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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: Select One

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.

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