



Atlanta Regional Workforce Board

CAREER RESOURCE CENTERS THAT WORK

All **program change requests** must be submitted to the Atlanta Regional Workforce Board on the following **Change Request Form**.

No program change will be reviewed unless it is on the correct form.

Information on this form is to reflect the change being requested and must state the reason for the change.

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.

PROGRAM CHANGE REQUEST
(ATTACHMENT G of Training Provider Agreement)

1. Name of Organization:

2. This is a request for the change of:
 - Program Cost Program Duration Program Entry Criteria

3. The reason for the change is:

4. Please fill in the **title of the program** and **requested change(s)** only.

| | | | | | | |
|--|-----------------------------------|--|------------------------------|---|-------------------------|--------------|
| Program Title | | | | | | |
| Published Program Cost and Duration (available to the general public) Note WIA discount, if applicable. | | | | | | |
| Tuition | Application/ Admission Fee | Books, including ISBN, cost and description | Tests, list and costs | Supplies, List and cost | Other Fees, list | TOTAL |
| \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Number of Weeks | | Curriculum Hours | | Other | | |
| | | | | | | |
| 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 | | | | | | |

Approved Training Providers requesting price changes are to follow the applicable steps: Submit to ARC a request for and justification for price change.

ARC will review the justifications and the Providers past success in achieving ARC performance measures. ARC will make recommendations to the ITA Committee for changes and will notify the Provider in writing, stating approval or disapproval. Price changes will not take affect until the changes are made by the Georgia Department of Labor on the state Eligible Training Provider Listing.

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