

Northwest WDB Training Provider Verification Form

Training Provider Name: _____

1. Have you completed an initial eligibility application through CWDS?

YES NO

2. Have you verified that the information provided in the ETPL eligibility application(s) is accurate and complete?

YES NO

3. Are you in compliance with the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990?

YES NO

4. Are you licensed, certified or authorized by your state agency with oversight, or by the PA Department of Education to operate training programs in your state?

YES NO

5. Do you ensure that you have the following to demonstrate financial capacity?

*IRS form 990 YES NO

*Most recent independent audit; YES NO

*or 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.

YES NO

(*must be available upon request)

6. Have you provided a copy of the aggregate performance data to the Local Workforce Development Board?

YES NO

7. Have you provided a copy of your catalog that lists courses, attendance policy, and refund policy?

YES NO

PLEASE NOTE: If a program is not in compliance with the oversight agency as required by state law, you will not be able to apply for continued eligibility until you meet the necessary requirements. This applies to both in state and out-of-state providers.

Signature & Title

Date