**BOARD APPROVED PROVIDER (ETP)**

**PERFORMANCE REPORT REQUIRED DATA**

**Reporting Year**

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| **For ETP Provider Required Data Fields** |
| Institution Name |  |
| Board Approved Status | New Renewal |
| **Check all that apply to this institution:**“For profit institution”\_\_\_\_\_\_\_ “Sole Proprietor”\_\_\_\_\_\_ “Non-profit institution”\_\_\_\_\_\_\_            “Limited Liability Corporation (LLC)”\_\_\_\_\_ “Publicly traded institution”\_\_\_\_\_\_\_    “Partnership”\_\_\_\_\_\_ Corporation\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Main Contact Name |  |
| Main Contact Phone Number |  |
| Social Security Number |  |
| Street Address |  |
| City, State, Zip Code |  |
| Number of Satellite Locations |  |
| Satellite Location Address |  |
| Satellite Location City, State, Zip Code |  |
| Institution accredited by accrediting agency/agencies recognized by the United States Department of Education? | Yes No |
| If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation. |  |
| Has any accreditation agency taken any final disciplinary action against this institution? | Yes NoIf Yes, please submit a paper copy of the action. |
| Is your institution receiving funds from the Workforce Innovation and Opportunity Act (WIOA) Program? | Yes No |
| Does your institution participate in, or offer any other government or non-governmental financial aid programs? (i.e. vocational rehab, private grants/loans, institutional grants/loans).  | Yes NoIf yes, please provide the name of the financial aid program: |
| Number of Diploma or Certificate Programs Offered? |  |

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**Reporting Year**

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| **For ETP Provider Required Data Fields PER PROGRAM** |
| Program Training Title |  |
| Location Address |  |
| Location City, State, Zip Code |  |
| Description of Training Provided: |
| Degree/Program LevelIndicate the level of degree for the program (e.g., Masters, Bachelor, Associate, Diploma, Vocational Certificate, License) |  |
| Program Length |  |
| Program Pre-Requisites |  |
| Total Program Costs (attach detailed program cost breakdown) |  |
| Number of students entered into training |  |
| Number of successful completions |  |
| Number of placements in employment |  |
| Number of placements in training related employment |  |
| Number of credentials obtained |  |