WORKFORCE DEVELOPMENT, AGING AND COMMUNITY SERVICES
RESEARCH & STATISTICS SECTION CalJOBS TECH SUPPORT TEAM
CalJOBS Non-ETPL Training Provider Request Form

This Training Provider request cannot be processed unless ALL questions in Part A are completed. Incomplete forms will be sent back to requestor for completion.

E-MAIL: CalJOBSTECHSUPPORT@WDACS.LACOUNTY.GOV

REQUESTOR INFORMATION

DATE OF REQUEST:

NAME OF AJCC:

REQUESTOR:

PHONE NUMBER OF REQUESTOR:

E-MAIL OF REQUESTOR:

PART A: TRAINING PROVIDER INFORMATION

TRAINING PROVIDER NAME:
        (If adding OJT or WEX, enter name of Employer. Employer must already be registered in CalJOBS.)

TRAINING PROVIDER FEID:

TRAINING PROVIDER ADDRESS:
        (If adding WEX, enter the address of worksite, NOT agency.)

TRAINING PROVIDER CITY: TRAINING PROVIDER ZIP:

GENERAL INFORMATION

GREEN JOB: WORKSITE REQUIRED:

THIS PROGRAM OF STUDY LEADS TO: (Please select ONE of options below.)

OUTCOME INFORMATION

ATTAIN CREDENTIAL: (Please select ONE of options below.)

TRAINING TYPE INFORMATION

OJT/WEX   Non-ITA   (Non-ITA: Complete Part B of this form.)

JOB TITLE:

WAGE PER HOUR: HOURS PER WEEK:

PART B NON-ITA TRAINING PROVIDER INFORMATION

Only complete Part B if the provider will be providing one of the Non-ITA training types.

INSTITUTION AREA: (Please enter the county where the provider is located.)

INSTITUTION TYPE: (Please select from list below.)

INSTITUTION OWNERSHIP: (Please select from list below.)

DISABLED ACCESS: YES   NO

ADA COMPLIANT: YES   NO

TTD/TTY TELEPHONE NUMBER:

INSTITUTION DESCRIPTION:

DISPLAY ONLINE TO THE PUBLIC: YES   NO

FINANCAL AID AVAILABLE: YES   NO

ONLINE REGISTRATION AVAILABLE: YES   NO

CIP CODE

Search for appropriate CIP code here: https://nces.ed.gov/ipeds/cipcode/search.aspx?y=55

COMPLETION LEVEL

Please select from one of the options available.

DURATION

DURATION TYPE

Please select from one of the options available.

DAY OR NIGHT CLASSES

Please select from one of the options available.

                           YES   NO
WEEKEND CLASSES

MODE OF DELIVERY

Please select from one of the options available. 2

CLASS TIME (in hours)

MINIMUM CLASS SIZE

MAXIMUM CLASS SIZE

CLASS FREQUENCY

Please select from one of the options available.

YES   NO

CREDIT EARNED PROGRAM

PROGRAM GOAL

Please select from one of the options available.

CREDENTIALING BODY:

Credentialing Body examples include:
- Accreditation Commission for Midwifery Education
- Commission on Massage Therapy Accreditation

Provider Representative

Provider Representative Title

Describe the minimum entry level requirements or prerequisites in 800 characters or less.

Describe any equipment used in this program and its adequacy and availability in 800 characters or less.

Please provide a reasonable explanation regarding why this is a new program.

CalJOBS TRAINING PROVIDER REQUEST DEFINITIONS

DATE OF REQUEST – Enter the date you are submitting the request.

NAME OF AGENCY – Enter the name of your AJCC.

REQUESTOR – Enter your name.

PHONE NUMBER OF REQUESTOR – Enter the phone number where you can be reached during business hours.

EMAIL OF REQUESTOR – Enter the email address where you can be reached during business hours.

PROVIDER NAME – Enter the name of the Training Provider you wish to add.
   If you are adding an OJT or WEX provider, enter the name of the employer that is already registered in CalJOBS. .

PROVIDER FEID – Enter the Federal Employment Identification Number for this training provider or Employer.

PROVIDER ADDRESS – Enter the Training Provider's address.
   If you are entering an employer already registered in CalJOBS, ensure address the address found in CalJOBS.
   If adding a WEX provider, enter the address of worksite, NOT the address of your agency.

