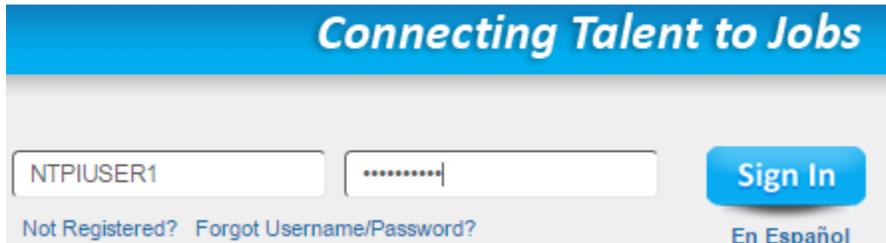


Entering Programs into NCWorks for Active/Interested Training Providers

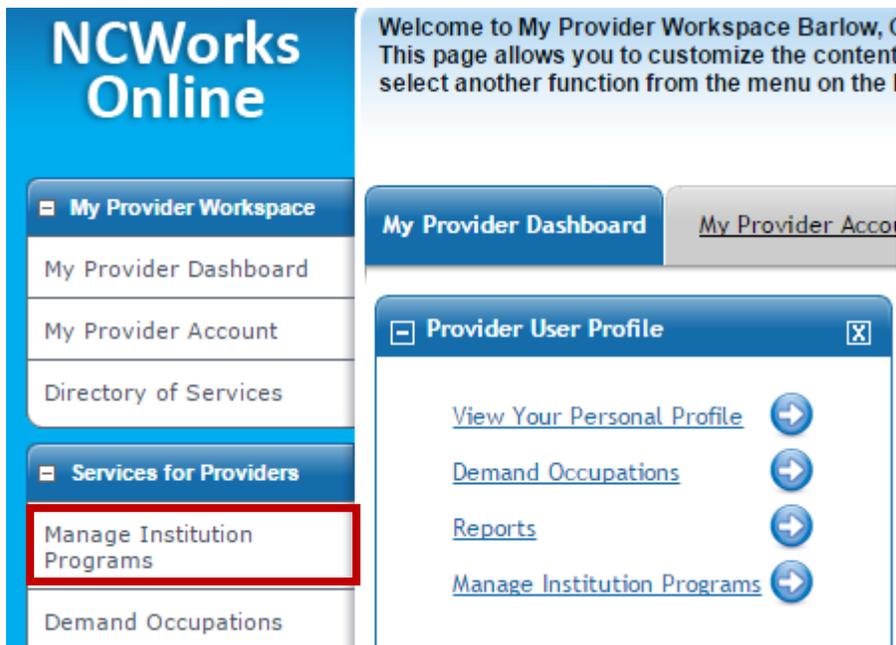
Step 1 – Go to www.NCWorks.gov

Step 2 – Log in using your unique credentials



The image shows the login page for NCWorks. At the top, there is a blue banner with the text "Connecting Talent to Jobs". Below the banner, there are two input fields: the first contains the username "NTPIUSER1" and the second contains a masked password "*****". To the right of these fields is a blue "Sign In" button. Below the input fields, there are links for "Not Registered?" and "Forgot Username/Password?". At the bottom right, there is a link for "En Español".

Step 3 – Click “manage institution programs”



The image shows the NCWorks Online dashboard. On the left, there is a blue sidebar with the "NCWorks Online" logo. Below the logo, there are two main sections: "My Provider Workspace" and "Services for Providers". Under "My Provider Workspace", there are links for "My Provider Dashboard", "My Provider Account", and "Directory of Services". Under "Services for Providers", there are links for "Manage Institution Programs" (which is highlighted with a red box) and "Demand Occupations". On the right side of the dashboard, there is a "Welcome to My Provider Workspace" message. Below the message, there are two tabs: "My Provider Dashboard" (which is active) and "My Provider Account". Below the tabs, there is a "Provider User Profile" section with a close button (X). This section contains four links, each with a right-pointing arrow: "View Your Personal Profile", "Demand Occupations", "Reports", and "Manage Institution Programs".

Step 4 – Click “add self service education program” **Note:** for established training providers, you may have programs already entered into NCWorks, just scroll to the bottom to see the option to add programs. If you want to edit programs that are already in NCWorks for your institution, just click on the respective program and edit accordingly.

