



## **Training Provider**

# **Renewal Application and Checklists**

New Jersey Department of Labor and Workforce Development  
Training Evaluation Unit  
PO Box 057  
Trenton, NJ 08625-0057

# Training Provider Renewal Application

New Jersey Department of Labor and Workforce Development

Organization Designation (Check All that Apply):

- Charitable- Include Charitable Registration Number \_\_\_\_\_   
  Not-for-Profit   
  Religious (Affiliated)  
 Public/Governmental Agency   
  Labor Organization   
  Other

*Please check and include copies of the following items:*

- |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>CURRENT LIABILITY INSURANCE</b><br><input type="checkbox"/> <b>DOCUMENTATION OF LOCATION CHANGES</b><br><input type="checkbox"/> <b>CHANGES IN CURRICULUM</b><br><input type="checkbox"/> <b>CURRICULUM ASSESSMENT CHECKLIST (New Programs Only)</b><br><input type="checkbox"/> <b>LITERACY CURRICULUM APPROVAL CHECKLIST (New Programs Only)</b> | <input type="checkbox"/> <b>CURRENT FIRE CERTIFICATE</b><br><input type="checkbox"/> <b>HEALTH INSPECTION (If Applicable)</b><br><input type="checkbox"/> <b>NEW TEACHING STAFF RESUMES</b><br><input type="checkbox"/> <b>SECTION J's FOR ALL PROGRAMS</b><br><input type="checkbox"/> <b>CURRICULUM ALIGNMENT (New Programs Only)</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Organization Name		Telephone
Federal ID #		Fax #
Administrator's Name		E-mail Address
Mailing Address		
Site Name		Telephone
Site Address		
Site Director		Youth Component ____Yes ____No
Program Title		Year Round ____ Summer Only ____
Instructor's Name		
Site Name		Telephone
Site Address		
Site Director		Youth Component ____Yes ____No
Program Title		Year Round ____ Summer Only ____
Instructor's Name		
Site Name		Telephone
Site Address		
Site Director		Youth Component ____Yes ____No
Program Title		Year Round ____ Summer Only ____
Instructor's Name		
<b>Are you currently approved to provide training through any other approval process or by any other state agency? ____Yes ____No</b> <b>Include copies of other approval(s).</b>		
<b>Administrator's Signature</b>		<b>Date</b>

Please copy this form as needed.

Do not modify this form

## REQUIREMENTS FOR TRAINING PROVIDER RENEWAL APPROVAL CHECKLIST

*Please submit **only** those documents that pertain to your renewal application for Training Provider approval. Please check (✓) items to ensure inclusion.*

No.	Items	Included (✓)	For LWD Use Only	
			Accepted	Needs Further Development
1.	Requirements For Training Provider Renewal Approval Checklist			
2.	Training Provider Program Renewal Application			
3.	Proof of non-profit, charitable registration, religious operation/control, labor organization, or public agency/governmental agency <b>(N/A if already on file)</b>			
4.	Three letters of reference for <b>new</b> school owner(s), administrator(s) and director(s), attesting to their reputation for integrity and good business practices			
5.	Certificate of Occupancy from your local municipality <b>(new locations only)</b>			
6.	Current Certificate of Fire Inspection			
7.	Certificate of Health Inspection (if applicable)			
8.	Current Copy of Public Liability Insurance policy			
9.	Certificate of authority or corporate registration <b>(N/A if already on file)</b>			
10.	Sketch of floor plan showing exits, restrooms, break-rooms, classrooms <b>(new locations only)</b>			
11.	Student Handbook <b>(highlight any changes since the last approval)</b>			
12.	Completed Section J Form for current, modified or new programs <b>(one form per program title)</b>			
13.	Copies of all ETPL listings for programs currently being offered			
14.	Complete curriculum for all <b>new</b> programs, including Curriculum Checklist(s)			
15.	Certificate or letter from a local/national agency evaluating curriculum content, evidence the curriculum is aligned to a national or industry standard, or Advisory Board Review (3) for all <b>new</b> programs			
16.	Copies of other agency approvals for programs: i.e. Board of Nursing, Dept. of Health and Senior Services or Department of Environmental Protection			
17.	Proof of qualifications for new instructors including appropriate industry credentials			
18.	Signed and notarized Statement of Assurances			

For LWD use only

\_\_\_\_\_  
Signature: Program Specialist

\_\_\_\_\_  
Date

## CURRICULUM ASSESSMENT CHECKLIST

**Instructions:** Use this checklist to assess new or modified curriculum proposal(s) and to be sure you have all the necessary curriculum components developed. Each curriculum proposal must include the items identified in the checklist below. Use of the provided General Information Form and Curriculum Outline/Instructional Strategies Form is acceptable

