|  |  |
| --- | --- |
| **CA ETP ASSURANCES FORM** | |
| Submit completed form in PDF to your [Local Eligible Training Provider List (ETPL) Coordinator](http://www.edd.ca.gov/Jobs_and_Training/pubs/Local_Area_ETPL_Coordinator_List.pdf) by email.  **Part A.**  I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:   1. Is a legal entity, registered to do business in California State; 2. Has not been determined to be ineligible to receive federal funds; 3. in compliance with *Workforce Innovation and Opportunity Act* Section 188 and Title 29 CFR Part 38; 4. Has demonstrated effectiveness in operating occupational classroom or distance training program(s); and 5. Agrees that training provider facilities, classroom instruction, relevant financial records, and attendance records may be reviewed by state, federal and/or local monitors or auditors to ensure compliance with funding requirements.   **Part B.**  I certify that I:   1. Have reviewed the annual student data reporting requirements for the Eligible Training Provider ETP Performance Report (ETP Report) established for training providers. Refer to the ETP Report Required Data listed below; 2. Will begin collecting required student data elements that are not currently being collected; and 3. Will report and submit the ETP Report data for all students trained in each of my school/organization’s training programs listed as approved on the ETPL to the Employment Development Department by the due date.   I understand that my school/organization’s application for program approval on the CA ETPL will not be processed without receiving this Eligible Training Provider Assurances Form.  Name of Training Provider (School/Organization)  Mailing Address  City, State, Zip Code  Phone Number (###) ###-####  Print Name of School/Organization Representative  Title of School/Organization Representative | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of School/Organization Representative | Date |

**ELIGIBLE TRAINING PROVIDER (ETP) PERFORMANCE REPORT REQUIRED DATA**

|  |  |
| --- | --- |
| **For ETP That Provides Social Security Number** Required Data Fields | **For ETP That *Does Not* Provide Social Security Number** Required Data Fields |
| ETPL Provider Number | ETPL Provider Number |
| ETPL Program Number | ETPL Program Number |
| Social Security Number | **-** |
| **-** | Unique Identifier Number |
| **-** | First Name |
| **-** | Last Name |
| Date Entered Training | Date Entered Training |
| Date Exited or Withdrew from Training | Date Exited or Withdrew from Training |
| Successful Completion Flag | Successful Completion Flag |
| Date Credential Obtained | Date Credential Obtained |
| Type of Credential Obtained | Type of Credential Obtained |
| Exclusionary Reason for Exit (PIRL #923) | Exclusionary Reason for Exit (PIRL #923) |
| **-** | Employed 2nd Quarter after Exit (PIRL #1602) |
| **-** | Type of Employment Match 2nd Quarter (PIRL #1603) |
| **-** | Wages Earned 2nd Quarter after Exit (PIRL #1704) |
| **-** | Employed 4th Quarter after Exit (PIRL #1606) |
| **-** | Type of Employment Match 4th Quarter (PIRL #1607) |
| **-** | Wages Earned 4th Quarter after Exit (PIRL #1706) |
| Out of Pocket Costs (Tuition and Fees) | Out of Pocket Costs (Tuition and Fees) |
| Out of Pocket Costs (Books and Supplies) | Out of Pocket Costs (Books and Supplies) |