



Department of Labor and Training  
**RHODE ISLAND**

**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:*

**Registered Apprenticeship Program Sponsor:**

Program Sponsor Name:			
Street Address:			
City:	State:	Zip Code:	Apprenticeship Registration Date:
Program Sponsor Contact Name:		Program Sponsor Contact Title:	
Phone #:	Email Address:		
Federal Employment Identification Number (FEIN):			
Apprenticeship is registered with: <input type="checkbox"/> U.S. Department of Labor <input type="checkbox"/> RI State Apprenticeship Council			

**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:



**Program Information:**

Program Name:		CIP Code (if known):	
Program Description:			
Instruction Method: <input type="checkbox"/> In-person <input type="checkbox"/> Online/Distance Learning <input type="checkbox"/> Blended Program			
Instruction Length in Weeks:		Is Financial Aid Available? <input type="checkbox"/> Pell Grant <input type="checkbox"/> Instructional Scholarship <input type="checkbox"/> Federal Loan <input type="checkbox"/> Other <input type="checkbox"/> None	
Minimum Class Size:		Maximum Class Size:	Number of Instructors:
Total Class Time:	Total Lab Time:	Class Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semester	
Describe the minimum entry level requirements or prerequisites (800 characters or less):			
Describe any equipment used in this program:			
Program Costs: <i>please indicate in the 'other' section any out of pocket expenses to the student that is not covered in the program costs.</i> Tuition/Fee: Books: Tools: Other: If Other, describe:			

**Person completing this form:**

Printed Name:  
 Title:

**Please send completed forms to**

**Marjories Uceta @ [Marjories.Uceta@dlt.ri.gov](mailto:Marjories.Uceta@dlt.ri.gov).**