Provider: **New Provider Training Institute**
Show services

Self Service Education Program Details

To sort on any column, click a column title.

Service Name	Service Description	Status	Review Status
No data available			

Add Self Service Education Program

Step 5 – Enter basic program information

Provider: New Provider Training Institute

General Information

* Status: Active Inactive

* CIP Code: 513801 - Registered Nursing/Registered Nurse
[[Search for CIP code](#)]

* Program / Service Name: Nursing

Program / Service Description:
A program that generally prepares individuals in the knowledge, techniques and procedures for promoting health, providing care for sick, disabled, infirmed, or other individuals or groups. Includes instruction in the administration of medication and treatments, assisting a physician during
(2000 characters max.)

Green Job Training: Yes No [What is a green job?](#)

*** WIOA Program:** Yes No

* Completion Level: Associate's Degree

* Attain Credential: AA/AS Degree

Other, Specify:

Certification / License Title:

Certification / License Type: National Certification or License
 State Certification or License
 Regional Certification or License
 Certification or License Does Not Apply

* Date Program First Offered: 02/04/1990 Today (mm/dd/yyyy)

* Pell Grant Eligible: Yes No

Is this program in a partnership with business? Yes No

If so, please describe the partnership in 800 characters or less:

CIP Code is required for each program. There is a search feature to assist with this.

This section will auto-populate based the CIP code selected for this program. **NOTE:** the auto-description can be erased and you can enter your own description.

Service Information

- * Duration:
- * Duration Type:
- * Day or Night Classes:
- * Weekend classes: Yes No
- * Mode of Delivery: Classroom Internet
 Correspondence Broadcast
 Computer Based Instruction

Course Information

- * Class Time: Hours
- Lab Time: Hours
- Other Time: Hours
- Weekly Schedule:
- * Minimum Class Size:
- * Maximum Class Size:
- * Number of Instructors:
- * Class Frequency:
- Accessibility: On-Site Parking Public Transportation
 Disabled Student Access Sign Language
 Other Languages Other

External Approvals

Community College ID:

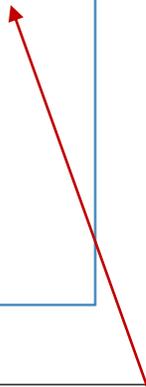
Provider Representative

Provider Representative: Carl Barlow
Provider Representative Title: Training Program Manager

Although it's not required, please provide a provider/program representative name/title.

Qualifications, Prerequisites and Equipment

Describe the qualifications of all instructors in 800 characters or less:	Instructors are licensed registered nurses or medical professionals and approved by appropriate nationally recognized Board.
* Describe the minimum entry level requirements or prerequisites in 800 characters or less:	High School diploma or recognized equivalent; successful completion of a North Carolina approved Nurse Aide I program; acceptable nursing admission test scores; current CPR certification; Readiness for Nursing Continuing
Describe any equipment used in this program and its adequacy and availability in 800 characters or less:	We are fully equipped with a patient simulation lab that has human-sized manikins. Medicine pots, Oral syringes: various sizes Medicine spoons, etc.
Please provide a reasonable explanation regarding why this is a new program:	NOTE: An explanation is preferred for programs that are less than 5 years old.



Save Cancel

Although each field is not required, please complete this full section, if applicable.

Step 6 – Complete Program Details (Occupations, Cost Details, Locations, Service Skills Obtained, and Performance)

Program / Service Occupations

Code	Occupation Title	Provider Title
No data available		

[\[Edit Occupation Details \]](#)

Each section needs to be completed in order for it to be reviewed. Click the edit button on each section to make changes.

Program / Service Cost Details

Cost Title	Cost Value
No data available	
Total Amount	\$0.00

[\[Edit Cost Details \]](#)

Program / Service Locations

Address	Bill Address
No data available	

[\[Edit Location Details \]](#)

Program / Service Skills

Selected Skills
No data available

[\[Edit Program Skills \]](#)

Program / Service Performance

PY	Program	Completion Rate	Employment Rate	Employment Rate Related Occupation	Credential Rate	Employment Rate 2nd Quarter after Exit	Employment Rate 4th Quarter after Exit	Average Wage	MEDIAN weekly wage
No data available									

[\[Edit Program Performance \]](#)

IMPORTANT: As of February 2016, the entry of performance using NCWorks is optional, however, performance is still taken in account during review and will still be requested.

