

# PARTNER WORK

## Eligible Training Provider List Provider and Program Eligibility Verification Requirements

The Workforce Innovation and Opportunity Act (WIOA) requires new training providers wishing to have programs included on the Eligible Training Provider List (ETPL) to *submit* the following documentation to Partner4Work for review:

- Evidence of a policy that requires compliance with nondiscrimination and equal opportunity laws
- Evidence demonstrating financial capacity (one of the following:):
  - Most recently submitted IRS Form 9-90, Return of Organization Exempt from Income Tax
  - Most recent independent audit
  - A letter from a Certified Public Accountant attesting to the fact that the entity has a financial system in place for tracking participants in training and is using accepted accounting practices
- Evidence the provider complies with physical and programmatic accommodations as required by Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of 1990, as amended and the regulations implementing these statutory provisions

**Additionally, please initial to the left of each statement if true:**

Initials	ETPL Application Requirement
	Provider assures that the provider organization has disclosed any and all conflicts of interest with state or local workforce development board members and/or staff <i>including, but not limited to, family ties, fiduciary roles, employment or ownership interests in common. Please provide details below if conflict of interest exists:</i>
	Provider ensures that <b>each program(s)</b> submitted for consideration is <b>available to the general public</b> ( <i>can be verified via school/institution website</i> )
	Provider <b>must agree to accept Individual Training Accounts (ITAs) or contracts for services so long as admission and program performance requirements have been met</b>
	Provider assures the <b>timely and accurate reporting of required information</b> and agrees to <b>submit student data and performance data for each program of study as required for reporting purposes</b>
	Provider agrees to <b>permit on-site visits by any federal, state, or local agency as legally authorized to monitor activities for which funds have been provided.</b>

*I certify that the information provided is true to the best of my knowledge.*

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Provider: \_\_\_\_\_