

REGION 12 RWDB/CEO MEETING

Location: Western Iowa Tech Community College

Date: 11/16/17

PRESENT - RWDB MEMBERS				ABSENT - RWDB MEMBERS			
Neal Adler	X	Dan Moore		Neal Adler		Dan Moore	X
John Hamm	X	James O'Donnell	X	John Hamm		James O'Donnell	
Janet Hansen	X	Judy Peterson	X	Janet Hansen		Judy Peterson	
Bridget Hoefling	X	Dr. Robert Rasmus	X	Bridget Hoefling		Dr. Robert Rasmus	
Christine Kennedy		Marcia Rosacker	X	Christine Kennedy	X	Marcia Rosacker	
Craig Levine	X	Jeff Simonsen	X	Craig Levine		Jeff Simonsen	

PRESENT - CEO MEMBERS				ABSENT - CEO MEMBERS			
Craig Anderson	X	Pete Groetken	X	Craig Anderson		Pete Groetken	
Tom Brouillette	X	Keith Radig	X	Tom Brouillette		Keith Radig	
Raymond Drey	X	Jeff Simonsen	X	Raymond Drey		Jeff Simonsen	

PRESENT			PRESENT		
Shawn Fick – Job Training Partners	X		Adam Dahlke – (Voc Rehab) – Ex-Officio		
Janet Gill – Job Training Partners	X		Jean Logan (CAAS) – Ex-Officio		
Lori Knight – Job Training Partners	X				
MacKenzie Reiling (IWD) – Ex-Officio	X		Guest:		
Pamela Woolridge (ESL/ELL) – Ex-Officio	X		Guest:		

1. Call to Order & Roll Call: RWDB @ 4:00 p.m. / CEO @ 4:00 p.m.

2. Approval of Agenda: RWDB & CEO

3. Approval of Meeting Minutes: September 28, 2017 Joint RWDB/CEO Minutes – RWDB – Bridget Hoefling & CEO – Jeff Simonsen; October 18, 2017 Teleconference Meeting Minutes

4. New Business: Regional Review Committee – RWDB & CEO; CEO Review of RWDB Applications – CEO

5. Old Business: One-Stop Certification – Core Partners – RWDB & CEO; By-laws – CEO; Disability Access Committee Appointment/Core Partners – RWDB; Fall 2017 Career Fair

6. WIOA Core Partner Reports:

7. RWDB Chair Report: Bridget Hoefling

8. Policy/Field Memo Updates:

9. WIOA Updates

10. Reports from Individual RWDB/CEO Members

11. Report from State Representative

12. Adjournment

Motions Taken - Decisions Reached

APPROVALS	1ST	2ND	Unanimously Approved
2. November 16, 2017 Agenda – RWDB	James O'Donnell	Neal Adler	Yes
2. November 16, 2017 Agenda – CEO	Craig Anderson	Raymond Drey	Yes
3a. September 28, 2017 Joint RWDB/CEO Minutes – RWDB	Marcia Rosacker	Janet Hansen	Yes
3a. September 28, 2017 Joint RWDB/CEO Minutes – CEO	Jeff Simonsen	Pete Groetken	Yes
3b. October 18, 2017 Teleconference Meeting Minutes – RWDB	Janet Hansen	James O'Donnell	Yes
4a. RWDB Applications/Appointment Resumes to send to Governor – CEO Name: Adam Dahlke – Rehabilitation Supervisor, Iowa Vocational Rehabilitation Services	Keith Radig	Craig Anderson	Yes
5a. One Stop Certification – RWDB posted on-line	John Hamm	Marcia Rosacker	Yes
5a. One Stop Certification – CEO posted on-line	Keith Radig	Tom Brouillette	Yes
5b. By-Laws – CEO	Craig Anderson	Keith Radig	Yes
5c. Disability Access Committee – RWDB Marcia Rosacker Volunteered			
13. Adjournment – RWDB @ 5:20 p.m.	Dr. Robert Rasmus	James O'Donnell	Yes
13. Adjournment – CEO @ 5:20 p.m.	Jeff Simonsen	adjourned the	CEOs

Meeting Notes

Reports/Discussion:

Shawn Fick reviewed WIOA (Title 1) reconfiguration information for the regions in Iowa. DOL stated that Iowa has more regions than most. Kansas has 5 regions and Nebraska has 3 regions. The thought is to consolidate the regions in Iowa. The boards will be expected to input their thoughts and there will be a comment period for RWDB and CEO members. On Monday the State Board will appoint a review committee. All committee meetings are open to the public. The review committee will bring back suggestions. There will be a redistribution map at some point. Adult Education Literacy (Title II), Wagner Peyser (Title III) and Vocational Rehabilitation (Title IV) are not affected.

Shawn Fick asked for suggestions of potential board members and passed out sheets for current members to fill out suggested names of new people.

The One Stop Center Certification score was 1,816. There are a few things which need to be incorporated or changed. There were 300 pages of report.

According to the By-laws, the Chief Elected Officials pick the Regional Workforce Development Board Chair. The other RWDB officers are selected by RWDB Board.

A new business person is needed from the RWDB for the Disability Access Committee. MacKenzie Reiling reviewed the duties. Marcia Rosacker volunteered for the position.

The largest Career Fair to date was held today. Lots of good comments. The spring date for the Career Fair is March 28th, 2018.

Shawn reviewed the Title I Director's report which included information on layoffs at the Cherokee Mental Health Institute, AmeriHealth Caritas Iowa and ICON Ag Solutions, d/b/a Icon Ag & Turf. The Iowa Vocational Rehabilitation Services report was reviewed by Shawn Fick.

Pam Woolridge reviewed the Title II, Adult Education Literacy report. Adult Basic Education classes are being held at various locations. There are approximately 800 students enrolled with a goal of 1,400. October 12th was an Awards Ceremony and 561 certificates were handed out.

MacKenzie Reiling reviewed IowaWORKS Greater Siouxland Highlights on Apprenticeships, Job Fair, Projects for Veterans, Migrant/Seasonal Workers, Employment Areas and Trending Jobs.

Shawn reviewed his handout for potential new board members.

Janet Hansen thanked Shawn for coming to Cherokee to meet with the people that were laid off.

RESPECTIVELY SUBMITTED



Judith Peterson
Date: 11/16/17

“The Mission of our group is to fully engage the Region 12 community in strengthening the economy through workforce development making it a better place to live, work, and grow.”

Disability Employment Initiative (DEI)

Region 12 Outcomes Report

Reporting Period:

*Participant data reported reflect persons served through DEI strategies and funds which are captured through the use of the "Disability Employment Initiative" enrollment tab

Quarterly Leadership Team Meeting

Date: 11/15/2017

Agencies Involved: Dan Schoenherr (IMKO), Marla Beene (Oakleaf Property Mtg.), Mackenzie Reiling (Iowa Workforce), Clint Sergent (Cross Roads), Diane Neri (Goodwill), Richard Closter (DHS), Michele Haupt (Sioux City Housing), Shawn Fick (WIOA), and Alana Tweet (WIOA).

1. Participants who took the NCRC- 1
2. Participants enrolled in WIOA Training Services- 1
3. Participants entered into a Career Pathway Training Program- 5
 - A) Receiving SSI and/ or SSDI benefits- 2
4. Participants completed a Career Pathway Training Program- 1
 - A) Receiving SSI and/ or SSDI benefits- 0
5. Participants who received the following credentials:
 - A) HiSET/ High School Equivalency- 0
 - B) Short- Term Certificates- 1
 - C) Associates Degree- 0
 - D) Bachelor Degree- 0
6. Participants in Skilled Iowa Internship, Work Experience, Transitional Job, or On- the- Job Training- 2 (2 Out of School Youth)
7. Participants in an Apprenticeship- 0
8. Participants received an Integrated Resource Team (IRT) strategy- 5
9. Number of persons receiving SSI/SSDI Benefits Planning Services- 2
10. Quarterly Ticket Summary

Reporting Period	# Tickets Assigned	Total # of Tickets	Incentives
10/1/2017- 12/31/2017	2	58	\$ 38,704.00

11. Progress on Regional Career Pathway Desk- Aid- Updating if goals have been reached.

12. Participants obtaining employment

- A) Fulltime Employment- 0
- B) Average FT Hourly Wage- 0
- C) Part-time Employment- 1
- D) Average PT Hourly Wage- 0

13. Specific Local Initiatives:

1. Individual who is working with Voc Rehab needed assistance with finding a job as a driver. There was an IDB counselor who needed someone to drive him around. The individual needed to have modifications made to the state car to be able to drive it. With the help of Easter Seals we were able to find the foot pedal and steering ball needed to become a driver. He is now working part time with the IDB counselor.

2. Individual who is working with Voc Rehab was in need of finding funds to assist with a work experience as he has not been able to find employment due to his disability of ASD. With the help of Title 1 out of school youth, we were able to find a place willing to take him on and allow him to complete the work experience.

3. Individual who is on ticket to work has not been working for the last 3 years and is not able to pay for her medication needed to help with her disability. We were able to find her a part time job with a staffing agency and with the help of flex funds were able to purchase clothing needed for the job.



Flick, Shawn <shawn.flick@iwd.iowa.gov>

Ticket to Work

1 message

Sadler, Trisha <trisha.sadler@iwd.iowa.gov>
To: Shawn Flick <shawn.flick@iwd.iowa.gov>

Wed, Jan 17, 2018 at 10:22 AM

Reporting Periods	# of Tickets Assigned	Total # of Tickets	Incentives	Total Incentives
4/1/2017 to 6/30/2017			4/1/2017 to 6/30/2017	
IWD EN- Region 12	2	52	\$ 30,348.00	\$ 126,687.00

Trisha Sadler

Disability Resource Coordinator
IowaWORKS Greater Siouxland
2508 4th Street Sioux City, IA 51101
Phone :712-233-9030 ext. 46045
Fax: 712-277-8438
trisha.sadler@iwd.iowa.gov