GREEN JOB – A green job can be defined as one of the following:

   Sustainable Manufacturing, or Green Products and Services
   Renewable or Green Energy
   Environmental Conservation/Enery Efficiency
   Occupations ultimately defined as ONET Green Occupations

WORKSITE REQUIRED – If you select Yes, specific Worksite Information will be required when adding the training for a participant.

THIS PROGRAM LEADS TO - Select the outcome of the training.

ATTAIN CREDENTIAL – Select the credential attained at the end of the training.
   If no credential will be attained, select 'No credential received, individual received training.'

OJT/WEX Non ITA - Check the box next to the Training Type(s) this provider will provide.
   If you select Non-ITA, you must complete Part A and Part B of this form.

JOB TITLE – If applicable, enter the Job Title for the training that will be provided.

WAGES PER HOUR – IIf applicable, enter the Wages perHour for the training that will be provided.

HOURS PER WEEK – IIf applicable, enter the Hours per Week for the training that will be provided.

PART B:

INSTITUTION AREA - Please enter the county where the institution is located.

INSTITUTION TYPE - Select the institution type of the provider from the options available. If you do not know the institution type, select 'Not Available'.

INSTITUTION OWNERSHIP - Select the institution ownership from the options available. If you do not know the institution ownership of the provider, select 'Unknown' or 'Not Available'.

DISABLED ACCESS – Answer Yes if the institution provides disabled access in its facilities.

ADA COMPLIANT – Answer Yes if the institution is compliant with the American Disabilities Act.

TTD/TTY TELEPHONE NUMBER - Enter the TTD/TTY telephone number for the hearing impaired.

INSTITUTION DESCRIPTION - Please enter a brief description of the institution.

DISPLAY ONLINE TO THE PUBLIC - Enter Yes if you would like the Provider's programs and contact information to be visible to the public in CalJOBS, under Education Services.

FINANCIAL AID AVAILABLE – Answer Yes if financial aid is available for the trainings or courses offered by this provider.

ONLINE REGISTRATION AVAILABLE – Answer Yes is online registration is available for trainings or courses offered by this provider.

CIP CODE – The Classification of Instructional Programs (CIP) provides a taxonomic scheme that supports the accurate tracking and reporting of fields of study and program completions activity.

> Go to the website below and find the appropriate code for the training program or course you wish to add:

> https://nces.ed.gov/ipeds/cipcode/search.aspx?y=55

> Enter the CIP CODE in the field provided.

COMPLETION LEVEL – Select the appropriate completion level from the options provided.

DURATION – Enter the duration using a number, according to the Duration Type in the following field.

DURATION TYPE – Enter the Duration Type that corresponds to the number entered in previous field.

DAY OR NIGHT CLASSES – Select if this course will be Day, Evening or Day and Evening classes.

WEEKEND CLASSES – Select 'Yes' if this course will include weekend classes.

MODE OF DELIVERY – Select the Mode of Delivery from the options provided.

CLASS TIME – Enter the total class time for this course, in hours.

MINIMUM CLASS SIZE – Enter the minimum class size. The field has a default value of 1.

MAXIMUM CLASS SIZE – Enter the maximum class size. Enter 99 is there is no maximum.

CLASS FREQUENCY – Enter the class frequency from the options provided.

CREDIT EARNED PROGRAM – Select 'Yes' if credit will be earned while taking this course.

Provider Representative – Select the Program Goal. Please note that certain options will require you to enter the Credentialing Body that corresponds to the Program Goal.

CREDENTIALING BODY - Credentialing Body examples include:
- Accreditation Commission for Midwifery Education
- Commission on Massage Therapy Accreditation

Provider Representative – Enter the first and last name of the provider primary contact here.

Provider Representative Title - Enter the title of the provider primary contact here.

Describe the minimum entry level requirements or prerequisites in 800 characters or less. – Enter the minimum entry level requirements for this training course or program, i.e. other certificates, diploma or degree requirements, classes previously taken, etc.

Describe any equipment used in this program and its adequacy and availability in 800 characters or less. – Enter information regarding any equipment or tools used in this program and how adequate and available these items are.

Please provide a reasonable explanation regarding why this is a new program. – Please provide a brief explanation as to why this program must be created under the Non-ITA service provider.

Please use the form's embedded text fields to complete the request. If necessary, you may opt to print the blank form and complete it by hand.

All requests must be submitted to **CalJOBStechsupport@css.lacounty.gov**. CSS CalJOBS Tech Support Staff will respond within 48 hours. However, resolution of requests may take more than 48 hours if the request necessitates the intervention of EDD.