	Items	Included (√)	For LWD Use Only (√)	
			Acceptable	Needs Further Development
1.	<b>Program Title:</b> Provide the title of the program to reflect the training the student will receive.			
2.	<b>Program Description:</b> Provide a brief description of what the program is about, for whom it is intended and its purpose.			
3.	<b>Competencies:</b> Describe the occupational objectives and competencies to which the program is aligned. Provide the nationally recognized curriculum or industry standard to which the program is aligned.			
4.	<b>Prerequisites Prior to Enrollment:</b> List prerequisites for this program, including skills required and prior courses to be taken. Include competencies students need to meet prior to enrolling in the program.			
5.	<b>Instructional Hours:</b> List in outline form the topics/subjects that will be covered. Include the number of instructional hours for each topic/subject, program length and the total instructional hours of the program.			
6.	<b>Instructional Staff:</b> Provide resumes and appropriate job titles of instructional staff. If staff has not been identified, provide a description of the qualifications and required certification, where applicable.			
7.	<b>Outline of Subjects/Complete Curriculum:</b> Describe the major elements of instruction of the program. Provide the necessary curriculum components, including subjects or topics, of each course within the program.			
8.	<b>Instructional Strategies:</b> Describe the intended instructional methods to be used, audio/visual aids and other educational technology planned.			
9.	<b>Equipment and Supplies:</b> List the equipment, tools and text materials that will be used in the program to fulfill the identified competencies and skills.			
10.	<b>Evaluation:</b> Describe the method(s) by which students will be evaluated including, where applicable, the national or state licensing/certification test. Include the grading policy and a copy of a vocational/technical skill proficiency assessment instrument. Provide specific techniques you will use to measure students' progress and evaluations for each major element of instruction (texts, quizzes and all internships). Include examples of each.			
11.	<b>Enrollment:</b> Estimate the maximum number of students you expect to enroll in each program/course.			
12.	<b>Section J:</b> Complete one Section J per program. Include program title, CIP Code, tuition, fees and program description as it will appear on the Eligible Training Provider List.			
For LWD Use Only				
Signature: Program Specialist		Date		

**New Jersey Departments of Labor and Workforce Development  
Literacy Curriculum Approval Checklist**

**Agency:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Instructions:** Use this check list to assess each of your literacy curriculum proposal(s) and to ensure that all necessary curriculum components have been developed. Each curriculum proposal must include the items identified in the check list below. Use of the provided General Information Form and Curriculum Outline/Instructional Strategies Form is acceptable.

	Items	Included		For LWD Use Only		Comment/Specific Deficiency
		Yes	No	Acceptable Yes	No	
1	<b>Specific Targeted Population.</b>					
2	<b>Program Title:</b> Provide name or title of the program to reflect the specific literacy level of instruction the learner will receive.					
3	<b>Curriculum Description/Outline of Subjects: Each curriculum must:</b> 1) Provide in narrative form a program description including the major elements of instruction; 2) Provide the necessary curriculum components, including subjects or topics, for each course within a program; 3) Provide Core Literacy Curriculum which should include instructional practices, such as but not limited to: phonemic awareness, systemic phonics, fluency, and reading comprehension; 4) Learning should be in real-life contexts to ensure that individuals gain the skills necessary to compete in the workplace; 5) Activities should be built on a strong foundation of research and effective educational practices.					
4	<b>Competencies:</b> Describe the literacy objectives and competencies to which the program is aligned. Provide the nationally recognized curriculum standard to which the program is aligned.					
5	<b>Pre-requisites Prior to Enrollment:</b> List pre-requisites for this program, including skills required and prior courses to be taken. Include competencies students need to meet prior to enrolling in program					
6	<b>Instructional Hours:</b> classes of sufficient intensity and duration to enable the learner substantial learning gains. List in outline form the topic/subjects that will be covered. Include number of hours for each topic/subject, program length and the total instructional hours of each course within the program.					
7	<b>Instructional Strategies:</b> Describe the intended instructional methods to be used, audio/visual aids and other educational technology planned.					
8	<b>Equipment and Supplies:</b> Separately, list the equipment, tools and text materials that will be used in the program to fulfill the competencies and skills identified in.					
9	<b>Evaluation:</b> Describe method(s) by which learners will be evaluated and identify the pre and post assessments to be used. Include the grading policy and a copy of any skill proficiency assessment instrument(s) to be used in the program. Provide specific techniques to be used to measure learner's progress and evaluations for each major element of instruction. Include samples of each.					
10	<b>Instructional Staff:</b> Provide resumes along with the appropriate job titles of instructional staff. If staff has not yet been identified, provide a description of the qualifications & required certification, if applicable.					
11	<b>Enrollment:</b> Estimate the maximum number of students you expect to enroll in each program.					
12	<b>Section J: Complete one Section J per program. Include program title, CIP Code, tuition, fees and program description as it will appears on the Eligible Training Provider List.</b>					

