

Commonwealth of Massachusetts
Department of Career Services

TrainingPro User Guide

January 2017

TrainingPro User Guide

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INTRODUCTION

TrainingPro is an online application that training providers must use if they wish to be included on the Massachusetts Eligible Training Provider List (ETPL). The Massachusetts Department of Career Services (DCS) administers the application.

Training providers must complete the following steps to apply for initial and subsequent eligibility:

1. Visit the TrainingPro home page at www.mass.gov/dwd/trainingpro and register.
2. Select one or more programs and submit Course(s) for consideration.
3. Submit eligibility documentation if required.
4. Each year resubmit for subsequent eligibility.

Below are the four programs providers may apply to via TrainingPro. They are listed in the order in which they appear on the **Add Course** menu:

- **Individual Training Account (ITA)** – This program serves WIOA eligible customers who require training to reenter the job market.
- **Section 30** – This **Massachusetts** program serves Unemployment Insurance (UI) claimants. Section 30 does not pay training costs but may allow UI claimants to collect UI benefits while attending Section 30-approved training programs.
- **Trade Adjustment Act (TAA)** – This federal program serves customers who have lost their jobs due to competition from foreign products sold in the United States.
- **Workforce Training Fund Express Program (WTFP)** – The Commonwealth Corporation administers this Massachusetts program that funds training for employees of small and medium sized Massachusetts businesses. These businesses may select WTFP-approved courses and apply for funds to train selected employees. To learn more about this program visit <http://workforcetrainingfund.org/>.

The following chapters explain training provider and training program requirements and detail the steps in the **Register, Select Program, Add Course, Check Provider Eligibility Status, Check Course Status** and **Edit and Resubmit Courses** parts of the TrainingPro process.

Throughout this user guide a sample TrainingPro account and related screen shots are used to explain the steps providers must perform to use the website correctly.

CHAPTER 1 – TRAINING PROVIDER AND TRAINING PROGRAM REQUIREMENTS

Visit the TrainingPro website home page at www.mass.gov/dwd/trainingpro to learn about training provider and training program requirements.

Click the second paragraph of text inside the area surrounded by the red line to display the **Labor and Workforce Development** page. See the screen shot below.

TrainingPro

Notice to Training Providers

Pursuant to requirements set forth in the Workforce Innovation and Opportunity Act (WIOA) of 2014, Massachusetts issued new criteria, information requirements, and procedures for training organizations wishing to provide training services to eligible customers under workforce development programs.

Visit www.mass.gov for the most current information on provider requirements.

Please review and update your information including mailing and email address. Also, make sure your accredited/licensing agency and license information is current.

First Time User?

[Sign-Up](#)

Login

Username

User IDs are case sensitive!

Password



Passwords are case sensitive!

[Forgot your password?](#)

The Training Provider Information page will appear. This page will give you provider eligibility requirements and explain how to submit required documents.

Training Provider Information

[link to](#)
TrainingPro

WIOA ETPL
Policy

As explained in the introduction, providers may use TrainingPro to apply to four programs. Three of the programs, Individual Training Account (**ITA**), Trade Adjustment Act (**TAA**) and the Massachusetts Training Opportunities Program (**TOP/Section 30**) follow the same protocols unless otherwise noted within the WIOA ETPL Policy.

Note that each course or training program is approved separately; approval from one program does not constitute approval from all.

Providers should read all the paragraphs on the **link to TrainingPro** page to learn about: (1) criteria used by DCS to determine financial stability and programmatic capacity; (2) Massachusetts' licensing and certificates of good standing; and (3) Certificates of Compliance issued by the Massachusetts Department of Unemployment Assistance (DUA).

Providers wishing to provide training under the Trade Adjustment Assistance (TAA) Program must establish a contract with Massachusetts for providing TAA training. This can be found at <https://www.commbuys.com/bsol/>.

Completed contracts will be reviewed by the Executive Office of Labor and Workforce Development (EOLWD) Administration and Finance (ANF) Contracts and Procurement Department.

Training Program Requirements (*Note: these are the requirements as of November 2016. Requirements may change in the future. View the WIOA ETPL policy as explained above for the latest requirements.*)

- A. **Verifiable Performance:** Training providers must provide the most recent available and verifiable performance data on all course participants. At a minimum, outcome data must be from performance within the previous two (2) years. Training providers must give sufficient explanation if performance data are not available (for example, course was not offered previously or why the program is expected to meet or exceed the performance indicators below).
 - a. Performance must meet these minimums:
 - Completion Rate: 70%
 - Entered Employment /Placement Rate: 60% *
 - Placement Wage: State minimum wage

* **TOP/Section 30 Only** – Placement rate is as follows depending upon the State’s unemployment rate (UR):

- UR at or below 7.0%, then placement rate must be at least 70% in the field of training.
- UR at or below 8.0%, then placement rate must be at least 60% in the field of training.
- UR above 8.0%, then placement rate must be at least 50% in the field of training.

Additional requirements apply for a training program to be eligible for TOP/Section 30 approval. The training must:

- Prepare the claimant for marketable skills in a demand occupation.
- Be completed within two years, except that this time limit may be extended to a maximum of three years if the program includes a combination of basic skills and vocational training.
- If the program is offered as part practicum or internship and part classroom hours, the program will be approved only for the time needed to complete state or federal certification or licensing requirements or the time determined necessary by the Department of Unemployment Assistance (DUA) to allow the claimant to become employable in the occupation for which the training has been provided.

CHAPTER 2 – REGISTER A TRAINING PROVIDER

Register on the Massachusetts **TrainingPro** website by visiting the home page at www.mass.gov/dwd/trainingpro.

Click the **First Time User Sign-Up** button on the right side of the screen as illustrated below. This will open a 7-STEP registration form. The screen shot on the following page shows the top section of **STEP 1 of 7**.



TrainingPro

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Visit www.mass.gov for the most current information on provider requirements.

Please review and update your information including mailing and email address. Also, make sure your accredited/licensing agency and license information is current.

First Time User?
Sign-Up

Login
Username

User IDs are case sensitive!

Password
 GO
Passwords are case sensitive!

[Forgot your password?](#)

Create a **User ID** and **Password** and type these items into the fields at the top of STEP 1. Create a password that will be hard for other people to guess. Write your User ID and Password in a notebook for future reference because you will need this information every time you wish to login to your TrainingPro account.

