

Employment and Training Services

Eligible Training Provider - Program Change Form

Workforce Innovation and Opportunity Act (WIOA)
Adult and Dislocated Worker, Youth Programs & Registered Apprenticeships

You must notify the Alaska Commission on Postsecondary Commission (ACPE) of your changes PRIOR to submitting this form to ETPL.

This change form is for training providers who are submitting changes to their current training programs listed on Alaska's Eligible Training Provider and Program list (ETPL).

A. Training Provider Information

1. Name of Training Provider/Educational Institution: _____

Mailing Address: _____

Physical Address: _____

Website: _____

2. Contact person for these changes:

Name: _____

Title: _____

Telephone: _____ Email: _____

Important: Please refer to the Department of Labor and Workforce Development (DOLWD), Division of Employment and Training Services (DETS) website, Eligible Training Provider (ETP) page for provider responsibilities and information on regulations and definitions at: <https://labor.alaska.gov/dets/etpl.htm>.

Submit completed form(s) to:

Eligible Training Provider List
DOLWD/DETS
PO Box 115509
Juneau, AK 99811-5509

Email: dol.etpl@alaska.gov

Emailed copies of the changes are acceptable.

B. Training Program Changes

Complete this section for **each training program** that is being changed.

1. Name of training program listed on the ETPL: _____

2. State each program change that is to occur:

Program Name change: _____

Location change or add new Location: _____

Delivery Method change: _____

Contact change: _____

Credential change: _____

Program Length change: _____

Training Costs: Tuition: _____ Books & Supplies: _____ Fees: _____

Other Costs: _____ Description of Other Costs: _____

Program Narrative change:

Other Change: _____

NOTE: Significant changes to the program may result in a new application being requested and evaluated according to ETPL criteria.

I hereby certify, as an authorized representative of the said training institution, that the above assurances and all information included in this application are accurate and true.

Authorized Signature

Date

Printed Name