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2 attachments

- 2 Tickets & EN \$ per region12-2017.xls
77K
- 2 Tickets & EN 3-2017.xls
92K

Overpayment new total

Incentives for PY 2017

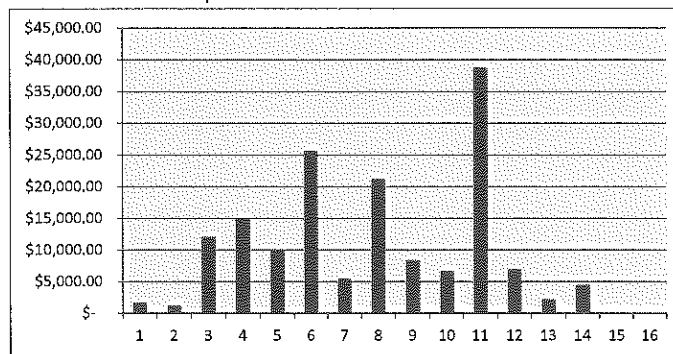
IWD Region	# Ticket/this quart	Total Tickets	IWD Region	Incentives 3rd quarter	Incentives 2nd quarter	Incentives 1st quarter	Total EN Payments	new total
Dubuque	1	34	Dubuque	\$ 7,545.00	\$ 2,754.00	\$ 2,478.00	\$12,777	
Decorah	0	6	Decorah	\$ 3,592.00	\$ -	\$ -	\$3,592	
Spencer	1	37	Spencer	\$ 26,404.00	\$ 19,412.00	\$ 26,521.00	\$72,337	1398
Fort Dodge	0	46	Fort Dodge	\$ 9,081.00	\$ 13,336.00	\$ 15,212.00	\$37,629	
Marshalltown	1	28	Marshalltown	\$ 11,458.00	\$ 1,398.00	\$ -	\$12,856	
Waterloo	2	98	Waterloo	\$ 37,742.00	\$ 48,444.00	\$ 66,821.00	\$153,007	1398
Carroll	0	6	Carroll	\$ 1,257.00	\$ -	\$ 726.00	\$1,983	
Davenport	2	55	Davenport	\$ 35,312.00	\$ 7,841.00	\$ 17,101.00	\$60,254	
Cedar Rapids	1	28	Cedar Rapids	\$ 4,194.00	\$ 6,354.00	\$ 6,650.00	\$17,198	
Des Moines	0	26	Des Moines	\$ 15,492.00	\$ 8,479.00	\$ 35,137.00	\$59,108	
Sioux City	2	324	Sioux City	\$ 38,324.00	\$ 25,374.00	\$ 32,641.00	\$96,339	
Council Bluffs	2	22	Council Bluffs	\$ 4,173.00	\$ 3,197.00	\$ -	\$7,370	
Creston	0	22	Creston	\$ 7,321.00	\$ 8,004.00	\$ 4,400.00	\$19,725	
Ottumwa	1	37	Ottumwa	\$ 8,944.00	\$ 18,768.00	\$ 21,811.00	\$49,523	
Burlington	0	5	Burlington	\$ -	\$ -	\$ 4,699.00	\$4,699	
Benefits Planners	0	7	Benefits Planners	\$ 8,463.00	\$ 6,991.00	\$ 5,734.00	\$21,188	
Totals	13	781	Totals	\$ 219302	\$ 170,352.00	\$ 239,931.00	\$629,585	

* # Tickets is an approximate number

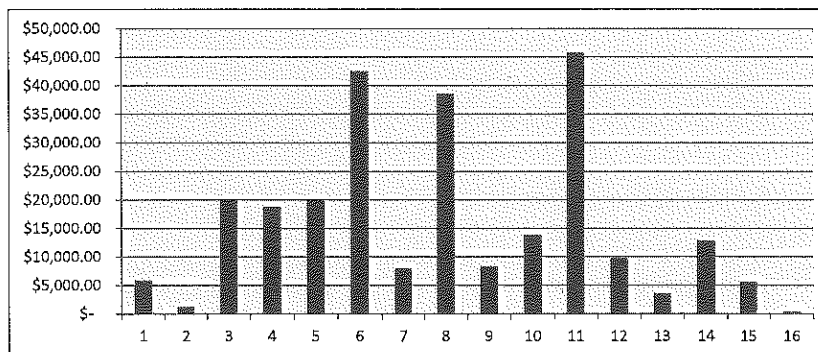
IWD Region	# Tickets	Regions	Incentives 2nd quarter	Incentives 1st quarter	Total PY18
Dubuque	38	1 Dubuque	\$ 1,744.00	\$ 4,196.00	\$ 5,940.00
Decorah	8	1 Decorah	\$ 1,280.00	\$ -	\$ 1,280.00
Spencer	34	3 Spencer	\$ 12,077.00	\$ 7,980.00	\$ 20,057.00
Fort Dodge	47	5 Fort Dodge	\$ 15,012.00	\$ 3,760.00	\$ 18,792.00
Marshalltown	23	6 Marshalltown	\$ 10,063.00	\$ 9,938.00	\$ 20,001.00
Waterloo	106	7 Waterloo	\$ 25,612.00	\$ 16,944.00	\$ 42,556.00
Carroll	4	8 Carroll	\$ 8,448.00	\$ 2,520.00	\$ 7,966.00
Davenport	93	9 Davenport	\$ 21,159.00	\$ 17,445.00	\$ 38,604.00
Cedar Rapids	31	10 Cedar Rapids	\$ 8,396.00	\$ -	\$ 8,396.00
Des Moines	24	11 Des Moines	\$ 6,713.00	\$ 7,132.00	\$ 13,845.00
Sioux City	59	12 Sioux City	\$ 38,704.00	\$ 7,014.00	\$ 45,718.00
Council Bluffs	23	13 Council Bluffs	\$ 8,998.00	\$ 2,766.00	\$ 9,764.00
Creston	10	14 Creston	\$ 2,178.00	\$ 1,398.00	\$ 3,576.00
Ottumwa	39	15 Ottumwa	\$ 4,476.00	\$ 8,393.00	\$ 12,869.00
Burlington	5	16 Burlington	\$ -	\$ 5,596.00	\$ 5,596.00
Benefits Planners	7	17 Benefits Planners	\$ -	\$ 420.00	\$ 420.00
	551	Totals	\$ 159,838.00	\$ 95,552.00	\$ 255,390.00

* # Tickets is an approximate number

2nd quarter 12/31/17



Total for PY 2018





Local Workforce Development Boards

GUIDANCE:

How to Add Language to Local Workforce Development Plans on Priority of Service for Veterans

Date of Issuance: January 19, 2018

1. Background.

- The U.S. Department of Labor (DOL), Veterans' Employment and Training Services (VETS) administers the Jobs for Veterans State Grant (JVSG) at the federal level.
- Iowa Workforce Development (IWD) administers the JVSG in Iowa.
- VETS conducted an audit of the JVSG in Iowa from June 9, through July 19, 2017.
- Under the Workforce Innovation and Opportunity Act (WIOA), local workforce development boards (WDBs) are required to develop a local workforce development plan (local plan).
- One finding in the VETS audit of Iowa's JVSG is that Iowa's local plans do not contain language consistent with the statutorily defined responsibilities for priority of service for veterans.
- This Guidance gives instructions and direction to WDBs on how to add language consistent with the statutorily defined responsibilities for priority of service for veterans to their local plans as an attachment.

2. Attachment.

- IWD has developed a Modification that contains the language required by VETS to be included in local plans.
- This Modification is included in the email with this Guidance.

Guidance: How to Add an Attachment to Local Workforce Development Plans on Priority of Service for Veterans

3. WDB Action.

- Include on the agenda for your next WDB meeting an action to add to your Region's local plan a modification that contains language on priority of service for veterans.
- At your next WDB meeting, take action to add to your Region's local plan the modification that contains language on priority of service for veterans.
- After your WDB takes action to add to your Region's local plan the Modification that contains language on priority of service for veterans, email Kyle Clabby-Kane at the below address to notify him of the WDB action.

kyle.clabby@iwd.iowa.gov

4. Questions.

If you have questions or would like further information, contact Kyle Clabby-Kane at the above email address.

LOCAL SERVICE PLAN MODIFICATION TRANSMITTAL FORM

To Be Completed by Region:	For State Use Only:
Region Number:	Date Received:
Date Submitted:	Date Approved:
Effective Date:	Effective Date:

Provide a brief description of the CSP changes below:

Priority of Service for Veterans

Iowa Workforce Development (IWD) will provide all qualified Veterans with priority of service. In order to maximize and provide priority of services to Veterans, Veterans will be able to register at all Iowa *WORKS* locations. Registration is also available on-line 24/7 through <https://www.iowaworkforcedevelopment.gov/>, or any of the regional websites. Iowa complies with final regulations which state recipients of USDOL funds for qualified job training programs are subject to the priority of service regulations, and are required by law to provide priority of service to Veterans and eligible spouses. If the SBE eligible Veteran's needs cannot be met at the point of intake (as determined by core service staff) or if the eligible Veteran requests, he/she will be referred to the DVOP or appropriate service provider for assistance. The Iowa Director for Veterans' Employment and Training (DVET) and/or his designee (ADVET), has a standing invitation to address district management at their monthly meeting to describe expectations of the Jobs for Veterans Act, and to review program performance. The state has followed-up by requiring that each SWA describe in their local customer service plan how they will ensure priority of service is provided in their programs. IWD Management staff will consult with local partners on how to implement priority of service, and will be monitoring compliance with the established procedure. Regional Workforce Development Boards (RWDBs) are to ensure one-stop operators and service providers recruit individuals in the priority of service categories and develop and provide appropriate services to meet those populations' needs. Local areas must establish written policies and procedures to ensure priority for the populations described in this guidance for participants served in the WIOA Adult program for eligibility determinations beginning on July 1, 2015. Additionally, based on local policy, the Boards may:

- Establish a process that also gives priority to other individuals; and
- Choose to provide individualized career and training services to adults whose income is above the WIOA income guidelines requirement but below the Board-established self-sufficiency wage level.

Each region submits their plan for providing priority of service to Veterans. Each plan is reviewed by the state liaisons to RWDB. The state liaisons work with the DVET to develop expectations that can be enforced locally. Priority of service is monitored in the following manner:

- Local management staff audits job orders and other services;
- Local management will take corrective action on Veteran customer complaints; and
- Local office management conducts a random review of initial Veteran applications for

proper qualification, quality of service provided, and to ensure that the appropriate service was provided.

Corrective action, in the form of continuing education and positive feedback, is provided by the DVOP. If problems persist, local management, the Division Administrator and the DVET will be consulted. Veterans will be made aware of their priority of service entitlement and about the services provided by DVOP staff to SBE eligible Veterans, not only through outreach activities, but through an information and self-assessment pamphlet available both in paper form and on the web. The pamphlet will describe for the Veteran the various services they may receive, their priority of service, and will provide a simple mechanism for the Veteran (and staff) to determine if career services are needed. It is expected that this method will help avoid oversight of Veterans in need of special services. In addition, large colorful posters featuring local Veterans were developed with non-JVSG funds and distributed to all IWD and partner locations asking, "Are You the Spouse of a Veteran?" and explaining priority of service for those individuals. The Jobs for Veterans Act (PL 107-288) provides an emphasis on serving veterans by establishing a priority of service for veterans and eligible spouses in all employment and training programs funded by the Department of Labor, including Wagner-Peyser (WP), WIOA and other job training programs offered through competitive grants. Priority of Service is the right of an eligible "Covered Person" to be given priority of service over an eligible non-covered person for the receipt of employment, training and placement services, notwithstanding other provisions of the law. "Covered Persons" take precedence over non-covered persons in obtaining services and shall receive access to services and resources earlier in time than a non-covered person. If services or resources are limited, the "Covered Person" receives access instead of or before the non-covered person. Procedures or policies that restrict a veteran's access to WIOA or WP services, even if such restrictions are intended to provide the veteran with specialized services, are contrary to the priority of service requirements. 20 CFR Part 1010 and 38 U.S.C. Section 4215(a)(1) defines "Covered Persons" to mean veterans and the spouses "of any of the following: a. any veteran who died of a service-connected disability; b. any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:

- i. Missing in action;
- ii. Captured in the line of duty by a hostile force; or
- iii. Forcibly detained or interned in the line of duty by a foreign government or power; or
- iv. Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs or any veteran who died while such a disability was in existence."

"Covered Persons must have served at least one day in the active military, naval or air service, and were discharged or released under conditions other than dishonorable as specified in 38 U.S.C 101(2). Active service includes full-time Federal service in the National Guard or a Reserve

component. It does not include full-time duty performed strictly for training purposes, nor does it include full-time active duty performed by National Guard personnel mobilized by the State rather than federal authorities.