User IDs and **Passwords** must contain between 6 and 10 characters. Characters may be letters or numbers or a combination of both. **Letters are case sensitive!**

To be on the MA Eligible Training Provider List (ETPL) you must submit your provider information at this time. Please ensure that your information is up-to-date and accurate and click the 'Submit' button on the final page.

If you will be requesting approval for ITA, Section 30 or TAA you must meet the eligible training provider requirements. Visit www.mass.gov for the most current information on provider requirements.

* Required

STEP 1 of 7

Provider Information	
Welcome to the on-line provider application. There are two sections of the registration process. First you will complete information about your organization, then submit a training program/course application. To begin, please first add a User ID and Password.	
To assist consumers in making an informed choice regarding training program/courses, comments received from trainees concerning training program/courses will be posted on this website. The Department of Workforce Development does not endorse the opinions expressed by the trainees and assumes no liability in publishing the comments.	
* If you create a User ID and/or Password with upper and lower case letters, you must type the ID and/or Password in the same format whenever you visit your account.	
* User ID:	<input type="text"/>
* Password:	<input type="text"/>
* Confirm Password:	<input type="text"/>

Enter the name of the person who will be the **Primary** user of the account in the **Contact Name** field and type the **Organization Name** as illustrated below.

Ensure that the Organization Name corresponds exactly to the Federal Identification Number (FEIN) issued by the Internal Revenue Service. If it does not, the Massachusetts Department of Career Services (DCS) will be unable to verify your information and approve your training organization.

If you operate under a name other than your legal business name, please enter that name in the **Doing Business As** field.

*Contact Name:	<input type="text"/>
*Organization Name:	<input type="text"/>
Doing Business As:	<input type="text"/>
Dept./Div.:	<input type="text"/>
*Federal Identification Number (FEIN):	<input type="text"/> <input type="text"/>
Mass Vendor Code:	<input type="text"/> - <input type="text"/> - <input type="text"/>

Type the nine-digit **Federal Identification Number** (the federal tax number or **FEIN**) but leave the **Mass Vendor Code** field blank.

A fictional TrainingPro account for **Apex Training** is used on the following pages to illustrate how each page should be completed.

Barbara Stevens, a training coordinator for Apex Training, registers on TrainingPro. She types a **User ID** and then enters a Password twice, first in the **Password** field and then in the **Confirm Password** field as shown below.

** If you create a User ID and/or Password with upper and lower case letters, you must type the ID and/or Password in the same format whenever you revisit your account.	* User ID:	apextrain1
	* Password:
	* Confirm Password:
	* Contact Name:	Barbara Stevens
	* Organization Name:	Apex Training
	Doing Business As:	
	Dept./Div.:	
	* Federal Identification Number (FEIN):	04 2016789

Ms. Stevens enters Apex Training’s FEIN as shown above and then the DUA account number.

* DUA ID:	45218936
------------------	----------

If you don’t know your organization’s Massachusetts Dept. of Unemployment Assistance account number (**DUA ID**), refer to your quarterly tax report or tax rate notice.

Note: Training providers located outside Massachusetts do not need to populate the **DUA ID** field. When they enter a state other than Massachusetts in the ‘**State**’ field TrainingPro exempts them from entering a DUA account number.

Enter the address including Zip Code.

*Address 1:	860 Boylston Street	
Address 2:		
*City:	Boston	
*State:	Massachusetts - MA 	
*Zip Code:	02199	

Indicate whether the provider is a subsidiary of a larger company and type your Web Address in the http:// format. See the sample web address below.

*Subsidiary of a Larger Company:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Parent Organization:	
Web Address:	http://apextraining.edu



At the bottom of **STEP 1** click the **Enter Contact Information** button. This will open the **Contact Information** screen. (See the screen shot on the next page.)

Provider Contact Information

Required: One Primary (where provider eligibility status is sent) and at least one Signatory (person responsible for signing contracts). To add contact, please click 'Enter Contact Information'.

Please review/update the Primary Contact information

Contact Type	Name	Phone	Fax	Email	User ID



Populate all the fields on the Contact Information screen.

*Contact Type:	Primary <input type="checkbox"/>
*Contact Title:	Ms. <input type="button" value="v"/>
*Name:	Barbara Stevens
*Business Title:	Training Coordinator
*Address:	860 Boylston Street
Address2:	
*City:	Boston
*State:	Massachusetts - MA <input type="button" value="v"/>
*Zip Code:	02199 - <input type="text"/>
*Phone Number:	617 - 634 - 6851
Alternate Phone Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Fax Number:	617 - 634 - 6850
*E-Mail Address:	bstevens@apextraining.edu

At the bottom of the Contact Information screen is a section labeled **User Information**. The registrant's User ID is displayed and the password is represented as a row of dots.

User Information	
User ID:	apextrain1
Password:
Confirm Password:
**Hint Question:	--Choose One-- <input type="button" value="v"/>
***Hint Answer:	<input type="text"/>

** Select a Password hint question from the drop-down list. If you forget your Password, the system will ask you your Password hint question. If you answer the your password.

Click the drop-down arrow in the **Hint Question** field to display a menu of security questions. See above.

Pick a security question from the menu of questions and type the answer to the question. Use a question and answer that will be hard for other people to guess. This will increase the security of your account. Then click the **Save Record** button.

** Hint Question:	--Choose One--
*** Hint Answer:	What is your Pet's Name ? What is the name of your first school? Who was your childhood hero? What is your favorite past time ? What is your all time favorite sport's team ? What is your father's middle name ? What was your high school mascot ? What make was your first car or bike ? Where did you first meet your spouse ?

** Hint Question:	What is your Pet's Name ?
*** Hint Answer:	Sage

get your Password, the system will ask you your Password hint question. If you answer the question correctly and verify other key informat

In our sample registration Barbara Stevens is now listed as the **Primary** contact on the account.

Contact Type	Name	Phone	Fax	Email	User ID
<input checked="" type="radio"/> Primary	Barbara Stevens	(617) 634-6651	(617) 634-6650	bstevens@apextraining.edu	apextrain1

TrainingPro requires every provider to also list a **Signatory**. The signatory is an employee who represents the provider in business and legal transactions.

The primary user must therefore click the **Enter Contact Information** button a second time and type and save information about the Signatory.



When the **Contact Information** screen opens click the **Contact Type** drop-down arrow to display a list of contact types.

