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Rivers East WORKFORCE DEVELOPMENT BOARD



Training Provider Research Worksheet

Customer Name: _____ State ID: _____

Training Program of Interest: _____

List 2 training providers that offer the program that you are interested in.

1. _____

2. _____

What is the length of training at each provider?

Provider 1: _____

Provider 2: _____

When does the training start at each provider?

Provider 1: _____

Provider 2: _____

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

What is the total cost of the training at each provider?

Provider 1: _____

Provider 2: _____

What type of degree/certificate will you earn? _____

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

For those interested in CDL

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

Career Advisor: I have reviewed this form with the customer listed, verified the information, and the research correlates with the customers assessment results and career goal.

Staff Signature: _____ Date: _____