Below are examples of each of the above sections expanded, for reference.

Provider: New Provider Training Institute

Program: Nursing

Cipcode: 513801

Occupation options displayed are based on the CIP code you chose for this program in (Step 5).

BRIGHT OUTLOOK Indicates a bright outlook occupation.

<input type="checkbox"/> Code	Occupation Title	Provider Title
<input type="checkbox"/> 25107200	Nursing Instructors and Teachers, Postsecondary	<input type="text"/>
<input checked="" type="checkbox"/> 29114100	Registered Nurses	<input type="text"/>
<input type="checkbox"/> 29114101	Acute Care Nurses	<input type="text"/>
<input type="checkbox"/> 29114102	Advanced Practice Psychiatric Nurses	<input type="text"/>
<input type="checkbox"/> 29114103	Critical Care Nurses	<input type="text"/>
<input type="checkbox"/> 29114104	Clinical Nurse Specialists	<input type="text"/>

If any selected occupation is not noted as in bright outlook above, provide evidence that it is in demand.

Statistics show Healthcare is a high demand sector in the Southwest Region of North Carolina.

Save

Cancel

You must select at least one occupation. You can select more than one.

IMPORTANT: If the occupation(s) selected are not registered in NCWorks as a "bright outlook" occupation, you must enter a note providing evidence that it is in demand. **NOTE:** Please site your sources.

Provider: New Provider Training Institute
Program/Service: Nursing

Service Cost Information

Please ensure that the amounts entered are the costs for 5 Semesters/Terms
Note: \$0.00 is permitted for cost fields in the Self Service Education Services cost details screen.

* Add Cost Items [[Add Cost Items](#)]

* Total CRS Training Costs: \$ 7,050.00

- * Tuition/Fee: \$ 5,375.00
- * Books: \$ 1,275.00
- * Tools: \$ 0.00
- * Other Costs: \$ 400.00

Comments: Must detail what the "other costs" are. i.e. \$400 placement exam, etc.

* Total Amount: \$ 7,050.00

Comments about costs must be added. If there are "other costs" listed, please list what those costs are for in this section.

Save **Cancel**

Program / Service Locations

Provider: New Provider Training Institute
Program / Service: Nursing

Selected	Location Name	Location Address	Billing Address
<input checked="" type="checkbox"/>	New Provider Training Institute	111 New Lane Concord, NC 28028	111 New Lane Concord, NC 28028
<input checked="" type="checkbox"/>	New Training Provider Institute - South Campus	999 New Lane South Concord, NC 28028	111 New Lane , 28028

Save **Cancel**

You must indicate the location(s) this program is offered at.

- My Provider Dashboard
- My Provider Account
- Directory of Services
- Services for Providers**
- Manage Institution Programs
- Demand Occupations
- View Reports
- Manage Provider Profile
- Manage Provider User Profile
- Education Services
- Other Services**
- Communication Center

Provider: **New Provider Training Institute**
 Program: **Nursing**
 Czipcode: **513801**

Select a category for additional skills:

[\[Check All\]](#)

Skill Category

None Selected

None Selected

General Skills

Computers & Mathematics

Construction

Education & Social Services

Entertainment & Media

Financial Services

Agriculture & Wildlife

Healthcare

Legal & Protective Services

Management & Office Services

Science & Engineering

Service & Sales

Skilled Trades

Transportation

Save

While multiple skills can be selected, you must select at least one skill that will be gained from completing this program.

Use the dropdown menu to select the appropriate category.

