



TRAINING VENDOR APPLICATION

1. Name of Training Institution _____

2. Address _____

3. Contact Person _____ 4. Telephone _____ 5. Email _____

6. Title _____ 7. Federal Employer's I. D. Number _____

8. Licensed by the Commission of Independent Education Yes _____ No _____ N/A _____

If the information requested below is identified in your school catalog, a sufficient response may be to identify the page number(s) where this information is listed in the catalog.

9. Is the training institution a Private for-profit Non-profit

10. Is the training institution licensed by the Florida State Board of Independent Postsecondary Vocational, Technical, Trade and Business Schools? YES NO

11. Is the training institution accredited by a nationally recognized organization or in the process of meeting accreditation requirements? YES NO

Accredited by whom? _____

12. Does the training institution offer a registered apprenticeship program under the National Apprenticeship Act? YES NO

13. How many years has the training institution been in existence? _____

14. Is tuition based upon an established catalog or market price? YES NO

15. Is the training institution eligible to receive funds under Title IV of the Higher Education Act (HEA)? YES NO

16. Are scholarships or other financial aid available? If yes, please identify. YES NO

17. Does the training include performance criteria such as competency tests? YES NO

18. What is the minimum ratio of instructional staff to students? _____

19. What is the maximum ratio of instructional staff to students? _____



20. Explain the hiring criteria for instructors/trainers. _____

21. Explain program entrance requirements and attendance monitoring procedures. _____

22. Explain the school's policy regarding tuition payments and refund policy. _____

23. Does the school participate in the Florida Education and Training Placement Information Program (FETPIP)?
YES NO

24. What was the institution's student loan default rate (% of all loans 180+ days past due) for the following years?

2011 _____ 2012 _____ 2013 _____

25. Please provide references familiar with the institution's experience and/or instructional/training capabilities. At least one reference must be an employer who has hired a former student.

Name _____ Telephone # _____

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26. Is the school minority owned and operated? YES NO

27. Is the school a community-based organization? YES NO

28. Institution's liability insurance carrier _____ Policy Number _____

29. Please complete the attached program cost and performance data worksheet for each training program and location.

a) For each training program identify the costs to complete the full program.

b) Identify whether the costs reported are for the current school year or next school year.

c) Identify the period in which performance is based upon.

30. Please complete the attached facility accessibility survey.

31. Please complete the certification forms.