Contact Information	
* Contact Type:	--Choose One-- 
* Contact Title:	--Choose One--
* Name:	
* Business Title:	
* Address:	860 Boylston Street

Select Signatory from the list, populate all the fields on the **Contact Information** screen, and then click **Save Record** at the bottom.

* Contact Type:	--Choose One--
* Contact Title:	Admissions
* Name:	Primary
* Business Title:	Secondary
	Signatory 
	Contract
	Manager
	Other
	Financial Aid

The following screen shots illustrate the steps used to list Richard Turner as the **Signatory** for Apex Training.

*Contact Type:	Signatory
*Contact Title:	Mr.
*Name:	Richard Turner
*Business Title:	President
*Address:	860 Boylston Street
Address2:	
*City:	Boston
*State:	Massachusetts - MA
*Zip Code:	02199 -
*Phone Number:	617 - 634 - 6852
Alternate Phone Number:	- - -
Fax Number:	617 - 634 - 6850
*E-Mail Address:	rturner@apextraining.edu

If the Signatory is likely to use the TrainingPro account he/she must have a User ID and Password.

Therefore, create a User ID and Password, select a security question, type the answer to the question, and click **Save Record**.

User Information

User ID:	<input type="text"/>	(Please enter a user id between recommend the user id be 4
Password:	<input type="password"/>	(Please enter a password between recommend the password be exactly 8 cl
Confirm Password:	<input type="password"/>	(Please enter a password between recommend the password be exactly 8 cl
** Hint Question:	--Choose One--	
*** Hint Answer:	<input type="text"/>	

** Select a Password hint question from the drop-down list. If you forget your Password, the system will ask you your Password hint question. If you answer the question correctly and verify your key info your password.

*** In the Answer field, enter your response to the Password hint.

Cancel Save Record

Below, Ms. Stevens creates a User ID and Password for Signatory Richard Turner. She selects a security question, types the answer to the question, and clicks **Save Record**.

User ID:	<input type="text" value="apextrain2"/>
Password:	<input type="password" value="••••••••"/>
Confirm Password:	<input type="password" value="••••••••"/>
**Hint Question:	<input type="text" value="What is your favorite past time ?"/> ▾
***Hint Answer:	<input type="text" value="reading"/> ×

The bottom of STEP 1 of the Apex Training registration now lists Barbara Stevens as the **Primary** contact and Richard Turner as the **Signatory**.

Provider Contact Information

Required: One Primary (where provider eligibility status is sent) and at least one Signatory (person responsible for signing contracts). To add contact, please click 'Enter Contact Information'.

[Enter Contact Information](#)

Please review/update the Primary Contact information

	Contact Type	Name	Phone	Fax	Email	User ID
<input type="radio"/>	Primary	Barbara Stevens	(617) 634-6851	(617) 634-6850	bstevens@apextraining.edu	apextrain1
<input checked="" type="radio"/>	Signatory	Richard Turner	(617) 634-6852	(617) 634-6850	rturner@apextraining.edu	apextrain2

[Edit](#) [Delete](#) [Cancel](#) [Next](#)

It is possible to list other coworkers as different contact types. For example, in our sample registration Ms. Stevens adds coworker Edward Thompson as a “**Secondary**” contact. Below are the steps used to add the Secondary contact.

1. Click the **Enter Contact Information** button.



2. Select **Secondary** on the **Contact Type** drop-down menu.

* NOTE: QUESTIONS MARKED WITH AN ASTERISK ARE

Contact Information	
*Contact Type:	--Choose One-- Admissions Primary Secondary Signatory Contract Manager Other Financial Aid 800 Boylston Street
*Contact Title:	
*Name:	
*Business Title:	
*Address:	

3. Populate the other fields on the Contact Information screen and click **Save Record** at the bottom of the screen.

*Contact Type:	Secondary
*Contact Title:	Mr.
*Name:	Edward Thompson
*Business Title:	Admissions Coordinator
*Address:	860 Boylston Street
Address2:	
*City:	Boston
*State:	Massachusetts - MA

The completed Contact Information screen for Admissions Coordinator Edward Thompson is shown on the next page.

*Contact Type:	Secondary <input type="checkbox"/>
*Contact Title:	Mr.
*Name:	Edward Thompson
*Business Title:	Admissions Coordinator
*Address:	860 Boylston Street
Address2:	
*City:	Boston
*State:	Massachusetts - MA
*Zip Code:	02199 -
*Phone Number:	617 - 634 - 6853
Alternate Phone Number:	- - -
Fax Number:	617 - 634 - 6850
*E-Mail Address:	ethompson@apextraining.edu

The bottom of STEP 1 of the Apex Training account now lists the three contacts and their User IDs.

Provider Contact Information						
<p>Required: One Primary (where provider eligibility status is sent) and at least one Signatory (person responsible for signing contracts). To add contact, please click 'Enter Contact Information'.</p> <p>Please review/update the Primary Contact information</p>						<input type="button" value="Enter Contact Information"/>
<input type="radio"/>	Primary	Barbara Stevens	(617) 634-6851	(617) 634-6850	bstevens@apextraining.edu	apextrain1
<input type="radio"/>	Signatory	Richard Turner	(617) 634-6852	(617) 634-6850	rturner@apextraining.edu	apextrain2
<input type="radio"/>	Secondary	Edward Thompson	(617) 634-6853	(617) 634-6850	ethompson@apextraining.edu	apextrain3
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>				<input type="button" value="Cancel"/>	<input type="button" value="Next"/>

Click the **Next** button in the **bottom right** corner of **STEP 1** to move to **STEP 2** of the registration.

User ID
apextrain1
apextrain2
apextrain3

Next



On the top part of **STEP 2** select the “**type of business organization**” on the list of options, and the “**type of school or organization**” as illustrated below.

My Account About The Programs Sign Off

* NOTE: QUESTIONS MARKED WITH AN ASTERISK ARE REQUIRED TO BE ANSWERED

***Type of business organization defined by Massachusetts general laws (Choose one):**

<input type="radio"/> Corporation (Domestic)	<input type="radio"/> Professional Corporation
<input type="radio"/> Not-For-Profit Corporation	<input type="radio"/> Partnership
<input type="radio"/> Limited Partnership	<input type="radio"/> Sole Proprietorship

***Type of school or organization (Check where appropriate):**

Institution of Higher Education

<input type="checkbox"/> 4 Year Private School	<input type="checkbox"/> 4 Year Public School
<input type="checkbox"/> 2 Year Private School	<input type="checkbox"/> 2 Year Public School
<input type="checkbox"/> Other Title IV Program	

Other Public or Private Providers

<input type="checkbox"/> Voc/Tech School	<input type="checkbox"/> Private Career/Business School
<input type="checkbox"/> Other Secondary School	<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Charitable Organization	

Registered Under National Apprenticeship Act

Other

For Apex Training Ms. Stevens chooses **Corporation (Domestic)** and **Private Career/Business School** as illustrated on the next page.

