



Gadsden: (850) 875-4040  
Leon: (850) 922-0023  
Wakulla: (850) 926-0980  
Executive Center: (850) 414-6085  
Toll Free: (844) CAREER1

## Training Program Application

### Part 1: School/Institution Information

Institution Name: \_\_\_\_\_

#### Contact Person

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Part 2: Program/Course Information

Program/Course Name: \_\_\_\_\_

Program/Course Description:

Was this program/course developed in partnership or collaboration with a business or industry? Yes  No

If yes, please identify the business or industry: \_\_\_\_\_

Credential Awarded: \_\_\_\_\_

Other: \_\_\_\_\_

If you selected "Other" from the menu above, enter the type of the degree awarded in this field.

Can the credential be stacked with other credentials as part of a career pathway? Yes  No

If yes, please indicate the other credentials in the sequence:

Prerequisites or skills and knowledge required prior to start of training:



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Skills gained from program/course:

In FETPIP Database? Yes  No

Program Eligible for Pell Grant? Yes  No

**Target Occupation/Industry**

Primary Occupation Title: \_\_\_\_\_ Primary O\*NET Code: \_\_\_\_\_

Occupation codes are available [here](#).

Secondary O\*NET Code(s), If Applicable:

Industry Sector: \_\_\_\_\_

**Part 3: Additional Program Information**

**Success Rates**

Is this a new program (offered less than one year)? Yes  No

If yes, what is the actual or anticipated start date of the program? \_\_\_\_\_

Total number of students enrolled in the program: \_\_\_\_\_

Total number of workforce-sponsored participants enrolled in the program: \_\_\_\_\_

Total number of students completing the program this Year: \_\_\_\_\_

Total number of workforce-sponsored participants completing the program this Year: \_\_\_\_\_

Total number of students to earn a credential: \_\_\_\_\_

Total number of workforce-sponsored participants to earn a credential: \_\_\_\_\_

Total number of students to gain unsubsidized employment after program completion: \_\_\_\_\_

Total number of workforce-sponsored participants to gain unsubsidized employment after program completion:

\*\*Projections can be made for new programs



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**Length of Program**

Program Enrollment: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Clock Hours: \_\_\_\_\_

Term Type: \_\_\_\_\_ # of Terms Required to Complete: \_\_\_\_\_

Is program offered 100% Online? Yes  No  Is the program self-paced? Yes  No

Program Duration (FT Enrollment): \_\_\_\_\_ Program Duration (PT Enrollment): \_\_\_\_\_

Please indicate timeframe, in weeks, months or years.

**Estimated Cost**

Tuition: \_\_\_\_\_ Fees: \_\_\_\_\_ Books: \_\_\_\_\_ Supplies: \_\_\_\_\_

Tools: \_\_\_\_\_ Estimated Other: \_\_\_\_\_ Total Cost: \_\_\_\_\_

**Out-of-State Training Institutions**

Out-of-State postsecondary training institutions that are not operating within the State of Florida and are not required to be licensed by the Florida Commission for Independent Education (CIE) must furnish the following, in addition to this completed application:

- Proof that the institution (and applicable programs) is accredited by an accreditation agency approved by the U.S. Department of Education.
- Proof that the institution meets the licensing requirements of its home state.
- Proof that the institution is on its home state’s Eligible Training Provider List.

NOTE: Out-of-State providers are required to report student completer data to FETPIP.