“Spouses of military personnel killed in the line of duty do not currently qualify for priority of service.”

“As defined in USC 101, the term “surviving spouse” means a person of the opposite sex who was the wife or husband of a veteran at the time of the veteran’s death, and who lived with the veteran continuously from the date of marriage to the date of the veteran’s death (except where there was a separation which was due to the misconduct of, or procured by, the veteran without the fault of the spouse) and who has not remarried or (in cases not involving remarriage) has not since the death of the veteran, and after September 19, 1962, lived with another person and held himself or herself out openly to the public to be the spouse of such other person.

“The Jobs for Veterans Act provides priority service only to veterans or eligible spouses who meet the program’s eligibility requirements.”

Iowa Jobs State Veterans Program Plan

The Jobs for Veterans State Grants (JVSG) creates opportunities for all eligible veterans and eligible spouses to obtain meaningful and successful careers through provision of resources and expertise that maximize employment opportunities and protect veterans’ employment rights. Services provided by the Veteran Representative include comprehensive assessments, development of an Individual Employment Plan, career counseling, and referrals to other veteran and community organizations as needed. The Local Veteran Employment Representative (LVER) is a member of the business services team. The LVER promotes the hiring of veterans to employers, employer associations, and business groups; facilitates employer training, plans and participates in career fairs and conducts job development with employers. Iowa has an effective business services program across the state. There are Business Services Teams located in each of the 15 Regions who coordinate efforts with DVOP staff to contact current and prospective employers, Federal contractors and subcontractors, and others to promote Veterans -SBE, aged 18-24, and non-SBE - as excellent job candidates and employees. In addition, partners in the one-stops are utilized to train Veterans in identifying job skills as well as the “soft skills” related to job seeking and job retention. Assessment services are used to identify the skills, knowledge, abilities and preferences of Veterans so that the best possible job match can be made initially. Career exploration services are offered so that Veterans have a good knowledge of available jobs and specific information about occupations. Veterans are offered assistance in understanding the skills needed to function in the workplace, and help in understanding how job and career advancement can be accomplished with an employer. Targeting services to Veterans with Significant Barriers to Employment, IWD Management will serve the role of educators to the one-stop operators, their partners and the RWDB members. They

will train and educate on:

- The identification of Veteran under Title 38 of the U.S.C;
- Criteria for the identification of needs for referral for career services;
- Veterans' preference requirements and methodologies;
- The difference between Priority of Service and Veterans' Preference, and;
- Veterans' integration policy as determined by Agency leadership.

Partners such as WIOA partners, PROMISE JOBS/TANF, Trade Act, and IVRS will also identify Veteran customers at their points of contact or entry, which may or may not be collocated with IWD Veteran staff at the one-stop. Those Veteran customers identified as having a significant barrier to employment as defined by USDOL, VETS, or age 18-24, will be referred to the DVOP for additional services. Veterans will be co-enrolled with PROMISE JOBS if they are receiving Family Investment Program (TANF) assistance and subject to the terms of a Family Investment Agreement (FIA), WIOA, or Trade Act if they are a dislocated worker. Veteran program management monitors case records monthly and quarterly report data to ensure compliance, address issues, quantify progress, and celebrate success with DVOP staff.

The state will ensure adherence to the legislative requirements for Veteran's staff. This includes, but is not limited to, employing only Veterans to fill the DVOP positions with a preference towards hiring disabled Veterans. Each of these staff is trained in their new roles and responsibilities under the Jobs for Veterans Act of 2002. The DVOP, and local Wagner-Peyser management, work closely with all partners to ensure the mandatory WIOA partners provide Veteran's priority of service. Iowa has focused staff resources on the utilization of DVOP Specialists, rather than LVERs, for a number of years. We believe it is a better investment of funds to ensure case management is offered to SBE Veterans and those aged 18-24 in accordance with VPLs 01-14, 03-14 and 04-14. All non-Vet staff are assigned to serve Veterans without an SBE, and we expect our non-JVSG funded BSRs to promote Veterans to our business customers. With the deployment of Iowa Governor Terry Branstad's "Home Base Iowa" initiative to encourage military personnel to make our state their home, we hired one LVER to conduct outreach to employers to assist Veterans in gaining employment, including conducting seminars, job search workshops, and facilitating employment, training and placement services. Once identified either by self-assessment, core service staff, or partner staff, that the individual is a Veteran who is eligible for and could benefit from DVOP services, that staff would refer the Veteran job seeker to the DVOP. In offices without a full time DVOP, local management will be responsible for ensuring there is an efficient means of referral that ensures no Veteran eligible for and requiring career services goes without the appropriate service. The DVOP will facilitate career services by working with the eligible Veteran to develop a written action plan to resolve barriers to employment (i.e. DVOP will refer for appointment with local county Veteran affairs to resolve financial issues and Veteran will follow through by making appointment and going to receive services). Iowa has instituted an Integrated System of service that includes all of the partners in the Workforce Center, "All Means All." The system consists of a Membership Team, Skills Development Team and Business Services Team. All DVOP Specialists

will be assigned to the Skills Development Team, as this complies with their roles and responsibilities under Title 38. As a member of the Skills Development Team, they will be referred any Veteran their coworkers have identified as eligible for DVOP services because of age (18-24) or who has a significant barrier to employment and needs career services. While working in Skills, they will assist only Veterans who meet the criteria outlined in VPLs 01-14, 03-14 and 04-14; all other Veterans will be served by the non-JVSG staff. The DVOP will locate, build and maintain good working relationships with Federal agencies (VA), state agencies (Health & Welfare, Education), community based organizations, Veterans and others that may be able to provide services to eligible Veterans age 18-24 or with a significant barrier to employment. The DVOP staff in Iowa have maintained an excellent working relationship with their local VA VR&E staff. The procedure followed in serving Chapter 31 Vets is in accordance with VA/DOL Technical Assistance Guide (TAG) Revised September 2015. Iowa has established the position of Intensive Services Coordinator (ISC) who is stationed remotely at the Des Moines IowaWORKS office. The position is filled by a DVOP specialist. DVOPs receive referrals from the VR&E counselor through the ISC and are at that time informed of the Veteran's employment goal, barriers to employment and any other significant information.

Upon referral, the DVOP immediately conducts an interview to further assess the Veteran's situation. The DVOP will develop a mutually agreed upon, individualized case management plan to assist the Veteran while in receipt of employment services. The DVOP will provide resume assistance, interviewing techniques, job leads and establish job development referrals with employers. The DVOP will also make referrals to assist with any special needs the Veteran may have. The DVOP maintains a minimum of weekly contact with the Chapter 31 Veteran and each month submits the results of the month's activities to the VR&E counselor and the ISC. IWD has partnered with the state DOL/ETA Office of Apprenticeship and hosts the following website: <https://www.iowaworkforcedevelopment.gov/iowa-registered-apprenticeship-apprenticeshipusa>. This website has been recognized as the premier Apprenticeship web portal in the nation. DVOP staff routinely use this site to place Veterans in training. The Iowa Department of Education (IDOE) works closely with DVOP Specialists to disseminate information on Chapter 31 GI Bill programs, the Troops to Teachers program and various other educational programs to provide educational opportunities for our Veterans. DVOP staff work closely with TANF - Employment and Training program (referred to in Iowa as PROMISE JOBS) to provide job placement and referral assistance to Veterans who are TANF cash recipients (referred to in Iowa as the Family Investment Program). Though Iowa has no active duty military installations or medical facilities in the state, DVOP staff maintain a close working relationship with the Iowa National Guard. This provides a strong linkage and referral system between all returning National Guard Veterans and the one-stop center. IWD maintains a Veterans Benefits and Services book that lists Federal, State, and Local Veteran benefits and services. Several agencies have partnered in contributing to this book, to include USDOL Office of Apprenticeship, IDOE, both state and county Department of Veteran Affairs and others. This book is very well received and serves to both inform Veterans and to provide them with the knowledge to access Veteran services provided by IWD. This book is distributed to partners,

agencies and civic organizations across the state by the DVOPs, Division Administrator, Iowa National Guard, Iowa Department of Veteran's Affairs, ESGR personnel and volunteers, and USDOL VETS staff and is available electronically on <https://www.homebaseiowa.gov/veterans-resources>.

Regional Customer Service Plan Certification

I certify that the attached has been reviewed and approved by the Regional Workforce Investment Board and the Chief Elected Officials Board, and that I am authorized to sign on behalf of the group I represent.

RWIB Chair Signature / Date

CEO Chair Signature / Date

The Workforce Innovation and Opportunity Act

Final Rule Fact Sheet Veterans and Spouses

About WIOA

The Workforce Innovation and Opportunity Act (WIOA) is landmark legislation signed into law in July 2014 that seeks to transform the workforce system to help job seekers and workers succeed in the labor market and match employers with the skilled workforce they need to compete in the global economy. The three principles of excellence at the core of WIOA are:

- ◆ The needs of businesses and workers drive workforce solutions, and local workforce boards are accountable to communities in which they are located;
- ◆ American Job Centers (or One-Stop Centers) provide excellent customer service to job seekers and employers and focus on continuous improvement; and
- ◆ The public workforce system supports strong regional economies and plays an active role in community and workforce development.

In June 2016 the Departments of Labor, Education, and other federal partners released the WIOA Final Rules, which outline the final regulations for the implementation of WIOA. This fact sheet provides information about the final regulations related to serving veterans and their spouses.

Priority of Service for Veterans

Veterans and eligible spouses continue to receive priority of service for all DOL-funded job training programs, including WIOA programs. Priority of service is discussed in [Training and Employment Guidance Letter \(TEGL\) 10-09](#). Further, representatives funded through Jobs for Veterans State Grants (JVSG), a required partner program under WIOA, are located in many AJCs. The WIOA Title I Adult program also provides priority services for public assistance recipients, other low-income individuals, or individuals who are basic skills deficient. States and local areas must apply priority of service in the order below:

- ◆ First, to veterans and eligible spouses who also are included in the groups given statutory priority for WIOA adult formula funds. This means that veterans and eligible spouses who also are recipients of public assistance, other low-income individuals*, or individuals who are basic skills deficient would receive first priority for services provided with WIOA adult formula funds.
- ◆ Second, to non-covered persons (individuals who are not veterans or eligible spouses) who are included in the groups given priority for WIOA adult formula funds.
- ◆ Third, to veterans and eligible spouses who are not included in WIOA's priority groups.
- ◆ Fourth, to any other populations identified by the Governor or Local Board for priority.
- ◆ Last, to non-covered persons outside the groups given priority under WIOA.

*** Note:** When past income is an eligibility determinant for Federal employment or training programs, any amounts received as military pay or allowances by any person who served on active duty, and certain other specified benefits must be disregarded for the veteran and for other individuals for whom those amounts would normally be applied in making an eligibility determination. Military earnings are not to be included when calculating income for veterans or transitioning service members for this priority.

Learn More About WIOA

WIOA Final Rule

https://www.doleta.gov/wioa/Final_Rules_Resources.cfm

WIOA Guidance

http://wdr.doleta.gov/directives/All_WIOA_Related_Advisories.cfm

Employment & Training Administration's WIOA Resource Page

<https://www.doleta.gov/wioa>

Overview of WIOA

<https://www.doleta.gov/WIOA/Overview.cfm>

The WIOA Law <https://www.gpo.gov/fdsys/pkg/PLAW-113publ128/pdf/PLAW-113publ128.pdf>



The Workforce Innovation and Opportunity Act

SERVING SEPARATING SERVICE MEMBERS AND MILITARY SPOUSES WITH DISLOCATED WORKER FUNDS

Service members exiting the military, including, but not limited to, recipients of Unemployment Compensation for Ex-Military members (UCX), generally qualify as dislocated workers.