***Type of business organization defined by Massachusetts general laws (Choose one):**

Corporation (Domestic)
 Professional Corporation
 Not-For-Profit Corporation
 Partnership
 Limited Partnership
 Sole Proprietorship

***Type of school or organization (Check where appropriate):**

Institution of Higher Education

4 Year Private School
 4 Year Public School
 2 Year Private School
 2 Year Public School
 Other Title IV Program

Other Public or Private Providers

Voc/Tech School
 Private Career/Business School
 Other Secondary School
 Community Based Organization
 Government Agency
 Labor Organization
 Charitable Organization

Immediately underneath the ‘Type of school’ section check **Yes**, **No** or **Exempted** to indicate whether the provider is licensed.

***Licensed:** Yes No Exempted

If you check **Yes** as illustrated below, be sure to complete the other fields in the Licensing/Accreditation section.

Click the down arrow on the right side of the **Accreditation / Licensing Agency** field to display a menu of possible agencies. See the screen shot on the next page.

*Licensed:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Exempted
Accreditation / Licensing Agency:	<div style="border: 1px solid black; padding: 2px;"> ---Choose One--- ▼ </div> Specify if not in list: <input style="width: 150px;" type="text"/>
Training Provider/School License Number:	<input style="width: 150px;" type="text"/> Required if Licensed is
Expiration Date:	Jan ▼ 01 ▼ <input style="width: 50px;" type="text"/>

In our Apex Training example Ms. Stevens picks DPL (Division of Professional Licensure) and then enters the license number and the expiration date in the corresponding fields.

Accreditation / Licensing Agency:	<div style="background-color: #0070c0; color: white; padding: 2px;">---Choose One---</div> ACCT (Accrediting Council for Continuing Education & Training) ACCSC (Accrediting Commission of Career Schools & Colleges) ACICS (Accrediting Council for Independent Colleges & Schools) DOE (Department of Education) DLS (Department of Labor Standards) DPH (Department of Public Health) DPL (Division of Professional Licensure) ←  NEASC (New England Association of Schools and Colleges) Board of Cosmetology
Provider/School License Number:	
Expiration Date:	
Number of Permanent Employees:	

Accreditation / Licensing Agency:	DPL (Division of Professional Licensure)
Provider/School License Number:	1961078B ← 
Expiration Date:	Jan ▾ 30 ▾ 2018 ← 

If the training provider is licensed by more than one agency, list the lead agency.

If the Massachusetts Division of Professional Licensure (DPL) has communicated that the provider is exempt from licensing, check **Exempted** in the **Licensed** field and select the type of license you are exempted from. *See below.*

*Licensed:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Exempted ← 
Accreditation / Licensing Agency:	DPL (Division of Professional Licensure)
Provider/School License Number:	Specify if not in list: <input type="text"/> ← 

If the type of license you are exempted from is not included in the drop-down list, type the license name in the “**Specify if not in list**” box.

Complete the remaining fields at the bottom of STEP 2 and enter a general description of the provider's expertise in the text box.

*Number of Permanent Employees:	<input type="text" value="37"/>
*Number of Contract or Temporary Employees:	<input type="text" value="3"/>
*Date Began Operation:	<input type="text" value="Aug"/> <input type="text" value="2003"/>
*Average Student/Teacher Ratio:	<input type="text" value="15"/>

*Please provide us with a description of your organization's area of expertise.

Apex Training provides initial and advanced training in several types of Business Management and Information Management software and related systems. Instructors	<input type="text" value="5"/> characters left
---	--

After completing STEP 2 click **Next** in the bottom right corner to save the information and move to **STEP 3**.

Next

STEP 3 contains **Service Delivery Information** and includes four categories of questions that must be answered.

- Where do you work in MA?
- Where do you conduct your training?
- What size organizations do you work with?
- Who do you train?

Check the appropriate selections for the training provider and then click Next in the bottom right corner to save the information and move to STEP 4.

Below, **STEP 3 of 7** from the Apex Training registration.

STEP 3 of 7

Service Delivery Information

* NOTE: QUESTIONS MARKED WITH AN ASTERISK ARE REQUIRED TO BE ANSWERED

*Where do you work in MA? Select All

<input checked="" type="checkbox"/> Boston	<input checked="" type="checkbox"/> Central
<input checked="" type="checkbox"/> North East	<input type="checkbox"/> Other
<input type="checkbox"/> South East	<input type="checkbox"/> Western

*Where do you conduct your training? Select All

<input type="checkbox"/> Provide Training At Company's Work Site	<input checked="" type="checkbox"/> At Location Determined By Training Provider
--	---

*What size organizations do you work with? Select All

<input checked="" type="checkbox"/> Small (50 Employees or Less)	<input checked="" type="checkbox"/> Medium (50-500 Employees)
<input type="checkbox"/> Large (Over 500 Employees)	

*Who do you train? Select All

<input type="checkbox"/> Front-line Workers	<input type="checkbox"/> Joint Labor/Management Groups
<input type="checkbox"/> Maintenance Personnel	<input checked="" type="checkbox"/> Middle Managers
<input checked="" type="checkbox"/> New Hires	<input checked="" type="checkbox"/> Professional
<input type="checkbox"/> Supervisors	<input checked="" type="checkbox"/> Technicians
<input type="checkbox"/> Union Members	<input type="checkbox"/> Upper-level/Executive Managers

[Previous](#) [Next](#)

STEP 4 is devoted to **Products/Services**. Check the appropriate selections for the organization and click **Next** to save the data and move to **STEP 5**.

