ELIGIBLE TRAINING PROVIDER
REGISTERED APPRENTICESHIP APPLICATION

The State Eligible Training Provider List (ETPL) is utilized by individuals seeking training opportunities funded by the Workforce Innovation and Opportunity Act (WIOA). Registered Apprenticeship (RA) programs are automatically eligible for the State ETPL and are not subject to the same application and performance requirements as other training providers. To be listed on the ETPL, please complete the below information in its entirety:

Registered Apprenticeship Program Sponsor:

<table>
<thead>
<tr>
<th>Program Sponsor Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Program Sponsor Contact Name:</td>
<td>Program Sponsor Contact Title:</td>
</tr>
<tr>
<td>Phone #:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Federal Employment Identification Number (FEIN):</td>
<td></td>
</tr>
<tr>
<td>Apprenticeship is registered with:</td>
<td>☐ U.S. Department of Labor</td>
</tr>
</tbody>
</table>

Instruction Provider (if different than the Program Sponsor):

| Name of Provider: |  |
| Street Address: |  |
| City: | State: | Zip Code: |

Authorized ETPL Contact Person

| Contact Name: | Contact Title: |
| Contact Phone #: | Contact Fax #: | Contact Email: |

For program funding details in compliance with the Stevens Amendment, please visit [https://dlt.ri.gov/wds/program-funding](https://dlt.ri.gov/wds/program-funding)

DLT is an equal opportunity employer/program - auxiliary aids and services available upon request. TTY via RI Relay: 711

DLT es un empleador / programa de igualdad de oportunidades: ayudas y servicios auxiliares disponibles a pedido. TTY via RI Relay: 711
### Program Information:

<table>
<thead>
<tr>
<th></th>
<th>CIP Code (if known):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name:</td>
<td></td>
</tr>
<tr>
<td>Program Description:</td>
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</tbody>
</table>

**Instruction Method:**
- [ ] In-person
- [ ] Online/Distance Learning
- [ ] Blended Program

**Instruction Length in Weeks:** [ ]

**Is Financial Aid Available?**
- [ ] Pell Grant
- [ ] Instructional Scholarship
- [ ] Federal Loan
- [ ] Other
- [ ] None

**Minimum Class Size:**

**Maximum Class Size:**

**Number of Instructors:**

**Total Class Time:**

**Total Lab Time:**

**Class Frequency:**
- [ ] Daily
- [ ] Bi-Weekly
- [ ] Semester

Describe the minimum entry level requirements or prerequisites (800 characters or less):

Describe any equipment used in this program:

**Program Costs:**

* please indicate in the ‘other’ section any out of pocket expenses to the student that is not covered in the program costs.

  - Tuition/Fee:
  - Books:
  - Tools:
  - Other:
    - If Other, describe:

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**Person completing this form:**

Printed Name:

Title:

**Please send completed forms to**

Marjories Uceta @ Marjories.Uceta@dlt.ri.gov.

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