- ◆ Dislocated Worker funds under WIOA Title I can help separating service members enter or reenter the civilian labor force. Generally a notice of separation, either a DD Form-214 from the Department of Defense or other appropriate documentation (such as separation orders) that shows a separation or imminent separation from the Armed Forces, qualifies as the notice of termination or layoff to meet the required dislocated worker definition.
- ◆ In most instances an individual will have to be eligible for or have exhausted entitlement to unemployment compensation (including UCX) in order to receive dislocated worker services. In the case of separating service members, or those on a terminal leave from the military, it may make sense to begin providing career services while the service members are still on Active Duty but have imminent separation dates.
 - ◇ It is appropriate to provide career services to separating service members who will be imminently separating from the military, provided that their discharge will be anything other than dishonorable.
 - ◇ Separating service members are required to participate in the Transition Assistance Program (TAP) in order to ensure they are prepared for civilian employment. During this program, separating service members and their spouses are encouraged to contact AJCs in the area in which they wish to seek services.

WIOA expands the definition of dislocated workers to include military spouses who have lost employment as a direct result of a relocation to accommodate a permanent change in the service member's duty station.

- ◆ Military spouses also may qualify if they are a dependent spouse of a member of the Armed Forces on active duty whose family income is significantly reduced, as determined by the State or local area, because of a deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the service member.
- ◆ Military spouses also can qualify if they are unemployed or underemployed and are experiencing difficulty in obtaining or upgrading employment.

NATIONAL DISLOCATED WORKER GRANTS (DWG) FOR DISLOCATED SERVICE MEMBERS

DWGs provide resources to states and other eligible applicants to respond to large, unexpected layoff events causing significant job losses. This funding is intended to temporarily expand capacity to serve dislocated workers, including military service members, and meet the increased demand for WIOA employment and training services, with a purpose to reemploy laid off workers and enhance their employability and earnings.

Eligibility criteria regarding DWGs for dislocated service members can be found in [Training and Employment Guidance Letter \(TEGL\) 02-15, Attachment II](#).

WIOA Implementation Technical Assistance

The Innovation and Opportunity Network (ION) is a community of practitioners, program staff, partners, planners, industry leaders, and stakeholders that strive for system improvement, capacity building, and excellence in the public workforce system. ION is a national, regional, state, and local alliance that makes available the technical assistance, information sharing, and training needed to implement the vision of WIOA. Visit ION at <https://ion.workforcegps.org>



**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at <http://www.iwd.state.ia.us/wia/regioninfo.html>.

PART I - GENERAL INFORMATION

Date Of Application Friday, January 12, 2018

Name of Institution Western Iowa Tech Community College

Address 4647 Stone Ave, P.O. Box 5199, Sioux City, IA 51102

Telephone Number 712 274 6400 Fax 712 274 6412

Location of Training Facility Sioux City, IA

Name of Chief Executive Officer Terry A. Murrell

Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Administrative Assistant - Medical Associate of Applied Science Degree

B. A brief program description Expanding medical services throughout the country have created excellent career opportunities for office workers with specialized medical training. First-year course work gives students entry-level medical office skills.

C. Length of Program 4 semesters Total Credit Hours Required 71

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$2,059
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$6,663
6. Total cost to complete this program	\$13,325

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

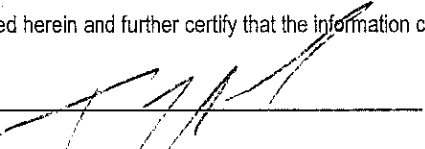
- Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature



Date

11/21/18

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB	_____	Date Approved by RWIB	_____
Application Date	_____	Date RWIB Submitted to IWD	_____
		Region #:	_____
Authorized RWIB Signature	_____		

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

- 1. Date Institution was founded: 1966
- 2. Number of years the insitution has been in continuous operation: Since 1966
- 3. Is the institution accountable to a policy or governmental board? Yes No
 If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.
- 4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

- 1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the intitution's most recent auditor's report.
- 2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
- 3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?
 Please state your refund policy: See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

- 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.
 A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

- 2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:
 *how the information was obtained
 *what percentage of all student's data was collected
 *what year is being used

- 3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

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Location of Training Facility Sioux City, IA

Name of Chief Executive Officer Terry A. Murrell

Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Administrative Office Support Diploma

B. A brief program description The program emphasizes the development of multifunctional office and computer skills in proofreading and editing, keyboarding and document formatting, filing, human relations, machine transcription, computerized 10-key, and accounting. Students will become familiar with up-to-date office procedures and equipment.

C. Length of Program 2 semesters Total Credit Hours Required 31

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$899
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$6,325
6. Total cost to complete this program	\$6,325

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

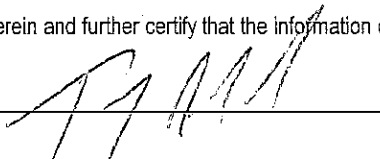
Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature



Date

11/2/15

If you are a Training institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____
Application Date _____ Date RWIB Submitted to IWD _____
Region #: _____
Authorized RWIB Signature _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: 1966
2. Number of years the insitution has been in continuous operation: Since 1966
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the intitution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.
A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
- *what percentage of all student's data was collected
- *what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

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Location of Training Facility Sioux City, IA

Name of Chief Executive Officer Terry A. Murrell

Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Air Conditioning Certificate

B. A brief program description This certificate will prepare the student to maintain and troubleshoot residential air-conditioning equipment. Students are trained to be cooling technicians in a real world, hands-on lab environment. The HVAC facility is equipped with state-of-the-art and conventional air conditioning systems in which students experience ample hands-on training.

C. Length of Program 1 semester Total Credit Hours Required 18

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$522
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$4,050
6. Total cost to complete this program	\$4,050

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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Post-Secondary Educational Institution registered under HEA

Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

Terry A. Murrell, Ph.D. certify that I am the President of the training

Name

Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature

Date

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All other applicants must complete the following information and Part III - Part VI:

1. Date institution was founded: 1966
2. Number of years the institution has been in continuous operation: Since 1966
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
- *what percentage of all student's data was collected
- *what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
Iowa Workforce Development
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Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Air Conditioning, Heating, and Refrigeration Diploma

B. A brief program description The Air Conditioning, Heating, and Refrigeration (HVAC) program includes a study of air conditioning, heating, and refrigeration for residential and light commercial equipment. Students are trained to be HVAC technicians in a real-world, hands-on lab environment. The HVAC facility is equipped with state-of-the-art HVAC systems including geo-thermal and other high-efficiency systems. In addition, students will have ample opportunity to work on conventional HVAC systems.

C. Length of Program 2 semesters Total Credit Hours Required 36

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$1044
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$7,200
6. Total cost to complete this program	\$7,200

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature [Handwritten Signature] Date 11/21/18

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

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3. Is the institution accountable to a policy or governmental board? Yes No
- If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your
refund policy:

See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings *Availability of suitable training equipment
*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
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1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

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- a. obtained a certificate, degree or diploma; or
b. received credit for completing the program; or
c. received a passing grade in the program; or
d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
*what percentage of all student's data was collected
*what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at <http://www.iwd.state.ia.us/wia/regioninfo.html>.

PART I - GENERAL INFORMATION

Date Of Application Friday, January 12, 2018

Name of Institution Western Iowa Tech Community College

Address 4647 Stone Ave, P.O. Box 5199, Sioux City, IA 51102

Telephone Number 712 274 6400 Fax 712 274 6412

Location of Training Facility Sioux City, IA

Name of Chief Executive Officer Terry A. Murrell

Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Fire Science Diploma

B. A brief program description The Fire Science program is designed to prepare students for entry-level technical or administrative careers in the fire science field by providing them with the necessary knowledge of the subject field, professional skills, and state-of-the-art techniques necessary for a successful career.

C. Length of Program 2 semesters Total Credit Hours Required 31

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$899
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$6,325
6. Total cost to complete this program	\$6,325

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature]
Signature

1/21/18
Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____

Application Date _____ Date RWIB Submitted to IWD _____

Region #: _____

Authorized RWIB Signature _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: 1966
2. Number of years the institution has been in continuous operation: Since 1966
3. Is the institution accountable to a policy or governmental board? Yes No
- If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
- *what percentage of all student's data was collected
- *what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

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PART I - GENERAL INFORMATION

Date Of Application Friday, January 12, 2018

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Telephone Number 712 274 6400 Fax 712 274 6412

Location of Training Facility Sioux City, IA

Name of Chief Executive Officer Terry A. Murrell

Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Heating Certificate

B. A brief program description This certificate will prepare the student to maintain and troubleshoot residential heating equipment.
Students are trained to be heating technicians in a real world hands-on lab environment. The HVAC
facility is equipped with state-of-the-art and conventional heating systems in which students
experience ample hands-on training.

C. Length of Program 1 semester Total Credit Hours Required 13

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$377
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$3,175
6. Total cost to complete this program	\$3,175

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature [Handwritten Signature] Date 11/2/18

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____	Date Approved by RWIB _____
Application Date _____	Date RWIB Submitted to IWD _____
Authorized RWIB Signature _____	Region #: _____

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All other applicants must complete the following information and Part III - Part VI:

1. Date institution was founded: 1966

2. Number of years the institution has been in continuous operation: Since 1966

3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

*The number of buildings

*Availability of suitable training equipment

*Handicap accessibility

*Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

*The number of persons employed

*Current number of students enrolled

*Class size to instructor ratio

*School Calendar

*Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

a. obtained a certificate, degree or diploma; or

b. received credit for completing the program; or

c. received a passing grade in the program; or

d. finished the required curriculum of the program.

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

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*what percentage of all student's data was collected

*what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

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PART I - GENERAL INFORMATION

Date Of Application Friday, January 12, 2018

Name of Institution Western Iowa Tech Community College

Address 4647 Stone Ave, P.O. Box 5199, Sioux City, IA 51102

Telephone Number 712 274 6400 Fax 712 274 6412

Location of Training Facility Sioux City, IA

Name of Chief Executive Officer Terry A. Murrell

Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Human Resources Diploma

B. A brief program description This diploma program is appropriate for both newcomers to the human resource field and those with some experience who wish to expand their knowledge base. Graduates of this program are encouraged to enroll in the Human Resources Management program which leads to an Associate of Applied Science degree.

C. Length of Program 2 semesters Total Credit Hours Required 34

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$986
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$6,850
6. Total cost to complete this program	\$6,850

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

TAM Signature Date 11/2/18

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____
 Application Date _____ Date RWIB Submitted to IWD _____
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 Authorized RWIB Signature _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: 1966
2. Number of years the institution has been in continuous operation: Since 1966
3. Is the institution accountable to a policy or governmental board? Yes No
- If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy:

See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings *Availability of suitable training equipment
*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
*Current number of students enrolled
*Class size to instructor ratio
*School Calendar
*Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
b. received credit for completing the program; or
c. received a passing grade in the program; or
d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
*what percentage of all student's data was collected
*what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
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PART I - GENERAL INFORMATION

Date Of Application Friday, January 12, 2018

Name of Institution Western Iowa Tech Community College

Address 4647 Stone Ave, P.O. Box 5199, Sioux City, IA 51102

Telephone Number 712 274 6400 Fax 712 274 6412

Location of Training Facility Sioux City, IA

Name of Chief Executive Officer Terry A. Murrell

Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Human Resources Management Associate of Applied Science Degree

B. A brief program description Graduates will be able to perform entry-level functions in the human resources department of business and industry. Typical entry-level work includes interviewing applicants, administering pre-employment tests, conducting new hire orientation, processing transfers, promotions, and terminations.
Human resource workers may also analyze job duties, write job descriptions, calculate payroll, and maintain accident reports.