STEP 4 of 7

Products/Services

Please tell us what you produce. What is your deliverable? Check all that apply. Select All

<input checked="" type="checkbox"/> Computer-Based Training (CBT)	<input checked="" type="checkbox"/> Curriculum Design
<input type="checkbox"/> Customized Electronic Courseware	<input type="checkbox"/> Documentation
<input type="checkbox"/> Instructional Design	<input checked="" type="checkbox"/> Instructional Manuals
<input type="checkbox"/> Instructional Video or Audio	<input type="checkbox"/> Job Aids
<input type="checkbox"/> Job Descriptions	<input type="checkbox"/> Job/Task Analysis
<input type="checkbox"/> Needs Assessment	<input type="checkbox"/> Outcome Evaluation
<input type="checkbox"/> Off-the-shelf Electronic Courseware	<input checked="" type="checkbox"/> Training Delivery
<input checked="" type="checkbox"/> Training Program Design	<input type="checkbox"/> Visual/Graphic Job Aids

[Previous](#) [Next](#)

STEP 5 of 7 is titled **Methods/Service Delivery**. Check the methods and types of training the organization delivers and click **Next** to move to STEP 6.

STEP 5 of 7

Methods/Service Delivery

How do you do your work? Check all that apply. Select All

<input type="checkbox"/> Career Counseling/Job Retention	<input checked="" type="checkbox"/> Case Studies
<input checked="" type="checkbox"/> Classroom Teaching	<input checked="" type="checkbox"/> Computer-based Training
<input type="checkbox"/> Counseling Supervision	<input checked="" type="checkbox"/> Distance Learning
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Experiential Exercises
<input type="checkbox"/> Group Facilitation	<input type="checkbox"/> Learning Games
<input type="checkbox"/> Lecturettes	<input type="checkbox"/> Mentoring
<input type="checkbox"/> One-on-one Coaching	<input type="checkbox"/> OJT Coaching
<input type="checkbox"/> Personal Assessment Tools	<input type="checkbox"/> Pre-Training Assessment
<input type="checkbox"/> Role-playing	<input type="checkbox"/> Shop-floor Instruction
<input type="checkbox"/> Simulations	<input type="checkbox"/> Socratic Method
<input type="checkbox"/> Training of Internal Coaches/Learning Leaders	

STEP 6 of 7 is titled **Industry**. Check at least one industry for which your organization has provided training.

STEP 6 of 7

Industry

What industries have you provided training for? Check those where you have provided training.

Accommodation and Food Services Select All <input type="checkbox"/>	
<input type="checkbox"/> Accommodation	<input type="checkbox"/> Food Services and Drinking Places
Administrative and Support and Waste Management and Remediation Services Select All <input type="checkbox"/>	
<input type="checkbox"/> Administrative and Support Services	<input type="checkbox"/> Waste Management and Remediation Services
Agriculture, Forestry, Fishing and Hunting Select All <input type="checkbox"/>	
<input type="checkbox"/> Animal Production	<input type="checkbox"/> Crop Production
<input type="checkbox"/> Fishing, Hunting and Trapping	<input type="checkbox"/> Forestry and Logging
<input type="checkbox"/> Support Activities for Agriculture and Forestry	
Arts, Entertainment, and Recreation Select All <input type="checkbox"/>	
<input type="checkbox"/> Amusement, Gambling, and Recreation Industries	<input type="checkbox"/> Museums, Historical Sites, and Similar Institutions
<input type="checkbox"/> Performing Arts, Spectator Sports, and Related Industries	

Apex Training checks **Educational Services** and **Professional, Scientific, and Technical Services**.

Educational Services
<input checked="" type="checkbox"/> Educational Services

Professional, Scientific, and Technical Services
<input checked="" type="checkbox"/> Professional, Scientific, and Technical Services

Click **Next** to move to **STEP 7 of 7** which is labeled **Provider Information**. In the top portion of STEP 7 indicate whether your organization has any bilingual staff and whether the facility complies with the Americans with Disabilities Act (ADA). (*Is the facility wheelchair accessible?*). Also enter your refund policy.

* NOTE: QUESTIONS MARKED WITH AN ASTERISK ARE REQUIRED TO BE ANSWERED

STEP 7 of 7

Provider Information	
* Bilingual Capacity:	<input type="radio"/> No <input checked="" type="radio"/> Spanish <input type="radio"/> Other(specify) <input type="text"/>
* Is facility/location in compliance with the ADA?	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>All facilities / locations must be in compliance with the Americans with Disabilities Act (ADA) in order to receive ITA, Section 30, or Skills Plus training program/course approval. If you select no, the approval of your training program/course will be subject to delay.</small>
* Is location accessible by public transportaion?	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>If yes, please specify (bus/train route)</small> <input type="text" value="MBTA Green line"/> 235 characters left
* Refund / Cancellation Policy:	<input type="text" value="Students may withdraw from training at any time by notifying the registrar in writing. Tuition refunds will be paid according to"/> 347 characters left

The bottom section of STEP 7 is titled **Value Added or Support Services**. Check any services that you provide without additional cost and then click **Submit** to save the registration.

Value Added or Support Services

* Please check off any services provided by your organization which are available at no direct cost to training program/course participants

<input type="checkbox"/> Child Care	<input type="checkbox"/> Transportation	<input type="checkbox"/> Job Counseling	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Brush Up Skills	<input type="checkbox"/> Assessment Services	<input checked="" type="checkbox"/> Career Planning	<input type="checkbox"/> Psychological Services
<input type="checkbox"/> Other(specify)	<input type="text"/>	<input type="checkbox"/> None	

Check off value added features, specifying whether offered before or after completion

	Prior to Training Program/Course Completion	Post Training Program/Course Completion
Case Management	<input type="checkbox"/>	<input type="checkbox"/>
Placement Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Job Readiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tutoring	<input type="checkbox"/>	<input type="checkbox"/>
Other(specify)	<input type="checkbox"/>	<input type="checkbox"/>

100 characters left

[Previous](#) [Submit](#)

Please click the Submit button to indicate that you have reviewed and/or updated your information.

First time registrants and providers submitting registrations for re-approval will see a screen listing the DCS approval requirements. You can print the page for future reference and then click the **Ok** button.

Provider Agreement

 [Print this Page](#)

Thank you for submitting your application to the Department of Career Services (DCS) to be on our Eligible Training Provider List (ETPL).