[Services](#)
[Site Map](#)
[Site Search](#)
[Preferences](#)
[Feedback](#)
[Assistance](#)

[Privacy Statement](#) | [Disclaimer](#) | [Terms of Use](#) | [Accessibility](#) | [Recommended Settings](#) | [EEO](#) | [Protect Yourself](#) | [About this Site](#) | [Contact Us](#)

Program Skills

[\[Check All\]](#)

[\[Uncheck All\]](#)

Skill Description
<input checked="" type="checkbox"/> accept prescriptions for filling
<input checked="" type="checkbox"/> administer anesthetics
<input checked="" type="checkbox"/> administer enemas, irrigations, or douches to patients
<input checked="" type="checkbox"/> administer injections
<input checked="" type="checkbox"/> administer medications or treatments
<input checked="" type="checkbox"/> administer radioactive isotopes
<input type="checkbox"/> advise animal owners regarding treatment of animals
<input checked="" type="checkbox"/> advise other medical practitioners on disease-related issues
<input type="checkbox"/> advise other staff on speech or hearing topics
<input type="checkbox"/> analyze dental data
<input checked="" type="checkbox"/> analyze medical data

After a category is selected, options will appear and you can select what applies.

As of February 2016, the date of creation of this guide, performance entry into NCWorks Online is optional, however, it will still be requested via a separate form in order to be considered during the program review process. Further guidance on NCWorks Provider Performance entry will be disseminated as it develops.

Program / Service Performance									
PY	Program	Completion Rate	Employment Rate	Employment Rate Related Occupation	Credential Rate	Employment Rate 2nd Quarter after Exit	Employment Rate 4th Quarter after Exit	Average Wage	MEDIAN weekly wage
No data available									
[Edit Program Performance]									

Step 7 – Review the program application statement and formally submit the program to be considered to become WIOA eligible.

Program / Service Reapplication Confirmation	
Agreed to the confirmation statement:	No
Submit program for WIOA Approval:	No
[Edit Confirmation]	

Provider: New Provider Training Institute
 Program: Nursing
 Cipcode: 513801

Program / Service Application Confirmation	
* Providers requesting approval or re-approval of a training program must agree to the statement below.	
The Program Description and Program Costs I am Posting on the website are currently listed in my catalog/brochure. The programs offered are available to the general public on a tuition basis.	
I agree to complete the information required on the web site at the time of my approval request. This includes the completion information of all students registered in the program for the last and current Program Year.	
<input checked="" type="checkbox"/> Yes, I agree to the above statement.	
Indicate if you want to submit this program for WIOA Review and Approval at this time:	<input checked="" type="radio"/> Yes, submit this program for WIOA Approval. <input type="radio"/> No, do not submit this program for WIOA Approval

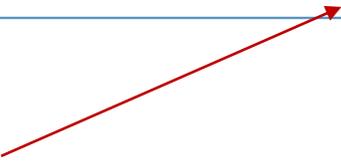
You will need to repeat the above steps for each program you wish to be reviewed for WIOA eligibility.

Assigned local area staff will be automatically notified of submissions and review all information submitted. Upon final decision, you will be notified via the preferred notification method you selected during registration. In the meantime, status of the submitted program will as displayed below.

Program / Service Review Status

This program / service has not been reviewed.

Review Date:

Application Status: Applied For
Not Reviewed 

Review Status:

Reapplication Date:

Eligibility Type:

Expiration Date:

When you return to your program service list, the entered program will appear.

Provider: New Provider Training Institute

Show services

Self Service Education Program Details

To sort on any column, click a column title.

Service Name	Service Description	Status	Review Status
Nursing	A program that generally prepares individuals in the knowledge, techniques and procedures for promoting health, providing care for sick, disabled, infirmed, or other individuals or groups. Includes instruction in the administration of medication and treatments, assisting a physician during treatments and examinations, Referring patients to physicians and other health care specialists, and planning education for health maintenance.	Active	

Add Self Service Education Program

Upon review, you will see status change indicate the decision.

Self Service Education Program Details

To sort on any column, click a column title.

Service Name	Service Description	Status	Review Status
Nursing	A program that generally prepares individuals in the knowledge, techniques and procedures for promoting health, providing care for sick, disabled, infirmed, or other individuals or groups. Includes instruction in the administration of medication and treatments, assisting a physician during treatments and examinations, Referring patients to physicians and other health care specialists, and planning education for health maintenance.	Active WIOA	Eligible

This is an example of an approved program. If the program is rejected, that will be reflected in this section as well.

If you have questions about this guide and/or its content, please contact:

Sherika Rich, Centralina Workforce Development Board Staff

srich@centralina.org | 704.348.2719

Centralina serving Anson, Cabarrus, Iredell, Lincoln, Rowan, Stanly, and Union counties