C. Length of Program 4 semesters Total Credit Hours Required 64

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$1,856
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$6,050
6. Total cost to complete this program	\$12,100

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature]
Signature

11/2/15
Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____
Application Date _____ Date RWIB Submitted to IWD _____
Region #: _____
Authorized RWIB Signature _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: 1966
2. Number of years the institution has been in continuous operation: Since 1966
3. Is the institution accountable to a policy or governmental board? Yes No
- If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings *Availability of suitable training equipment
*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
*Current number of students enrolled
*Class size to instructor ratio
*School Calendar
*Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
b. received credit for completing the program; or
c. received a passing grade in the program; or
d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
*what percentage of all student's data was collected
*what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

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Name of Chief Executive Officer Terry A. Murrell

Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Motorcycle/Powersports Technology Associate of Applied Science Degree

B. A brief program description This career field is responsible for diagnosing, maintaining, repairing, and overhauling motorcycles.

Many also repair other types of small engine equipment including mopeds, dirt bikes, and all-terrain vehicles.

In addition to diagnosing, repairing, and maintaining motorcycle engines, students may work on transmissions,

brakes, exhaust and ignition systems, and make minor repairs to damaged sections of the motorcycle's body.

C. Length of Program 4 semesters Total Credit Hours Required 71

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$2,059
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$6,663
6. Total cost to complete this program	\$13,325

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature [Signature] Date 1/12/18

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1. Date Institution was founded: 1966
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3. Is the institution accountable to a policy or governmental board? Yes No
- If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?
- Please state your refund policy: See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
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- *how the information was obtained
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- *what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
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Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at <http://www.iwd.state.ia.us/wia/regioninfo.html>.

PART I - GENERAL INFORMATION

Date Of Application Friday, January 12, 2018

Name of Institution Western Iowa Tech Community College

Address 4647 Stone Ave, P.O. Box 5199, Sioux City, IA 51102

Telephone Number 712 274 6400 Fax 712 274 6412

Location of Training Facility Sioux City, IA

Name of Chief Executive Officer Terry A. Murrell

Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Office Assistant Certificate

B. A brief program description This program assists students with little or no current office skills or students who have acquired employment but need additional training. It will develop skills for entry-level office employment by concentrating on those areas of study that students will need to be employed in an office. Because technology will play a big role in the future growth of administrative-support occupations, several computer based courses will be offered as part of the certificate.

C. Length of Program 1 semester Total Credit Hours Required 15

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$435
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$3,525
6. Total cost to complete this program	\$3,525

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

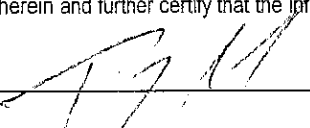
If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature 

Date 11/2/18

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____

Application Date _____ Date RWIB Submitted to IWD _____

Region #: _____

Authorized RWIB Signature _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: 1966

2. Number of years the institution has been in continuous operation: Since 1966

3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.
A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
- *what percentage of all student's data was collected
- *what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

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Program Contact Information Darin Moeller

Telephone Number 712 274 6400 Email Address darin.moeller@witcc.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Pharmacy Technician Diploma

B. A brief program description The pharmacy technician diploma program will prepare students for entry-level pharmacy technician positions in both the institutional and community pharmacy setting. The pharmacy technician is one of the fastest growing professions in the medical care field. A pharmacy technician is an individual who, under the supervision of a pharmacist, assists in the day-to-day pharmacy operations that do not require the professional judgment of a pharmacist.

C. Length of Program 2 semesters Total Credit Hours Required 35

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$1,015
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$7,025
6. Total cost to complete this program	\$7,025

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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- Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

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Date

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All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: 1966
2. Number of years the insitution has been in continuous operation: Since 1966
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the intitution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your
refund policy:

See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
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3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

**State of Iowa
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Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Surgical Technology Associate of Applied Science Degree

B. A brief program description The Surgical Technology program is designed to prepare students to function as members of the surgical team in hospitals and clinics with registered nurses and surgeons in the operating room. The graduate is qualified to prepare the surgical environment and function as a team member during the operative procedures.
National certification is available to graduates. The surgical technology program is accredited by the Commission on Accreditation for Allied Health Education Programs (CAAHEP).

C. Length of Program 4 semesters Total Credit Hours Required 65

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$146
1b. Tuition (Out-of-State, per credit hour)	\$147
2. Supplies, including tools, uniforms, etc.	\$900
3. Fees, including laboratory, student rentals, deposits	\$1,885
4. Miscellaneous charges	\$0
5. Average cost per year for program	\$6,138
6. Total cost to complete this program	\$12,275

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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Post-Secondary Educational Institution registered under HEA
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CERTIFICATION

I, Terry A. Murrell, Ph.D. certify that I am the President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature [Signature] Date 11/2/18

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If so, what board? Board of Directors WITCC Merged Area 12 Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: yes

PART III - FINANCIAL INFORMATION

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Please state your
refund policy:

See attached.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

*The number of buildings

*Availability of suitable training equipment

*Handicap accessibility

*Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

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*Current number of students enrolled

*Class size to instructor ratio

*School Calendar

*Availability of Transcripts

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*what percentage of all student's data was collected

*what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: _____

IowaCollegeAid.gov
Because College Changes Everything



October 3, 2017

Whitney Ingram
Siouxland Pipe Welding School Inc.
3300 Northbrook Dr.
Sioux City, IA 51105

Sent via email to:
whitney.rose.ingram@gmail.com

Dear Whitney:

I am pleased to inform you the application received from Siouxland Pipe Welding School Inc. for exemption from registration in Iowa has been processed and approved by the Iowa College Student Aid Commission (Iowa College Aid). The application for exemption is due on a bi-annual basis and will be due again by October 3, 2019.

Siouxland Pipe Welding School has filed satisfactory evidence of financial responsibility including the instructional school bond that is payable to the State of Iowa in the amount of \$50,000. The school must file evidence of financial responsibility once every two years and will be due again by October 3, 2019. This financial responsibility renewal will coincide with your exemption from registration renewal.

Please let me know if you have any questions about Siouxland Pipe Welding School's exempt status in Iowa. I can be contacted at 515.725.3426 or at lisa.pundt@iowa.gov.

Sincerely,
Iowa College Aid

A handwritten signature in cursive script that reads "Lisa Pundt".

Lisa Pundt
Postsecondary Registration Compliance Officer

Cc: Karen Misjak, Iowa College Aid



School catalog,
policies,
procedures
and rules for
student
behavior and
safety

January 2018

Orientation Guide for Siouxland Pipe Welding School Students

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Our Mission

Siouxland Pipe Welding School's mission is to provide superior quality, intermediate-level training, and create technically skilled and confident individuals entering the pipe welding industry.

Faculty Experience and Expertise

The faculty at Siouxland Pipe Welding School is well qualified, experienced and driven. The instructors and administrators have worked in every level of the occupation from mechanical to pipe welding to supervising and directing welders and fitters in the piping industry.

Gaylon Parker- Director and Lead Instructor

Gaylon is an AWS Certified Welding Educator(CWE) and a Certified Welding Inspector (CWI) which confirms his ability, talent and knowledge to specifically direct and perform operations associated with welder training and classroom instruction. Gaylon has 20 years of experience in pipe welding with all major welding processes, GTAW (gas tungsten arc welding), SMAW (shielded metal arc welding), GMAW (gas metal arc welding) and FCAW (flux-cored arc welding). He has extensive experience welding many alloy metals in the construction industry. He has worked as a pipe fitter, pipe welder, foreman, supervisor and superintendent in the industrial field. He is NCCER+ (National Center for Construction Education and Research) certified and an NCCER performance evaluator for pipefitting, boiler making and ironworking as part of the Standardized Craft Training and National Craft Assessment and Certification program.

Whitney Ingram- Director of Admissions, Registrar and Business Manager

Whitney is the lead administrator at Siouxland Pipe Welding School. Whitney has previous experience in administrative work and will be able to answer all your questions regarding our programs, class schedule, and will also be able to assist both students and parents with financial questions. Whitney has a background in counseling and working in the social work field.

Gaylon Parker-President

Whitney Ingram- Corporate Secretary

School and Staff Contact Information

Siouxland Pipe Welding School Inc
3300 Northbrook Dr. Suite A
Sioux City, IA 51105
712-454-5959
www.siouxlandpipeweldingschool.com
info@siouxlandpipeweldingschool.com

Gaylon Parker-Owner/Lead Instructor
601-770-9748
gparker@siouxlandpipeweldingschool.com

Whitney Ingram-Owner/Office Manager
712-635-4992
wingram@siouxlandpipeweldingschool.com

Hours of Operation

Monday-Friday 8 AM to 5:00 PM (40 hours per week)

New students will begin class on Mondays. The start date will be set and agreed to at the time of enrollment.
Classes are held during daytime hours

Major Holidays

Major Holidays are: New Year's Eve and Day, Good Friday, Memorial Day, 4th of July, Labor Day, Thanksgiving and Friday and Christmas Eve and Day. Siouxland Pipe Welding School reserves the right to add additional days as necessary. All current students will be notified immediately of any changes to class schedule.

In the event of inclement weather, class will be cancelled and each student will be notified individually.

7:50am-Arrival

8:00-9:00am-Curriculum

9:00-9:15am-Break

9:15am-12:00pm-Shop

12:00-12:30pm-Lunch Break

12:30-4:15pm-Shop

4:15-4:30pm-Cleanup

4:30pm-Leave for the day

GMAW/FCAW (MIG) Structural/Plate Certificate Program

- Duration: 6 weeks
- Class 5 days per week
- Tuition includes all consumable supplies and books
- \$4,600.00

This course is offered to students who want to learn the Gas Metal Arc Welding (GMAW) processes and techniques of Flux Core Arc Welding(FCAW), both self-shielded and gas-shielded. Class includes fillet welds and groove welds in all positions on carbon steel plates. Student will also identify and initiate recommended repairs for given weld defects. Students will also learn oxy-fuel cutting set-up and safety, and layout and blueprint reading. Students will learn

SMAW [Stick] Pipe Welding Certificate Program

- Duration: 8 weeks
- Class 5 days per week/ 8 hours per day
- Tuition includes all consumable supplies and books
- \$5500.00

This course is offered to students with little or no SMAW welding experience. The course starts with basic arc control in structural positions and moves to cover carbon steel pipe with E6010 root/hot pass and E7018 fill/cap. Includes uphill progressions for root pass in 6-G position and finishes students at a first-class skill level for full penetration joints.

GTAW [TIG] Pipe Welding Certificate Program

- Duration: 10 weeks
- Class 5 days per week/ 8 hours per day
- Tuition includes all consumable supplies and books
- \$7500.00

This course will be offered to individuals with no prior welding experience. This course will cover carbon steel and stainless steel training up to first class skill level for full penetration joints.

