Eligible Training Provider List Assurances Form

Please fill out and e-mail this form to careerbridge@wtb.wa.gov.

Part A.
I certify that _____ (name of school/organization):
(a) Is a legal entity, registered to do business in Washington state.
(b) Has *not* been determined to be ineligible to receive federal funds.
(c) Does not discriminate against nor deny employment or services to any person on the grounds of race, color, religion, sex, national origin, age, handicap, citizenship, political affiliation or belief.
(d) Complies with the 1990 Americans with Disabilities Act (ADA).
(e) Demonstrates effectiveness in delivering occupational training (classroom or distance).
(f) Agrees that provider facilities, classroom instruction, relevant financial records, and attendance records may be reviewed during the period of performance of any voucher by state, federal and/or local monitors or auditors to ensure compliance with funding requirements.

Part B.
I certify that I:
(a) Have reviewed the state's annual Student Data Reporting requirements.
(b) Will report required student records for *all students* trained in each of my school/organization's training programs before being approved for the Eligible Training Provider List on Career Bridge.
(c) Will begin collecting any required student data elements.
(d) Will submit required student data by the next due date.
(e) Understand and agree that program and credential data submitted to Career Bridge will be publicly accessible as linked open data through the use of open schema, such as credential transparency description language.

Part C.

(a) Does your school or organization partner with businesses for training purposes?
Check one: Yes ◯ **No** ◯

(b) Do any of your training programs produce an industry recognized credential that enhances employment/career opportunities?
Check one: Yes ◯ **No** ◯

(c) What occupation(s) does your program train students for?
_____

The Workforce Board must receive this form before processing my school/organization's application.

_____ **Name of Training Provider (school/organization)**
_____ **Mailing Address**
_____ **City, State, Zip**
_____ **Phone**
_____ **Print Name of School/Organization Representative**
_____ **Title of School/Organization Representative**

_____ **Signature** _____ **Date**