****

**Training Provider Research**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Training Program Requested:** | Click or tap here to enter text. |

**List 2 training providers:**

|  |  |
| --- | --- |
| **Provider 1:** | Click or tap here to enter text. |
| **Provider 2:** | Click or tap here to enter text. |

**What is the length of the training?**

|  |  |
| --- | --- |
| **Provider 1:** | Click or tap here to enter text. |
| **Provider 2:** | Click or tap here to enter text. |

**When does the training start? How often is it offered ( weekly, monthly, twice per year, etc. )?**

|  |  |
| --- | --- |
| **Provider 1:** | Click or tap here to enter text. |
| **Provider 2:** | Click or tap here to enter text. |

**What are the prerequisites or requirements needed to complete this course and/or obtain the required license to work in this field?**

|  |
| --- |
| Click or tap here to enter text. |

**What is the total cost of the training?**

|  |  |
| --- | --- |
| **Provider 1:** | Click or tap here to enter text. |
| **Provider 2:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **What type of degree/certificate will you earn?** | Click or tap here to enter text. |

**Does the program provide all the skills and credentials needed to work in your chosen career? Please explain.**

|  |
| --- |
| Click or tap here to enter text. |

*For those pursuing a CDL permit………………………………………………………………………………………………………………………….*

**Are you willing to drive OTR at the completion of class?**  Yes  No

**Do you meet the minimum requirements to obtain a CDL permit?**  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| I have reviewed this form with the customer listed, verified the information, and the research correlates with the customers Traitify results and career goal. | | | |
| Career Advisor | Click or tap here to enter text. | Date | Click or tap to enter a date. |

Equal Opportunity Program/Employer. Auxiliary aids and services are available upon request to individuals with disabilities

REWDB 12/2021