GTAW/SMAW (Combination) Pipe Welding Certificate Program

- Duration: 18 weeks
- Class 5 days per week/ 8 hours per day
- Tuition includes all consumable supplies and books
- \$12,000.00

This course is offered to students who are interested in becoming a "combo" welder. Combo welders are capable of both GTAW and SMAW processes. This course follows curriculum for GTAW and SMAW, but at an advanced pace and includes combination welding tests to a first-class skill level for full penetration joints.

Students must maintain passing grades to graduate. Students must meet all other graduation requirements. Upon completion of designated course requirements, an AWS (American Welding Society) certificate will be awarded. This will be awarded in addition.

Equipment supplied by Siouxland Pipe Welding School:

The following tools will be supplied by the school on the first day of class. Students will be responsible for the cost of any replacement.

- Siouxland Pipe Welding School Study Guide (yours to keep)
- Safety Glasses (if lost, school will supply you with a new pair at cost)
- Welding Hood (yours to keep)
- First pair of welding gloves (TIG or Stick, yours to keep) (school will supply more gloves to you at cost)
- 4- ½" Electric Angle Grinder (yours to keep) *you will be responsible for damage/repair/replacement resulting from use
- All Carbon Steel Materials and Consumables
- All Stainless Steel Materials and Consumables
- Welding Machines, Grinders, Grinding Wheel and other consumables for class use
- 5-Gallon Plastic Bucket to store tools
-

Safety Equipment and Tools Supplied by Student:

The following tools and daily personal protective equipment must be provided by the student. Instructors will be available at all times to answer questions about where to obtain any welding equipment needed.

- Steel-toed safety boots (these will be required in class and necessary for any employment at all fabrication facilities)
- Long sleeve shirt made from cotton (this will protect you from UV lighting)
- 12" crescent wrench for using table fixtures
- Pair of lineman-type electrical pliers or heavy-duty wire cutters
- Small inspection flashlight
- Half round file
- Inspection mirror (one-inch diameter, telescoping)

Admission Policies and Requirements for all Students

After your skill level has been determined by an instructor, the director of admissions will be notified of the appropriate/recommended training level.

Once you begin classes, your end date will be determined by objectives completed within the given timeframes.

Step 1: Complete Application

You will need to completely fill out your application. Application will be reviewed by director.

Step 2: Payment

You will need to pay your tuition fee. Once received, you will be set up for orientation with the director.

Step 3: Orientation

Enrollment will be completed once financial and payment paperwork is completed and both the student and director have reviewed and signed the completed enrollment agreement. This should occur prior to the first day of class and should be done in person. All students will also sign an acknowledgment of school policies, as listed in this course catalog. Any oversight to these policies, accidental or intentional, on the part of the student may be grounds for removal from the program.

Step 4: Start Date

It will be imperative that you attend your assigned start date. Start date will be determined at the time of orientation and agreed upon between director and student.

Instructional Language

The language of instruction used is English. Faculty members are carefully selected for their knowledge and experience and their ability to stimulate and develop each student's potential.

Hands-on training offers students the experience and the self-assurance required to expand their understanding of information processing techniques. Siouxland Pipe Welding School uses ideal equipment as instructional devices to boost the learning experience of the students. The work of all students at Siouxland Pipe Welding School is reported in terms of grades. Instructors are required to assign grades for each student registered in the program.

Students will be expected to maintain passing grades while attending school. Grading is as follows:

- 70% Hands on training
- 10% Classroom participation
- 10% Following safety procedures
- 10% Attendance

Letter	Percentile/Detail	Point
A	90-100	4
B	80-89	3
C	70-79	2
D	Fail, <69	1
I	Incomplete	NA
W	Withdraw/Terminated	NA

Students grade-point average for is determined by dividing the total number of grade points earned by the number of weeks attempted. The total grade points earned for each course equals the number of weekly grade points assigned for the course. Students must maintain a C average, or a 2.0 GPA in all courses taken, for satisfactory standing.

I – Indicates that a portion of required course work has not been completed and assessed in the given time period due to unexpected, but fully justified reasons, and that there is still a possibility of earning a grade. It shall be the responsibility of the student to bring applicable information to the attention of the instructor in writing to determine from the remaining course requirements in order to remove or replace the Incomplete. The final grade is assigned when that work has been completed and assessed.

W – Indicates that the student was permitted to drop a course. It carries no suggestion of quality of student performance and is not used in calculating student's GPA.

***Credits earned at Siouxland Pipe Welding School may not transfer to accredited schools, and may not qualify for employment.

Attendance Policy

Siouxland Pipe Welding School's attendance policy is designed to ensure that students uphold satisfactory academic development in all of the courses required in their program of study. Students will be expected to present for classes on time, attend all classes, stay for the duration of the class and be an active participant in class.

Attendance Records and Unexcused Absences

Attendance records will be regularly maintained. Students should only be absent for urgent reasons such as illness or other extenuating circumstances. Students should notify a staff member in advance of any anticipated absences if possible. Arrangements for make-up work must be made with the instructor. Students will be permitted three (3) absences per course.

Siouxland Pipe Welding School will monitor the student's attendance in accordance with the following procedure:

1. Attendance will be recorded daily
2. Tardies and leaving early-students will be considered tardy if he/she is not in before class starts. Students leaving before dismissal are considered as leaving early. Two instances of either occurrence shall equal one unexcused absence.
3. The instructor shall report each absence in the weekly evaluation sheets kept for each student.
4. Three consecutive absences will result in automatic probation or termination (subject to the discretion of the school director).
5. If attendance drops below 90% during any course, the student will be subject to a period of attendance probation. Probation period will last 30 days. During the probation period the student will remain in school and must maintain 90% attendance (9 out of every 10 days elapsed) during the designated probationary period. If the student complies with probationary requirements successfully the student shall return to good standing. If absences continue during the probationary period, the student shall be terminated from the program.

Siouxland Pipe Welding School will not deny any admission to the program based on age (see age requirements), race, color, religion, gender or national origin.

Age/Educational Requirements and Parental Consent

Applicants must be 18 years or older, be a high school graduate or have a high school equivalency diploma (GED). A parent or legal guardian will be required to sign a consent form and co-sign the enrollment agreement for all students under the age of 18.

Applicable previous training may be taken into consideration when beginning this program. Students who are able to quickly progress through the program may be eligible for early, successful completion, given that they are able to perform all requirements of Siouxland Pipe Welding School skills assessments, and complete final course work.

An orientation session is scheduled for each incoming class. The purpose of this session is to acquaint students with school policies, training facilities and safety procedures. Students will be notified of their orientation date.

Physical Requirements and PPE

Siouxland Pipe Welding School requires all students to certify they are capable of the following physical performance, to ensure that they meet the minimum employment requirements of the welding industry.

By completing all Siouxland Pipe Welding School application forms, you are certifying that you meet the following minimum physical requirements.

- Students must be able to squat, kneel, sit or stand for extended periods without rest
- Students must be able to lift and carry fifty (50) pounds or less
- Students must be capable of reading, hearing and understanding spoken instructions in English. (Hearing devices may be allowed given they will not affect safety or PPE (personal protective equipment) requirements of Siouxland Pipe Welding School.
- Have the ability to freely perform fine, detailed movement in both arms, during the course of a complete work day.
- Students must have 20/20 vision, naturally or corrected. If asked to do so, you must be able to pass a school issued eyesight check **at any time throughout the program**. If at any time an instructor suspects the vision of a student is impaired, Siouxland Pipe Welding School reserves the right to require proof of a professional eye examination.
- Students must have reliable transportation to and from class for the duration of this program
- Students must provide a list of any prescription medications that may impair their ability to perform physical tasks, concentrate, may create a safety risk in any aspect, or any medications that may prevent them from obtaining employment.

Professional Conduct of Student

Students are expected to act appropriately and professionally at all times. Siouxland Pipe Welding School aims to create a real-life working environment, therefore holds high expectations for student behavior in order to develop professionalism for entering the workforce upon completion of this program. Potential employers seek individuals who will be constructive additions to their company.

The following behavior is grounds for immediate dismissal from the premises and/or termination from the program:

- Any violation to the safety rules or repeat of minor offenses
- Dishonesty including cheating, plagiarism, giving false information, forgery or using false documents
- Intentional disruption or obstruction of teaching
- Harassment of any kind will not be tolerated. There will be no physical or verbal altercations. If this occurs, students will be suspended until the board members meet and choose actions to be taken.
- Theft of any kind. Any removal of items from school constitutes as theft and actions will be taken accordingly.
- Intentional damage to property or vandalism of any kind.
- Use or possession of any alcohol, any illegal substances, firearms, weapons or any other dangerous chemicals on school grounds.
- Any violation of federal, state or local laws on school grounds.

Siouxland Pipe Welding School maintains a drug- and alcohol-free campus. Students and employees must refrain from the use of alcohol and illegal drugs while on campus or at school-sponsored activities. It is unlawful to manufacture, distribute, dispense, possess, or use a controlled substance or drug on premises.

All students and employees shall observe federal, state, and local laws regarding the sale and use of alcohol and drugs. The use by Siouxland Pipe Welding School students and employees of a controlled substance that is not medically authorized is strictly prohibited.

Students and employees who violate the drug- and alcohol-free campus regulations on campus or within the institution's jurisdiction or at any event controlled by Siouxland Pipe Welding School may be subject to, as applicable, discipline, suspension, expulsion, or termination of employment. In addition, violating this policy (and concurrent law) may subject students and employees to criminal prosecution. Drug paraphernalia, particularly that containing drug residue, may be considered evidence of drug use. Documented violations of illegal possession, consumption, provision, or sale of narcotics or drugs, or possession of paraphernalia, may result in disciplinary sanctions from Siouxland Pipe Welding School and/or referral to law enforcement officials.

Sexual Abuse and Assault Policy

Siouxland Pipe Welding School is committed to providing and maintaining a positive learning and working environment, free of any form of sexual abuse or assault, for all students, staff, faculty, and other members of the school community.

Individuals who violate this policy will be disciplined and potentially subjected to further corrective action up to and including termination or expulsion as well as having the event reported to the local authorities.

Siouxland Pipe Welding School administrators are responsible for assuring that effective measures are taken to implement this policy's procedures. It is a violation of this policy for any member of the SPWS community to engage in any form of sexual abuse or assault. It is a violation of this policy for any member of the SPWS community to make an intentionally false accusation of sexual harassment. Any person who has been accused of sexual abuse or assault pursuant to the terms of this policy who retaliates against his or her accuser in any manner will be charged with violating this policy. Any member of the SPWS community who is found in violation of this policy will be subject to appropriate sanctions, which may include discharge or expulsion.

Pursuant to Iowa Code Section 261.9(1)(h), any Siouxland Pipe Welding School employee located in Iowa who in the scope of the person's employment responsibilities examines, attends, counsels or treats a child must report suspected physical or sexual abuse to the institution's administration and to law enforcement. Any report of suspected child physical or sexual abuse should be made as soon as possible, but within 48 hours, to Whitney Ingram and the employee shall immediately make a report to local law enforcement.