DCS will review your application for the following to determine overall financial stability and programmatic capacity:

- Licensure, Accreditation or Exemption from Licensure
- Non-Massachusetts based providers must appear on their home state's Eligible Training Provider List (ETPL) or meet their home state's equivalence of the requirements listed here
- No outstanding citations from the Office of the Attorney General, Fair Labor Practice or Consumer Protection Division within the prior 5 years
- No willful or repeat violations issued by the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA)
- An active workers' compensation insurance policy
- No State or Federal debarment
- Certificate of Good Standing from the Massachusetts Department of Unemployment Assistance (DUA)*
- Certificate of Good Standing from the Massachusetts Department of Revenue (DOR)*

* To expedite the approval process, please email the DUA and DOR Certificates of Good Standing dated within 30 days to the Department of Career Services (DCS) at ETPL@MassMail.State.MA.US.

[Ok](#)

A new screen that displays your Provider Name and a seven-digit Provider ID number will appear. **Provider Eligibility Status**, listed on the right side, will be **Pending** through the end of the current fiscal year.

In the Apex Training example shown below Provider Eligibility Status is **Pending** through **06/30/2017**. This refers to the status of the training provider and not to any courses which Apex Training may submit for review and possible approval.

The screenshot shows a web application interface with a navigation bar at the top containing links for 'My Courses', 'My Account', 'About The Programs', and 'Sign Off'. Below the navigation bar, the page title is 'Manage Your Training Programs/Courses'. On the left side, there is a list of provider details: 'Provider Name: Apex Training', 'Provider ID: 1030456', 'Contact: Barbara Stevens', 'Phone: 6176346851', 'Email: bstevens@apextraining.edu', and 'Web Address: http://apextraining.edu'. Two red arrows point to the 'Provider Name' and 'Provider ID' fields. In the center, there is a section for 'Accreditation/Licensing Agency: DPL', 'License Number: 1961078B', and 'License Expiration Date: 01/30/2018'. Below this section is a blue button labeled 'Edit Provider Information'. On the right side, there is a section titled 'Your Provider Eligibility Status is:' followed by the text '**Pending** through **06/30/2017**', with a red arrow pointing to the 'Pending' status.

Read Chapter 3 to learn how to select programs and add a course to your TrainingPro account.

CHAPTER 3 – SELECT PROGRAMS AND ADD A COURSE

TrainingPro enables providers to submit a course to more than one program and many providers apply to both **Individual Training Account (ITA)** and **Section 30**.

ITA is a federally-funded program that may pay some training costs for eligible participants. Section 30 is a Massachusetts program that may allow unemployment insurance (UI) claimants to collect UI benefits while attending approved training.

Click the **Add Course** button on the left side of the Manage **Your Training Programs/Courses** screen to display the programs menu.

My Courses | My Account | About The Programs | Sign Off

Manage Your Training Programs/Courses

Provider Name: Apex Training
Provider ID: 1030456
Contact: Barbara Stevens
Phone: 6176346851
Email: bstevens@apextraining.edu
Web Address: http://apextraining.edu

Accreditation/Licensing Agency: DPL
License Number: 1961078B
License Expiration Date: 01/30/2018

Your Provider Eligibility Status is:
Pending through **06/30/2017**

[Edit Provider Information](#)

Add Course You must add at least one course to complete the registration.
Program & course reviews usually occur within three weeks after provider approval.

Check at least one program on the menu and click **Next**.

- Select only the programs for which you are requesting approval. If you select ITA, Section 30 or TAA you must meet the eligible training provider requirements.
[Visit www.mass.gov](http://www.mass.gov) for the most current information on provider requirements.
- Descriptions of each program may be found by clicking on the program name.
- Your courses may be approved by one program, but not by another.

Learn about the program by clicking the program name

Individual Training Account (ITA)	<input type="checkbox"/>
Section 30	<input type="checkbox"/>
Trade Adjustment Act (TAA)	<input type="checkbox"/>
Workforce Training Fund Express Program	<input type="checkbox"/>

[Cancel](#) [Next](#)

Barbara Stevens decides to create and submit a training program application to both ITA and Section 30 and checks the appropriate checkboxes.

Learn about the program by clicking the program name

The screenshot shows a list of four programs with checkboxes on the right. Red arrows point to the checkboxes for 'Individual Training Account (ITA)' and 'Section 30 Attention Training Providers: Please see this Important Notice about Section 30 random audits.' Below the list are two blue buttons: 'Cancel' and 'Next'.

Individual Training Account (ITA)	<input checked="" type="checkbox"/>
Section 30 Attention Training Providers: Please see this Important Notice about Section 30 random audits.	<input checked="" type="checkbox"/>
Trade Adjustment Act (TAA)	<input type="checkbox"/>
Workforce Training Fund Express Program	<input type="checkbox"/>

Checking the Section 30 box presents an **Important Notice** link with additional information about Section 30. This notice explains DUA’s intention to conduct random audits of schools that submit courses to Section 30 for review. It describes the type of information providers must collect to prepare for an audit.

Click **Next** to save the programs selected. A **Massachusetts’ Course Approval Requirements** screen similar to the one below will appear.

Example of Screen

The screenshot shows the 'Massachusetts' Course Approval Requirements' screen. It includes a 'Print this Page' link, a 'Verifiable Performance' section with a paragraph of text, a list of performance minimums, a note about placement rates based on unemployment rate, a certification statement, and a checkbox for agreement. At the bottom are two buttons: 'I Don't Accept' and 'I Accept'.

Massachusetts' Course Approval Requirements Print this Page

Verifiable Performance: You must provide the most recent available and verifiable performance data on all course participants. At a minimum, outcome data must be from performance within the previous two (2) years. You must give sufficient explanation if performance data are not available (for example, course was not offered previously or why the program is expected to meet or exceed the performance indicators below).

Performance must meet these minimums:

- Completion Rate: 70%
- Entered Employment /Placement Rate*: 60%
- Placement Wage: State minimum wage

*TOP/Section 30 Only – placement rate is as follows depending upon the State’s unemployment rate (UR):

- UR at or below 7.0% , then placement rate must be at least 70% in the field of training
- UR at or below 8.0% , then placement rate must be at least 60% in the field of training
- UR above 8.0% , then placement rate must be at least 50% in the field of training

By submitting a record of a course/training program you are certifying under the penalties of perjury that your organization understands the requirements referenced above. You are stating that you are licensed by the state or territory in which your school provides the training, if required by law, and that all information contained in this application is true and correct to the best of your knowledge and belief. False statements may be punishable by debarment, fine, imprisonment or all three.

Check here to show that you agree with these requirements.

Selecting 'I Accept' confirms that you understand the features and requirements of the programs you selected.

Read the **Massachusetts' Course Approval Requirements**, check the **checkbox** in the bottom left corner and click the **I Accept** button in the bottom right corner to indicate you accept the requirements.

