

Training Program Application

A separate application form must be completed for each training program or occupational skills course of study.

1.	Training Organization			
2.	Contact Person – Name & Title	2		
3.	Training Program or stand-alo	ne course name		
4.	Program or course description	1		
5.	Year Program Established	6. Total Credit or Curriculum Hours	7. Number of training weeks or hours	8. Minimum Class Size
9.	Is curriculum certified by an ac	ccrediting agency or similar	national standardization pr	ogram:
	Yes (if yes	specify)	No	
10	. Description of training and skil what is covered in the program			n, include an outline of
11	. Which in-demand industry sec for the primary target occupat Employment Commission, for defined by the region, please p	tion for which the training p the local area. If the in-dem	prepares the individual , as p nand sectors & occupation of	bublished by the Virginia differ from what is
12	. Does training lead to an indust	try recognized credential, d	iploma, license, or degree?	If yes, indicate which.
	Yes	s No		
	. Is this a stackable credential, p ladder? Yes	No		pathway or up a career
14	. Was this training developed in	partnership with a busines	s? Yes	No
lf y	ves, Name of Business(s):			

15. List Businesses that support this training program:

16.	Describe how you will ensure access to training services throughout the state, including rural
	areas and through the use of technology:

17. Describe how you will work with the local board to serve individuals with barriers, including individuals with disabilities:

Program	Cost
18. Registration/Pre-screening/Admissions Fees	\$
19. Tuition (check all items included in Tuition)	\$
Books	\$
Required Supplies(Tools, uniforms, etc.	\$
Testing/Exam Cost	\$
Licensure/Certification Cost(s)	\$
Other Required Fees	\$
20. Total Cost to Complete Curriculum/Course	\$
Criteria for A	dustastas
Criteria for A 21. Describe the prerequisites or skills and knowledge requ	