Withdrawal Policy

Iowa Code Section 261.9(1) (g)

A member, or the spouse of a member if the member has a dependent child, of the Iowa national guard or reserve forces of the United States and who is ordered to national guard duty or federal active duty is entitled to any of the following options:

- (a) Withdraw from the student's entire registration and receive a full refund of tuition and mandatory fees.
- (b) Make arrangements with the student's instructors for course grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the student's registration shall remain intact and tuition and mandatory fees shall be assessed for the courses in full.
- (c) Make arrangements with only some of the student's instructors for grades, or for incompletes that shall be completed by the student at a later date. If such arrangements are made, the registration for those courses shall remain intact and tuition and mandatory fees shall be assessed for those courses. Any course for which arrangements cannot be made for grades or incompletes shall be considered dropped and the tuition and mandatory fees for the course refunded.

Files will be kept confidential and will be made available as needed. All student records will be kept on file. The student, parent or legal guardian must sign a release of information for any student files to be released to another person or agency. Students may obtain a copy of their academic records at any time with no fee. Student records will be kept in a fire safe filing cabinet.

A student may request a copy of his or her attendance record, grades or course completion certificate by contacting:

Whitney Ingram
3300 Northbrook Dr.
Sioux City, IA, 51105
712-635-4992

Whitney.Ingram@gmail.com

Fairness is important to Siouxland Pipe Welding School faculty. Siouxland Pipe Welding School aims to ensure that students with a grievance related to their schooling can use a procedure which will help resolve all grievances as quickly and fairly as possible.

*A grievance is defined as a real or imagined wrong or other cause for complaint or protest due to unfair treatment.

Steps to file a grievance are as followed:

1. Student will first try to resolve the issue verbally with the person or persons involved. We hope majority of concerns can be resolved this way.
2. If a student feels the matter has not been resolved through informal discussion, the student will submit a written letter to include the students name, all parties involved in the complaint, and any appropriate documentation supporting the concern, and it will be turned in to the director. Director will review the letter and resolution will be attempted at the lowest level possible. If a solution cannot be reached within a reasonable period, the grievance will be presented to the board members.
3. If a solution cannot be reached within a reasonable period, students have the right to contact the Iowa College Student Aid Commission (Iowa College Aid), 430 E. Grand Ave., 3rd floor, Des Moines, IA 50309. Students with a concern or complaint about Siouxland Pipe Welding School may call Iowa College Aid toll-free at (877) 272-4456 or complete an online Student Dispute Resolution Form at <https://www.iowacollegeaid.org/student>.

It will be student's responsibility to notify school faculty when any information changes (i.e. address change, new phone number/email address) This may be done verbally.

Shop Safety Rules

Siouxland Pipe Welding School is preparing students for a real work-like environment. Safety is the number one priority while working in the industrial field. The places you will work for have a zero tolerance for safety violations. For that reason, we take safety very seriously and students violating any safety rules will be penalized.

*Unsafe practices will be logged in the student's files. Repeat offenders of any safety rules will be dismissed from program.

General Shop Rules

- No cellphone usage of any kind will be allowed in the shop. You will not be able to use your cell phone on a job site. Special allowances will be issues for emergencies only, but must be approved in advance by the instructor.
- There will be no smoking in the shop. Students may smoke outside of the shop at break times only, and must properly dispose of all butts. Failure to do this will result in Siouxland Pipe Welding School being a smoke-free campus.
- If you use smokeless tobacco, you may not spit on the floor, sinks, fountains, toilets or trash cans. You must spit in a container with a lid and you must take it with you when you leave.
- Breaks will be taken at break times only. If you need to use the restroom, cool off or get a drink, you must quickly and quietly do so and return to your station.
- You must clean up all messes that you make. If the area you are working in is messy at the beginning of the day, notify instructor.

PPE (Personal Protective Equipment)-will be worn at all times while in the shop and is also required on any job site.

- Safety glasses-will be worn at all times
- Ear plugs (voluntary but encouraged)
- Steel-toe boots are mandatory
- Gloves (except when using certain equipment)
- Clothing-long sleeve cotton shirt, pants to protect you from UV light when welding.

**Students shall be required to abide by Siouxland Pipe Welding School's standards of behavior. The standards, regulations, and shop rules will be posted in the shop area, visible to all students. These standards will be reviewed with each student and will be strictly enforced.

Financial Aid and Tuition Policy

Educational cost will be primarily the responsibility of students and their families. Siouxland Pipe Welding School may assist in financial advising and applying for aid through financial assistance programs available to the school at time of application.

Payment

All tuition and fees are due on or before starting date. All books and equipment for the courses must be purchased by the student from the school.

Siouxland Pipe Welding School is not responsible for any equipment left behind when students graduate or terminate.

- Payments may be made with cash, check, credit card, or money order. Make payable to Siouxland Pipe Welding School Inc.
- Payments should be made in person during regular office hours or mailed prior to the start date. Students will be charged a \$25 processing fee on returned checks for non-sufficient funds and SPWS will no longer accept payments made by check from the student.

Additional Charges

Students will be required to pay a day rate fee of \$175 for each day of additional class make-up work due to absences or tardies. Students who require make-up work for reasons not directly attributed to absences will not be charged additional fees. They will also not be allowed to be absent from the make-up days designated by the instructor. Additional days needed beyond given timeframes will be paid by the student. Any further make up days without charge, are at the sole discretion of Siouxland Pipe Welding School Inc. and will be granted in writing.

Attendance Policy

Absences are determined by failing to attend class. Tardies/leaving early is determined when a student presents for class after the designated start time or leaves before dismissal from the lead instructor.

Students with excused absences must notify a Siouxland Pipe Welding School staff member as soon as possible the day of the absence. Excused absences are subject to review and shall fall within the overall attendance policy.

Examples of excused absences include:

- Doctors appointment or injury
- Illness of self, child or spouse
- Family emergencies including funerals
- Work (one-day maximum per month)

Examples of unexcused absences include:

- Car trouble
- Oversleeping
- Personal appointments

LEAVE OF ABSENCE

Siouxland Pipe Welding School recognizes that there may be times when a student may require a leave due to an extreme circumstance. In these situations, the school director may approve a leave of absence in writing for up to 180 days. Under no circumstances can a leave of absence be extended past 180 days. Siouxland Pipe Welding School requires that a student request for a leave if he/she is planning to be absent for more than five (5) consecutive school days.

Reasons for a leave of absence include, but are not limited to:

- Serious student medical problem
- Military duty
- Death of an immediate family member

Time for approved leave of absence may be included in the calculation of a student's maximum program length. If a leave of absence begins before student completes the program of study, grade of "I" will be recorded in the student's record. With notification of the student's plan to return, the student may be scheduled for reinstatement.

WITHDRAWAL FROM THE PROGRAM

Students have the right to withdraw from the program at any time. The student shall be considered to have withdrawn from the program when any of the following occurs:

- The student notifies the school of withdrawal by written statement
- Siouxland Pipe Welding School terminates your enrollment
- You fail to attend any classes for five (5) consecutive scheduled class days, excluding school holidays.

Refer to Refund Policies and Procedures section for more information on the issuance of refunds for student withdrawals.

WITHDRAWAL DATE

The student's withdrawal date is the last date of academic attendance as determined by the institution from its attendance records. The withdrawal date for a student who does not return from an approved leave of absence is set retroactively to the last date of attendance, as determined by the institution's attendance records. Refer to Refund Policies and Procedures section for more information on the issuance of refunds for student withdrawals.

REFUND POLICIES AND PROCEDURES

Siouxland Pipe Welding School will make a pro rata refund of tuition charges to a student who terminates from any of our postsecondary educational programs in an amount that is not less than ninety (90) percent of the amount of tuition charged to the student for the program multiplied by the ratio of the number of scheduled clock hours remaining in sixty (60) percent of the program to the total number of scheduled clock hours in sixty (60) percent of the program.

If a terminating student has completed sixty (60) percent or more of the program, the student is not entitled to a refund of any tuition charges.

However, if, at any time a student terminates one of our postsecondary educational programs due to the student's physical incapacity or due to the transfer of the student's spouse's employment to another city, the terminating student shall receive a refund of tuition charges in an amount that equals the amount of tuition charged to the student for the program multiplied by the ratio of the remaining number of scheduled clock hours in the program to the total number of scheduled clock hours in the program.

Siouxland Pipe Welding School will determine whether a terminating student is eligible for a refund of tuition charges and, if applicable, adjust the student's account accordingly within 45 days of determining that the student withdrew.



The staff is available to attend to the needs of the student body at Siouxland Pipe Welding School. Such services include providing students with information regarding transportation, childcare, professional counseling services available within the community, as well as attend to any other special concerns which may arise while attending Siouxland Pipe Welding School.

Special Instructional Assistance

Students who have occasional difficulty with study are urged to seek assistance from their instructor during class hours. Informal guidance services are available for students depending on their individual needs. Assistance in program selection is available.

Students encountering problems which interfere with their education are encouraged to bring these problems to attention of their instructor.

Siouxland Pipe Welding School recognizes the existence of external factors, which may interfere with study of program, such as physical or substance abuse. Siouxland Pipe Welding School offers refers students to services available through local agencies. Students must take initiative in asking for guidance.

Medical Care

Siouxland Pipe Welding School is located near clinics and hospitals and will make any needed referrals. In case of emergencies, 911 will be called.

Drug, Alcohol and Sexual Abuse Resources

IOWA:

Transitional Services of Iowa

1221 Pierce St.

Sioux City, IA 51105

712-255-0204

www.transitionalservicesofiowa.org

Siouxland Counseling Services

409 11th St.

Sioux City, IA 51105

712-560-7045

Council on Sexual Assault and Domestic Violence (CSADV)

712-258-7233

NATIONAL:

Alcoholics Anonymous

<http://www.aa.org>

National Institute on Alcohol Abuse and Alcoholism

Alcohol & Your Health

<http://www.niaaa.nih.gov/alcohol-health>

Public education materials

<https://niaaa.nih.gov/publications/brochures-and-fact-sheets>

Federal Substance Abuse and Mental Health Services Administration

Behavioral Health Treatment Services Locator

<https://findtreatment.samhsa.gov/locator/home>

Rape, Abuse & Incest National Network (RAINN)

(800) 656 HOPE (4673)

Safety and Prevention

<https://www.rainn.org/safety-prevention>

Center for Changing our Campus Culture

Victim Services/Advocates

<http://changingourcampus.org/category/victim-services/>

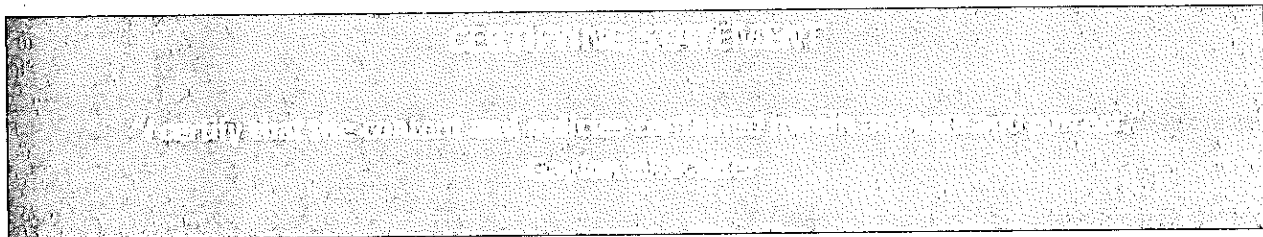
HOUSING

Siouxland Pipe Welding School does not have on-campus housing. Several apartments, rental homes, RV sites and motel accommodations are available within easy commuting distance. SPWS assumes no responsibility for student housing, but is able to make recommendations.

