

**INDIVIDUAL TRAINING ACCOUNT (ITA)
 ADDITIONAL PROGRAMS REQUEST
 (ATTACHMENT F of Training Provider Agreement)**

Training Provider Name	
Address	
City	
State	
Zip	
County	
Website (URL)	
Accreditation (NPEC/GHP/DPS/Other)	
Federal Tax ID # (99-9999999)	
Contact Name, Title	
Email Address	
Phone (999-999-9999)	
Additional Phone (Cell, other)	
Fax (999-999-9999)	
Program Title	
Program Description (limit 255 characters)	
Credential Earned	<input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> State Certification/License

Program Cost and Duration as Published for the General Public. Please note WIA discount, if applicable

Tuition	Application/ Admission Fee	Books, include ISBN, costs and description	Tests, list	Supplies, list each and cost	Other Fees, list and costs	TOTAL
\$	\$	\$	\$	\$	\$	\$
Number of Weeks		Classroom Curriculum Hours		Other Specify Internship Hours Separately		

Entry Criteria				
High School Diploma Required	Reading Level	Math Level	Language Level	Other Entry Requirements (Please List)
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Past Performance (all students)		
From: _____ Through: _____ (most recent 12 month period for which data is available, but no earlier than July 1, 2004)		
	Number of Students	Percentage of Students
Total Students		
Completion Rate (number and percent of total students exiting the program during the above period, who met the programs completion requisites)		%
Credential Rate (number and percent of completers exiting the program who obtained a diploma, certificate or license)		%
Students Obtaining Employment (number and percent of completers exiting the program during the above period who obtained employment)		%
Training Related Employment (number and percent of completers exiting the program during the above period who obtained training related employment)		%
Average Weekly Wage at Placement (average weekly earnings at placement of completers obtaining employment during above period)		\$

Approved training providers requesting approval of additional programs to an existing training provider contract should follow the applicable steps below:

Submit to the ARC a statement of reasons why the program(s) should be approved. At a minimum, the following should be addressed:

- An identification of stable employment availability
- For requested programs that are not associated with demand occupations, training providers should submit two or three statements from employers verifying that they would employ an individual who completes training

The ARC will compare the requested program(s) with similar programs offered by approved training providers. Areas for comparison include price, length of the program, wage at placement, and vendor location. The ARC will review the training provider's past efforts in achieving the appropriate ARC performance measures. Based on the results of the above steps, the ARC will make recommendations to the ITA Committee to either approve or disapprove the request. The ARC will notify the training provider, in writing, stating conditional approval or disapproval. ARC will notify the Georgia Department of Labor regarding addition of approved programs to the EPL.

Supply List

Provider:

Program:

Item	Cost
Supplies (Please revise for your specific program)	
Uniform	
Stethoscope	
Blood Pressure Cuff	
CPR Training	
Immunizations	
Tools	
Supplies Total	\$
Books – list each one	
Name	
ISBN Number	
Books Total	\$
Test Fees	
Name of Exam	
Test Fees Total	\$
Fees	
List all fees	
Fees Total	\$
Tuition	\$
Total Program Cost	\$

**Atlanta Regional Workforce Board
Credentials for Each Program Requested for Georgia Eligible Training Provider List**

School Name:

Program	Credential Name	Organization Granting Credential	Price of Exam	Address and Contact Information Of Organization Granting Credential

Attach a copy of the credential and a confirming statement that graduates of your program may sit for the Credential Examination

Company Name _____

Address: _____

Date: _____

Graduate and Employer References

Graduate	Graduate Phone Number	Employed By	Employer Contact Name	Employer Phone Number

Five graduates

Three of the employers listed will be contacted as well.