



STATE OF WASHINGTON

## WORKFORCE TRAINING AND EDUCATION COORDINATING BOARD

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Phone: (360) 709-4600 • Fax: (360) 586-5862 • Web: [www.wtb.wa.gov](http://www.wtb.wa.gov) • Email: [workforce@wtb.wa.gov](mailto:workforce@wtb.wa.gov)

Email: [hannah.bartlett@wtb.wa.gov](mailto:hannah.bartlett@wtb.wa.gov)

The Workforce Training and Education Coordinating Board regulates postsecondary schools that offer non-degree, career training programs in Washington (Chapter 28C.10 RCW). In order for us to make a preliminary determination about whether your institution's educational program(s) require a license, please complete, sign and email a copy of this questionnaire to our agency at

[hannah.bartlett@wtb.wa.gov](mailto:hannah.bartlett@wtb.wa.gov).

### Section 1: General Information

Institution Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

Name of person that is the main point of contact for the school: \_\_\_\_\_

Name of person completing questionnaire: \_\_\_\_\_

For what occupational field or industry or area of employment is the education and training designed for? \_\_\_\_\_

Please provide the school owner's name, mailing address and phone number.

### **\*Include a school/course catalog and/or other marketing or promotional advertising literature.**

Please list the vocational/career education and training programs/courses being offered to Washington residents? *Please provide additional pages if needed.*

Program name: \_\_\_\_\_

Program objective: \_\_\_\_\_

Program length (hours, days, weeks, and months): \_\_\_\_\_

Type of award upon successful completion of the training: Diploma  Certificate

Other \_\_\_\_\_

Please provide the names of all agencies currently certifying, accrediting, and/or approving the school/institution. \_\_\_\_\_

Please describe the method of delivery of the educational and training program/courses being offered (i.e. classroom, correspondence, online, intern/externship, lab, practicum); and location(s) education and training is provided. \_\_\_\_\_

If the educational program requires an intern/externship or field training component, please provide a list of all training sites and location and contact information for each training site/facility.

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Section 2: Institutions **located in** Washington state **(out of state schools skip to section 3)**

1. Are you a bona fide trade, business, professional or fraternal organization sponsoring educational programs primarily for your membership?  
Yes  No
  2. Are **all** your educational programs taken for recreational or personal interest in nature (not vocational or occupational based)?  
Yes  No
  3. Do you offer educational programs on a no fee basis (do not charge tuition or fees) or a work contract? If you require a work contract, please explain the details.  
Yes  No
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4. Are **all** of your education programs degree granting programs?  
Yes  No
5. Are **all** of your education courses approved to meet the continuing education requirements for licensing one or more of the following occupations: public accountant, registered nurse, nurse practitioner, licensed practical nurse, insurance adjuster, title insurance agent, or adjuster?  
Yes  No
6. Are **all** of your education programs **three** calendar days or less?  
Yes  No

If you answered **Yes** to any of the questions in Section 2, you may be eligible for an exemption. Please refer to RCW 28C.10.030 for a list of statutory exemption criteria. If you feel you meet any of the exemption criteria, please cite the exemption and provide a written statement, along with supporting documentation in support of the exempt status. Your request will be reviewed, and a determination issued.

*I certify that all information submitted in this document is true and accurate.*

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Signature

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Print Name

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Phone Number

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Email Address

Section 3: Institutions located **outside** of Washington State

1. Does the institution currently have or intend to have a physical presence in Washington, which can include a branch campus, administrative office, or use of a Washington-based address and/or telephone number?

Yes  No

2. Does the institution currently conduct or intend to conduct local advertisement and recruitment in the state that would specifically target Washington residents, such as ads in local media and/or a recruiting agent based in the state?

Yes  No

3. Do any of the non-degree programs offered by the institution include a component that requires the student to complete an internship, externship, clinical training, practicum, etc. at a location in Washington?

Yes  No

4. Has the institution enrolled, or does it plan on enrolling any Washington resident students?

Yes  No

[RCW 28C.10.180](#) states what qualifies as an enforceable education contract. Even if you are an out of state, online only school but you intend to enroll Washington residents, you may need to be licensed.

5. Do you offer distance education courses?

Yes  No

6. Are your distance education courses offered by a third-party vendor under contract with your institution?

Yes  If so, please explain. No

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If you answered No to questions 1- 4 in Section 3, you may be eligible for an exemption.

A program representative will contact you to make a final determination. You will be required to sign an attestation stating you will not enroll Washington residents without a license to operate in the state.

*I certify that all information submitted in this document is true and accurate.*

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Signature

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Print Name

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Phone Number

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Email Address