EMPLOYMENT ASSISTANCE

Siouxland Pipe Welding School is able to provide training on job search. SPWS Instructors maintain contact with many employers, as well as construction projects needing welders. Opportunity for employment is the true reward a student graduate will receive.

Siouxland Pipe Welding School **does not guarantee a job to anyone.** Job placement assistance is available.



Signature: _____

Title: _____

Date: _____

State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at <http://www.iwd.state.ia.us/wia/regioninfo.html>.

PART I - GENERAL INFORMATION

Date Of Application 1-11-18

Name of Institution Siouxland Pipe Welding School Inc.

Address 3300 Northbrook Dr. STE A Sioux City, IA 51105

Telephone Number 712-454-5959 Fax _____

Location of Training Facility 3300 Northbrook Dr.

Name of Chief Executive Officer Gaylon Parker

Program Contact Information Whitney Ingram -OR- Gaylon Parker

Telephone Number 712-635-4992 Email Address Whitney.Rose.Ingram@gmail.com
701-770-9748 GaylonP@gmail.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name GMAW/FCAW (mib) Structural/Plate Certificate Program

B. A brief program description Students will learn Gas metal Arc Welding processes and techniques of Flux Core Arc Welding, both self-shielded and gas-shielded

C. Length of Program 6 weeks Total Credit Hours Required 240

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) N/A

1b. Tuition (Out-of-State, per credit hour) N/A

2. Supplies, including tools, uniforms, etc. Included

3. Fees, including laboratory, student rentals, deposits Included

4. Miscellaneous charges N/A

5. Average cost per year for program _____

6. Total cost to complete this program \$4600.00

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Gaylon Parker certify that I am the owner of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Gaylon W. Parker Date 1-13-18
Signature Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____

Application Date _____ Date RWIB Submitted to IWD _____

Region #: _____

Authorized RWIB Signature _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: April 2017
2. Number of years the institution has been in continuous operation: 10 months
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? IOWA college student aid commission Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: certification

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy:

stated in school catalog p. 14

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.
A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
- *what percentage of all student's data was collected
- *what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: please see attachment

Part IV – Facilities

1. One building (3300 Northbrook Dr. Ste. A Sioux City, IA 51105)
2. Handicap accessible
3. 10 Welding Booths
4. In compliance with all safety codes

Part V – Organization of the Training Institute

1. Persons currently employed- Three
2. Current number of students- Four
3. 2:10 instructor to student ratio
4. No school calendar available at this time
5. Transcripts will be available upon request

Part VI – Initial Performance Information Required on Each Program

1. A-obtained a certificate
2. Information is unavailable at this time
3. Average structural welding salary- 37k - 57k
Average pipe welding salary- \$60k - \$185k

Iowa College Aid Board of Commissioners

Ms. Janet Adams, Chair

Represents the general public* |
Appointed 06/01/04; expires 06/30/18

Ms. Rachael Johnson

Regent, State Board of Regents
Represents State Board of Regents
Appointed 05/01/17; expires 06/30/19

Dr. Mark Putnam

President, Central College
Represents private colleges and universities*
Appointed 07/01/17; expires 06/30/19

Dr. Michael Ash

President, Southeastern Community College
Represents community colleges*
Appointed 07/01/13; expires 06/30/21

Ms. Cassidy Krause

Represents Iowa college students*
Appointed 09/01/17; expires 06/30/18

Ms. Mary Lynn Pudenz

Represents parents of college students*
Appointed 07/01/17; expires 06/30/18

Mr. Manny Atwood

Guidance Counselor, Central Decatur School
Represents K-12 practitioners*
Appointed 07/01/17; expires 06/30/21

Mr. Jeremy Varner

Division Administrator, Division of Community Colleges, Iowa
Department of Education
Represents Iowa Department of Education
Designee of director of Department of Education

Mr. Doug Shull

Represents general public*
Appointed 07/01/11; expires 06/30/19

Ms. Kathleen Mulholland

Represents general public*
Appointed 07/01/17; expires 06/30/19

Mr. Timothy Fitzgibbon

Represents general public*
Appointed 07/01/17; expires 06/30/21

Sen. Herman Quirnbach

Represents Iowa Senate
Appointed 03/04/03; expires 01/13/19

Sen. Jeff Edler

Represents Iowa Senate**
Appointed 03/08/17; expires 01/13/19

Rep. Cindy Winckler

Represents Iowa House**
Appointed 08/01/07; expires 01/13/19

Rep. Cecil Dolecheck

Represents Iowa House**
Appointed 04/07/17; expires 01/13/19

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

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Date Of Application 1-11-18

Name of Institution Siouxland Pipe Welding School Inc

Address 3300 Northbrook Dr. STE A. Sioux City, IA 51105

Telephone Number 712-454-5959 Fax _____

Location of Training Facility 3300 Northbrook Dr. STE A

Name of Chief Executive Officer GAYLON PARKER

Program Contact Information Whitney Ingram -OR- GAYLON PARKER

Telephone Number 712-435-4992 Email Address whitney.rose.ingram@gmail.com
501-770-9748 gaylonpc@gmail.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name SMAW (stick) Pipe Welding Certificate Program

B. A brief program description - Will teach students basic arc control in structural positions and moves to cover carbon steel pipe with E6010 root/hot pass and E7018 fill/cap.
- 8 hours per day/5 days per week

C. Length of Program 8 weeks Total Credit Hours Required 320

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) N/A

1b. Tuition (Out-of-State, per credit hour) N/A

2. Supplies, including tools, uniforms, etc. Included

3. Fees, including laboratory, student rentals, deposits Included

4. Miscellaneous charges N/A

5. Average cost per year for program _____

6. Total cost to complete this program \$5500.00

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Gaylon Parker certify that I am the owner of the training
Name Title

Institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Gaylon W. Parker Date 1-13-18
Signature Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____

Application Date _____ Date RWIB Submitted to IWD _____

Region #: _____

Authorized RWIB Signature _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

1. Date institution was founded: April 2017
2. Number of years the institution has been in continuous operation: 9 months
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? IOWA college student aid commission Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: certification

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy:

stated in school catalog page 16

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.
A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
- *what percentage of all student's data was collected
- *what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: see attachment

Part IV – Facilities

1. One building (3300 Northbrook Dr. Ste. A Sioux City, IA 51105)
2. Handicap accessible
3. 10 Welding Booths
4. In compliance with all safety codes

Part V – Organization of the Training Institute

1. Persons currently employed- Three
2. Current number of students- Four
3. 2:10 instructor to student ratio
4. No school calendar available at this time
5. Transcripts will be available upon request

Part VI – Initial Performance Information Required on Each Program

1. A-obtained a certificate
2. Information is unavailable at this time
3. Average structural welding salary- 37k - 57k
Average pipe welding salary- \$60k - \$185k

Iowa College Aid Board of Commissioners

Ms. Janet Adams, Chair

Represents the general public* |
Appointed 06/01/04; expires 06/30/18

Ms. Rachael Johnson

Regent, State Board of Regents
Represents State Board of Regents
Appointed 05/01/17; expires 06/30/19

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Rep. Cindy Winckler

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Rep. Cecil Dolecheck

Represents Iowa House**
Appointed 04/07/17; expires 01/13/19

**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at <http://www.iwd.state.ia.us/wia/regioninfo.html>.

PART I - GENERAL INFORMATION

Date Of Application 1-11-18

Name of Institution Siouxland Pipe Welding School Inc

Address 3300 Northbrook Dr. STE A. Sioux City, IA 51105

Telephone Number 712-454-5959 Fax _____

Location of Training Facility 3300 Northbrook Dr. STE A

Name of Chief Executive Officer Gaylon Parker

Program Contact Information Whitney Ingram -OR- Gaylon Parker

Telephone Number 712-435-4992 Email Address Whitney.Rose.Ingram@gmail.com
701-770-9749 GaylonP@gmail.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name GTAW (Tig) Pipe Welding Certificate Program

B. A brief program description Course will cover carbon steel and stainless steel

C. Length of Program 10 weeks Total Credit Hours Required 400

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) N/A

1b. Tuition (Out-of-State, per credit hour) N/A

2. Supplies, including tools, uniforms, etc. Included

3. Fees, including laboratory, student rentals, deposits Included

4. Miscellaneous charges N/A

5. Average cost per year for program _____

6. Total cost to complete this program \$7500.00

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Gaylon Parker Name certify that I am the owner Title of the training

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Matthew W. Park Signature Date 1-13-18

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR RWIB USE ONLY

Date Received by RWIB _____ Date Approved by RWIB _____

Application Date _____ Date RWIB Submitted to IWD _____

Region #: _____

Authorized RWIB Signature _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: April 2017
2. Number of years the institution has been in continuous operation: 9 months
3. Is the institution accountable to a policy or governmental board? Yes No
If so, what board? IOWA college student aid commission Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: certification

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy:

stated in school catalog p. 116

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed
- *Current number of students enrolled
- *Class size to instructor ratio
- *School Calendar
- *Availability of Transcripts

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.
A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained
- *what percentage of all student's data was collected
- *what year is being used

3. Average hourly wages of all students who obtained unsubsidized employment for this program: See attachment

Part IV – Facilities

1. One building (3300 Northbrook Dr. Ste. A Sioux City, IA 51105)
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3. 10 Welding Booths
4. In compliance with all safety codes

Part V – Organization of the Training Institute

1. Persons currently employed- Three
2. Current number of students- Four
3. 2:10 instructor to student ratio
4. No school calendar available at this time
5. Transcripts will be available upon request

Part VI – Initial Performance Information Required on Each Program

1. A-obtained a certificate
2. Information is unavailable at this time
3. Average structural welding salary- 37k - 57k
Average pipe welding salary- \$60k - \$185k

Iowa College Aid Board of Commissioners

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Represents the general public* |
Appointed 06/01/04; expires 06/30/18

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**State of Iowa
Iowa Workforce Development
Workforce Center Administration
150 Des Moines Street
Des Moines, IA 50309**

ATTACHMENT "T"

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Date Of Application _____

Name of Institution

Siouxland Pipe Welding School Inc

Address

3300 Northbrook Dr. STE A. Sioux City, IA 51105

Telephone Number

712-454-5959 Fax _____

Location of Training Facility

3300 Northbrook Dr. STE A

Name of Chief Executive Officer

GAYLON PARKER

Program Contact Information

Whitney Ingram -OR- Gaylon Parker

Telephone Number

712-435-4992
501-770-9748

Email Address

whitney.rose.ingram@gmail.com
gaylonp@gmail.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name

GTAW/SMW (combination) Pipe Welding Certificate Program

B. A brief program description

This course follows curriculum for GTAW and SMW, but at an advanced pace and includes combination welding tests

C. Length of Program

18 weeks

Total Credit Hours Required

720

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) N/A

1b. Tuition (Out-of-State, per credit hour) N/A

2. Supplies, including tools, uniforms, etc. included

3. Fees, including laboratory, student rentals, deposits included

4. Miscellaneous charges N/A

5. Average cost per year for program _____

6. Total cost to complete this program \$12,000.00

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

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Gaylon Parker Date 1-13-18
Signature

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If so, what board? IDWA college student aid commission Please attach a member list.
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Please state your refund policy:

stated in school catalog p.14

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

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PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

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