Check here to show that you agree with these requirements.

Selecting 'I Accept' confirms that you understand the features and requirements of the programs you selected.



I Don't Accept



I Accept

STEP 1 of 6 of the course record will appear. STEP 1 contains three sections:

- **Training Program/Course Location**
- **Training Program/Course Description**
- **Contact Information**

The top portion of STEP 1, containing the **Training Program/Course Location** section, is illustrated below.

STEP 1 of 6

Training Program/Course Location

Complete the following information for this particular training program/course. The address below is pre-filled with training program/course differs from the organizations address, update it accordingly.

Organization Name:	Apex Training
*Address of Training Program/Course Delivery:	860 Boylston Street
Address2:	
*City:	Boston
*State:	Massachusetts - MA
*Zip Code:	02199 - <input type="text"/>

TrainingPro automatically puts the provider's main address in the **Address of Training Program/Course Delivery** field.

In the Apex Training sample the address is 860 Boylston Street, Boston, MA 02199. If Barbara Stevens wishes to indicate that the training program is delivered at a different location, she must edit the address fields.

The screen shots below and on the following pages illustrate the next section of STEP 1, the **Training Program/Course Description**.

Training Program/Course Description	
* Training Program/Course Title:	<input style="width: 100%;" type="text"/>
Training Program/Course Capacity:	<input style="width: 80%;" type="text"/>
* Year Training Program/Course First Offered:	<input style="width: 60%;" type="text"/>

Number of Participants from Last Completed Year and Training Program/Course Description

<p>* Please enter the number of participants from last completed year. The number entered should be for one training program/course delivered at one location:</p> <p style="color: red;">If this is a new training program/course, leave these two fields blank.</p>	<input style="width: 60px; height: 25px;" type="text"/> Year <input style="width: 60px; height: 25px;" type="text"/>
* Training Program/Course Description:	<input style="width: 100%; height: 30px;" type="text"/>

Distance Learning Questions

* Is this course a distance learning program?	<input type="radio"/> Yes <input type="radio"/> No
* Do you also offer a classroom training version of the distance learning program/course?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum lead to the completion of a training program?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum require students to interact with instructors?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum require students to take periodic tests?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum require students to come onto campus or another approved facility for tests and meetings with instructors?	<input type="radio"/> Yes <input type="radio"/> No
* Do you monitor the students distance learning activity?	<input type="radio"/> Yes <input type="radio"/> No

Local Workforce Investment Areas (LWIAs) for ITA Approval

<p style="text-align: center;">* Select the <u>Local Workforce Investment Areas (LWIAs)</u> for ITA Approval:</p> <p style="font-size: small;">Massachusetts has 16 Local Workforce Investment Areas (LWIAs), each overseen by a local workforce board (LWIBs). The LWIBs in Massachusetts develop job training programs for implementation in their respective LWIAs and oversee the operation of those programs. Each LWIB establishes the approval criteria for its local area and selects which companies, educational institutions, and community organizations will receive program operation funding based on that criteria.</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Berkshire</td> <td><input type="checkbox"/> Boston</td> </tr> <tr> <td><input type="checkbox"/> Bristol</td> <td><input type="checkbox"/> Brockton</td> </tr> <tr> <td><input type="checkbox"/> Cape Cod, Vineyard, Nantucket</td> <td><input type="checkbox"/> Central Mass</td> </tr> <tr> <td><input type="checkbox"/> Franklin/Hampshire</td> <td><input type="checkbox"/> Greater Lowell</td> </tr> <tr> <td><input type="checkbox"/> Greater New Bedford</td> <td><input type="checkbox"/> Hampden</td> </tr> <tr> <td><input type="checkbox"/> Lower Merrimack Valley</td> <td><input type="checkbox"/> Metro North</td> </tr> <tr> <td><input type="checkbox"/> Metro South West</td> <td><input type="checkbox"/> North Central Mass</td> </tr> <tr> <td><input type="checkbox"/> North Shore</td> <td></td> </tr> <tr> <td><input type="checkbox"/> South Shore</td> <td></td> </tr> </table>	<input type="checkbox"/> Berkshire	<input type="checkbox"/> Boston	<input type="checkbox"/> Bristol	<input type="checkbox"/> Brockton	<input type="checkbox"/> Cape Cod, Vineyard, Nantucket	<input type="checkbox"/> Central Mass	<input type="checkbox"/> Franklin/Hampshire	<input type="checkbox"/> Greater Lowell	<input type="checkbox"/> Greater New Bedford	<input type="checkbox"/> Hampden	<input type="checkbox"/> Lower Merrimack Valley	<input type="checkbox"/> Metro North	<input type="checkbox"/> Metro South West	<input type="checkbox"/> North Central Mass	<input type="checkbox"/> North Shore		<input type="checkbox"/> South Shore	
<input type="checkbox"/> Berkshire	<input type="checkbox"/> Boston																		
<input type="checkbox"/> Bristol	<input type="checkbox"/> Brockton																		
<input type="checkbox"/> Cape Cod, Vineyard, Nantucket	<input type="checkbox"/> Central Mass																		
<input type="checkbox"/> Franklin/Hampshire	<input type="checkbox"/> Greater Lowell																		
<input type="checkbox"/> Greater New Bedford	<input type="checkbox"/> Hampden																		
<input type="checkbox"/> Lower Merrimack Valley	<input type="checkbox"/> Metro North																		
<input type="checkbox"/> Metro South West	<input type="checkbox"/> North Central Mass																		
<input type="checkbox"/> North Shore																			
<input type="checkbox"/> South Shore																			

Some of the fields in the **Training Program/Course Description** section are explained below.

- **Training Program/Course Capacity** is the number of students the program can accommodate during one cycle of training (i.e., one of the two 14-week cycles mentioned above.)
- **Number of participants from last completed year** – (20 students enrolled in each of the two training program cycles = a total of 40 students.)
- **Distance learning program?** – There are seven distance learning questions. Since this is a conventional “classroom” training program the user answers the first question “No”. This deactivates the following six questions. If this were an “online training program”, the user would need to answer all seven questions.

Examining a completed **Training Program/Course Description** section clarifies how information should be entered.

Apex Training has conducted a **Computer Support Specialist** training program since 2010. The training program delivers 25 hours instruction per week for 14 weeks. The school conducts two cycles of the program per year, one starting in September and the second in January.

