



New Jersey Eligible Training Provider List Program Addition/Modification

Instructions: Please complete the enclosed application in its entirety to add a new program or modify an existing program during your ETPL approval period. Incomplete or handwritten applications will be returned to you for completion which may delay your program approval. Any questions regarding this application may be submitted to njtopps@dol.nj.gov.

Providers Exempt: Private Career Schools and Training Providers approved through the New Jersey Department of Labor & Workforce Development's Training Evaluation Unit are not required to complete this form. Your Section J forms are used for program additions or modifications on the ETPL and are automatically forwarded to the ETPL office.

Completed packets must be submitted using ONE of the following methods:

** Please do not submit duplicate copies*

E-Mail:

njtopps@dol.nj.gov

This is the preferred method of delivery.

OR

Overnight Mail:

New Jersey Department of Labor & Workforce Development
Center for Occupational Employment Information
Eligible Training Provider List
John Fitch Way, 5th Floor
Trenton, NJ 08625

Regular Mail:

New Jersey Department of Labor & Workforce Development
Center for Occupational Employment Information
Eligible Training Provider List
PO Box 057, 5th Floor
Trenton, NJ 08625-0057

Facsimile:

(609) 292-6692
Attention: ETPL

**ETPL Program Addition/Modification
Section I - Provider Information**

Name of Training Provider

Federal ID Number (FEIN):

Training Site Address Line 1:

Training Site Address Line 2:

City, State, Zip Code:

County:

**Mailing Address (if different than
training address):**

Mailing Address Line 2:

City, State, Zip Code:

Contact Person Name:

Contact Person Title:

Phone Number:

Ext.

Fax Number:

Web Site Address:

E-Mail Address:

School Licensed/Certified By:

**If "other" selected above, indicate
licensing/approval agency:**

**License/Certificate Expiration
Date:**

ETPL Program Addition/Modification Section II - Program Information

Instructions - Please complete a separate page for **each program** you are seeking to be placed on or modified on the ETPL. This section may be duplicated as needed.

Title of Training Program:

CIP Code

* [Click here](#) for a listing of CIP codes in Excel. [Click here](#) to visit the CIP website.

Approving/Certifying Agency for Program:

If "other" selected above, indicate licensing/approval agency:

County:

Tuition:

Cost of Fees

Cost of Books and Materials:

Cost of Supplies and Tools:

Other Costs:

Total Costs:

Prerequisites for admission to program:

Would you like this program to be considered for WIOA eligibility?	Yes	No
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Does this program lead to a degree or certificate?	Yes	No
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If yes, select:

Does this program lead to a license?	Yes	No
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If yes, indicate license name:

* [Click here](#) for a list of licensed occupations in New Jersey.

Does this program lead to an industry recognized credential? **Yes** **No**

If yes, indicate name of credentialing agency AND credential:

* [Click here](#) for a list of industry-recognized occupational credentials.

Does this program align with IN DEMAND industry occupations? **Yes** **No**

* [Click here](#) to view the Labor Demand List.

This program is eligible for Pell Grants/Stafford Loans (or other Federal/State financial aid) but is not a two-year, four-year or one-year certificate program. **Yes** **No**

A description of the program to appear on the ETPL in 250 words or less:

Credits Earned:

Total Clock Hours

Calendar Length

(Optional) Description of special features of the program in 250 words or less:

Contact Person Name:

Contact Person Title:

Contact Person Phone Number:

Ext.

If this program is being modified from its current ETPL approval status, please indicate which items are modified (program name, fees, hours, description, etc.)