**For Department of Labor and Workforce Development Use Only**

\_\_\_\_\_  
LWD Education Program Development Specialist

\_\_\_\_\_  
Date



## CURRICULUM OUTLINE/INSTRUCTIONAL STRATEGIES

Organization Name: \_\_\_\_\_

Course/Program Title: \_\_\_\_\_

Intended Instructor: \_\_\_\_\_

- List sequentially the units of instruction including measurable competencies.
- Specify the instructional hours and/or weeks assigned to each competency.
- List the method of instruction to be used for each competency.
- Describe the specific materials to be used including titles and /or publishers. Include samples of teacher developed materials & copies of published Tables of Contents.
- List the methods of evaluation used for each competency. Include samples.

COMPETENCY	HOURS	INSTRUCTIONAL METHODS	BOOKS, MATERIALS, EQUIPMENT	EVALUATION

**NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
TRAINING PROVIDER  
SECTION J**

**Instructions:** New schools must list all programs that will be offered and attach a copy of the curriculum for each program. Existing schools must complete Section J forms for new and modified programs and submit a copy of the curriculum for new and modified programs only. All program curricula must be aligned with National or Industry Skill Standards or an Advisory Board. Submit a copy of the standard to which each new/modified curriculum is aligned or 5 Advisory Board letters. Provide the CIP Code for each program title. CIP Codes can be found at <http://nces.ed.gov/ipeds/cipcode/search.aspx?y=55> Please provide the program description as it will be entered on the Eligible Training Provider List.

**USE A SEPARATE SECTION J FOR EACH PROGRAM. PLEASE COPY THIS FORM AS NEEDED. THIS FORM MAY NOT BE MODIFIED.**

SCHOOL NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_ COUNTY: \_\_\_\_\_ FEDERAL ID. NO: \_\_\_\_\_

<i>*Status</i>	<i>Program Title</i>	<i>CIP Code</i>	<i>Hours of Instruction</i>	<i>Tuition</i>	<i>Admin. Fee</i>	<i>Text Book Fee</i>	<i>Tool/Supply Fee</i>	<i>Test/License/Inoculation Fee</i>	<i>Other</i>	<i>Total</i>

**PROGRAM DESCRIPTION: FOR EACH NEW PROGRAM, MODIFIED PROGRAM WITH CHANGES TO CURRICULUM, OR CHANGE IN CIP CODE, PLEASE PROVIDE THE PROGRAM DESCRIPTION AS IT WILL BE ENTERED ON THE ELIGIBLE TRAINING PROVIDER LIST. LIMIT THE DESCRIPTION TO NO MORE THAN 250 WORDS. (Please attach an additional Section J if more space is needed.)**


*\*Status: Please indicate whether the program listed above is new (N), current (C) or modified (M). Explain all modifications and entries in the "Other" column:* \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PROGRAM SPECIALIST  
NJ DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

**STATEMENT OF ASSURANCES**

By the signature which appears below, the Training Provider making this application certifies the following:

This organization is not currently suspended or debarred or revoked from providing services to any public entity including the State of New Jersey.

Fire, health inspection and liability certificates are current and on file at the school and will be made available at the request of a representative of the New Jersey Department of Labor and Workforce Development.

The applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws: Section 188 of the Workforce Investment Act; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; The Age Discrimination Act of 1975; Title IX of the Education Amendments of 1972 and the Americans with Disabilities Act, 42 U.S.C. 12102. In addition, the applicant also assures that it will comply with the U.S. Department of Labor's regulations at 29 CFR, Part 37 and all other regulations implementing the laws listed above.

I hereby give assurance that the statements above are true and correct.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Administrator's Name: \_\_\_\_\_  
(Please print)

\_\_\_\_\_  
*Administrator's Signature*

\_\_\_\_\_  
*Date*

**AFFIDAVIT**

State of New Jersey, County of \_\_\_\_\_,

\_\_\_\_\_ (Name), being duly sworn on his/her oath that he/she is

\_\_\_\_\_ (Title) of the \_\_\_\_\_ (School),

in the County of \_\_\_\_\_ and that the Statements given in this application are true, to the best of his or her knowledge and belief.

\_\_\_\_\_  
**School Administrator's Signature**

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
Notary Public's Signature and Seal