

# EPTL APPLICATION

SUBMIT COMPLETED APPLICATION TO [ITA-ETP@FWCA-STL.COM](mailto:ITA-ETP@FWCA-STL.COM)  
QUESTIONS - 314-377-0445



DATE:

TRAINING INSTITUTION	
TRAINING INSTITUTION ADDRESS	
TRAINING SITE ADDRESS (if different than above)	
EIN	
TRAINING CONTACT PERSON AND PHONE NUMBER	
PROGRAM TITLE	
PROGRAM SUMMARY (SKILLS GAINED)	

TUITION COST	
LIST FINANCIAL ASSISTANCE AVAILABLE (SCHOLARSHIP, FEDERAL GRANTS/LOANS)	
AVERAGE ASSISTANCE PROVIDED	
GRADUATION PERCENTAGE	
PERCENTAGE EMPLOYED AFTER GRADUATION	
AVERAGE WAGE OF GRADUATE	
AVERAGE EMPLOYER RETENTION RATE OF GRADUATES	

# EPTL APPLICATION

DO YOU REQUIRE AN ENTRANCE EXAM, IF SO, NAME AND SCORE(S) NEEDED	<p>YES NO</p> <p>NAME:</p> <p>REQUIRED SCORE:</p> <p>NAME:</p> <p>REQUIRED SCORE:</p>
DURATION OF TRAINING PROGRAM	
DOES YOUR ORGANIZATION HAVE AN EO OFFICER OR STAFF PERSON THAT DEALS WITH NONDISCRIMINATION, EO POLICIES AND REGULATIONS? IF YES, NAME AND CONTACT INFO	<p>YES NO</p> <p>CONTACT INFO:</p>
DO YOU HAVE "EQUAL OPPORTUNITY IS LAW" POSTER AT YOUR TRAINING SITE?	YES NO
ARE YOU COMPLIANT WITH THE AMERICANS WITH DISABILITIES (ADA)?	YES NO
DO YOU HAVE A CONFIDENTIALITY POLICY?	YES NO
DO YOU HAVE A WRITTEN COMPLAINT POLICY?	YES NO
DOES YOUR TRAINING COURSE PROVIDED FLEXIBILITY FOR CUSTOMER NEEDS?	YES NO
ARE YOU APPROVED BY THE STATE OF MISSOURI AS AN EDUCATION AND TRAINING PROVIDER (ETP)?	YES NO
ARE YOU APPROVED TO TRAIN IN THE STL FUNDING REGION BY THE STATE OF MISSOURI	YES NO
SIGNATURE TRAINING PROVIDER	DATE:
APPROVAL SIGNATURE WIOA DESIGNATED STAFF	DATE:

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