



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

**STATE WORKFORCE DEVELOPMENT BOARD**

Caller Box 10007 | Saipan, MP 96950 | 670.664.1708

[www.marianaslabor.net](http://www.marianaslabor.net)

**ELIBIBLE TRAINING PROVIDER APPLICATION**

**ATTACHMENT A**

**Training Program/Program of Study Information/Change Form**

*Attachment A is required for **each** training program/program of study to be considered for WIOA Title I financial assistance and inclusion on the Approved Eligible Training Provider List.*

The information provided for all **approved** training programs/programs of study will be entered in the DOL-WIA system at [www.hiremarianas.com](http://www.hiremarianas.com).

Please select one (1):	
<input type="checkbox"/> <b>Initial Application</b>	Training program/program of study for initial approval for WIOA Title I financial assistance and inclusion on the Eligible Training Provider List.
<input type="checkbox"/> <b>Continued Eligibility</b>	Training program/program of study for continued eligibility for WIOA Title I financial assistance and inclusion on the Eligible Training Provider List.
<input type="checkbox"/> <b>Add (New)</b>	Training program/program of study was not previously approved at the initial or continued eligibility application.
<input type="checkbox"/> <b>Change</b>	Amend approved Training program/program of study on the approved Eligible Training Provider List
<input type="checkbox"/> <b>Remove</b>	Training program/program of study on the approved Eligible Training Provider List is no longer offered.
Section A: Applicant Information	
<b>Name of Applicant (Training Provider):</b>	<b>Date:</b>
<b>Primary Contact:</b>	<b>Title:</b>
<b>Telephone Numbers:</b>	<b>Email Address:</b>
<b>Fax Number:</b>	<b>Website Address:</b>



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**Section B: Training Program/Program of Study Information**

**Training Program/Program of Study Name:**

**Classification of Instruction (CIP) Code:**

**SOC Description:**  
(Standard Occupational Classification)

**Program Description**

**Delivery method:**

- Classroom  Hybrid or Blended  
 Distance Learning (Internet/Web-based)  On-Site Computer Based Training

<b>Program Duration:</b>	<b>Duration Type (select one)</b>	<b>Day or Night Class (select one)</b>	<b>Class Frequency (select one)</b>	
Enter Total Number _____	<input type="checkbox"/> semester/term	<input type="checkbox"/> Day	<input type="checkbox"/> Daily	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> weeks	<input type="checkbox"/> Night	<input type="checkbox"/> Weekly	<input type="checkbox"/> Semester
	<input type="checkbox"/> hours	<input type="checkbox"/> Day and Night	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Tri-semester
	<input type="checkbox"/> months		<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual

**Program Prerequisites** (Check ALL that apply):

- Drug/Alcohol Screening  High School Diploma or Equivalency  Physical Exam  
 Math (Specify Level: \_\_\_\_\_)  English (Specify Level: \_\_\_\_\_)  Police Clearance  
 Other: please specify \_\_\_\_\_

**Is there a minimum class requirement?**  Yes  No

Maximum Class Size: \_\_\_\_\_ Minimum Class Size: \_\_\_\_\_

**Please list the occupation(s) and O\*Net code(s) for which this program prepares a student:**

<b>Occupation</b>	<b>O*Net Code</b>



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**Date training program/program of study first offered:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**This training program/program of study leads to (select all that apply):**

- An industry-recognized certificate or certification
- A certificate of completion of an apprenticeship
- A license recognized by the CNMI or the Federal Government
- An associate Degree
- A baccalaureate Degree
- A community college certificate of completion
- A secondary school diploma or its equivalent
- Employment
- A measurable skills gain leading to a credential
- A measurable skills gain leading to employment

**Section C: Program Costs**

**Training Program/Program of Study cost per student:**

	Tuition/Fees <b>Included</b> in Program	Fees <b>Not Included</b> in Program (estimate highest cost to the student)
Tuition:	\$	\$
Application Fee:	\$	\$
Registration Fee:	\$	\$
Books:	\$	\$
Testing:	\$	\$
Exam Fee(s):	\$	\$
Uniforms:	\$	\$
Licensing Fee:	\$	\$
Lab Fees:	\$	\$
Supplies/Equipment Fee:	\$	\$
Other Costs:	\$	\$
<b>Total Program Fees:</b>	\$	\$
<b>Combined Total (included and not included costs):</b>	\$	\$

\*Please specify any costs designated as "Other Costs"



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**Section D: Types of Financial Aid Available (check all that apply)**

- |                                                                               |                                                     |
|-------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Title IV: Federal Financial Aid                      | <input type="checkbox"/> CNMI Scholarship           |
| <input type="checkbox"/> Saipan Higher Education Financial Assistance (SHEFA) | <input type="checkbox"/> Rota Municipal Scholarship |
| <input type="checkbox"/> Tinian Municipal Scholarship                         | <input type="checkbox"/> Other: _____               |

**Section E: Business Partnerships**

**Describe the relationship or partnership with industry-related employers to employ individuals with the skills gained from this training program/program of study:**