**WIOA Certification Form for Out-of-State Training Providers**

One of the requirements for inclusion on the Eligible Training Provider List for Occupational Skills Training for Out-of-State providers is verification of qualifications from authorized officials of the provider’s home state. This form must be signed by one of the authorized representatives in the provider’s home state who is responsible for coordinating and managing the provider’s home state WIOA Eligible Training Provider List. This signed form must be submitted to the Local Area Workforce Development Board in which the training participant resides and from which the provider is seeking approval to be a Board Certified Training Provider (BCTP).

Out-of-State training providers are only considered at a jobseeker’s request.

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Name of Training Provider

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Located in the state of and does meet **all** of the following qualifications.

Please initial or write “yes” in the blank space next to each statement.

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Is approved by the higher education authority in the training provider’s home state

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Is on the training provider’s home state’s WIOA training provider list

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Provides verifiable WIOA performance data to the training provider’s home state

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Publishes verifiable consumer data available to the general public, which includes performance data for WIOA students in the program

Please submit verification of the training provider’s home state approval and standing on the home state’s WIOA ETPL.

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(Home State Authorized Official printed Name and Title)

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(Home State Authorized Official Signature) (Date)

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(Home State Agency Name and Address)

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(Home State Agency Telephone Number)

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Training Provider Authorized Signature:

Training Provider Signatory Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Provider Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_