The completed **Training Program/Course Description** section for this training program is illustrated on the next page.

* Training Program/Course Title:	Computer Support Specialist
Training Program/Course Capacity:	20
* Year Training Program/Course First Offered:	2010
* Please enter the number of participants from last completed year. The number entered should be for one training program/course delivered at one location: If this is a new training program/course, leave these two fields blank.	40 Year 2015
* Training Program/Course Description:	This program includes an introduction to instructional
* Is this course a distance learning program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Do you also offer a classroom training version of the distance learning program/course?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum lead to the completion of a training program?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum require students to interact with instructors?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum require students to take periodic tests?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum require students to come onto campus or another approved facility for tests and meetings with instructors?	<input type="radio"/> Yes <input type="radio"/> No
* Do you monitor the students distance learning activity?	<input type="radio"/> Yes <input type="radio"/> No

The federal ITA program (Individual Training Account) is administered by 16 Local Workforce Investment Areas (LWIAs). In our sample record the user checks the four areas most likely to refer students to Apex Training: **Boston, Metro North, Metro South West, and South Shore.**

<p>* Select the Local Workforce Investment Areas (LWIAs) for ITA Approval:</p> <p>There are 16 Local Workforce Investment Areas (LWIAs), each overseen by a local workforce board. Boards in Massachusetts develop job training programs for implementation in their respective LWIAs and operation of those programs. Each LWIB establishes the approval criteria for its local area and companies, educational institutions, and community organizations will receive program operation funding based on that criteria.</p>	<input type="checkbox"/> Berkshire	<input checked="" type="checkbox"/> Boston
	<input type="checkbox"/> Bristol	<input type="checkbox"/> Brockton
	<input type="checkbox"/> Cape Cod, Vineyard, Nantucket	<input type="checkbox"/> Central Mass
	<input type="checkbox"/> Franklin/Hampshire	<input type="checkbox"/> Greater Lowell
	<input type="checkbox"/> Greater New Bedford	<input type="checkbox"/> Hampden
	<input type="checkbox"/> Lower Merrimack Valley	<input checked="" type="checkbox"/> Metro North
	<input checked="" type="checkbox"/> Metro South West	<input type="checkbox"/> North Central Mass
	<input type="checkbox"/> North Shore	
	<input checked="" type="checkbox"/> South Shore	

If unsure which Local Workforce Investment Areas to check when applying to the ITA program, click the LWIA link to display a map of Massachusetts.



*** Select the [Local Workforce Investment Areas \(WIAs\)](#) for ITA Approval:**

Massachusetts has 16 Local Workforce Investment Areas (WIAs), each overseen by a local workforce board (LWIBs). The LWIBs in Massachusetts develop job training programs for implementation in their respective WIAs and oversee the operation of those programs. Each LWIB establishes the approval criteria for its local area and selects which companies, educational institutions, and community organizations will receive program operation funding based on that criteria.



Close the map by clicking the **X** in the upper right corner of your screen.

Contact Information is located at the bottom of STEP 1. Click the **Enter Contact Information** button on the right to open a new screen.

Contact Information

[Enter Contact Information](#)

List the person who is able to answer questions about this particular training program in the Training Program/Course Contact Information screen. This may be the Primary user of the account or another individual.

Training Program/Course Contact Information	
*Contact Type:	-----Choose One----- ▾
Contact Title:	-----Choose One----- ▾
*Name:	<input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/> Extension: <input type="text"/>
Fax Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
E-Mail Address:	<input type="text"/>
Business Title:	<input type="text"/>

Display the dropdown menu in the **Contact Type** and **Contact Title** fields and make selections.

Training Program/Course Contact Information	
*Contact Type:	<div style="border: 1px solid black; padding: 2px;"> -----Choose One----- Admissions Primary Secondary Signatory Contract Manager Other Financial Aid </div>
Contact Title:	
*Name:	
Phone:	

Populate all the fields and click **Save Record** in the bottom right corner.

*Contact Type:	Admissions ▾
Contact Title:	Ms. ▾
*Name:	Roberta Jones
Phone:	617 - 634 - 6854 Extension: <input type="text"/>
Fax Number:	617 - 634 - 6850
E-Mail Address:	rjones@apextraining.edu
Business Title:	Admissions Coordinator ×



STEP 1 is ready to save. **But before you click Next in the bottom right corner be sure that the Participant and Year data entered in the top portion of STEP 1 is accurate. Once you move to STEP 2, you will be unable to change the number of participants!**

number of participants from last completed year. entered should be for one training program/course delivered at one location:	<input type="text" value="40"/>	Year <input type="text" value="2015"/>
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Click Next to save STEP 1 and move to STEP 2 of 6.

A row of text at the top of STEP 2 shows the name of the training program/course, seven-digit Course ID #, and the date the record is created. See below.

Training Program/Course: Computer Support Specialist Training Program/Course ID: 1111016 Created Date: 08/03/2016

STEP 2 contains two sections: **Activity Categories** and **Targeted Occupations**.

Activity Categories

*Please select the primary activity category of the training program/course.

<input type="checkbox"/> Occupational Skills Training **	<input type="checkbox"/> Workplace Training And Cooperative Education Programs **
<input type="checkbox"/> Private Sector Training Programs **	<input type="checkbox"/> Skill Upgrade And Retraining **
<input type="checkbox"/> Entrepreneurial Training	<input type="checkbox"/> Adult Education and Literacy Activities (w/ Training) **
<input type="checkbox"/> Basic ESL/ESOL	<input type="checkbox"/> Basic ABE
<input type="checkbox"/> HiSET/GED/ASE (Adult Secondary Education)	<input type="checkbox"/> Pre Employment Skills / Vocational Trng **
<input type="checkbox"/> Apprenticeship Training **	

Checking any Activity Category marked with two red asterisks (**) compels the user to select a corresponding Targeted Occupation by using the search engine on this STEP.

In our sample training program the user selects **Occupational Skills Training** and then clicks the **Occupation Search** button to display a search engine.

<input checked="" type="checkbox"/> Occupational Skills Training **	<input type="checkbox"/> Workplace Training And Cooperative Education
<input type="checkbox"/> Private Sector Training Programs **	<input type="checkbox"/> Skill Upgrade And Retraining **
<input type="checkbox"/> Entrepreneurial Training	<input type="checkbox"/> Adult Education and Literacy Activities (w/ Tra
<input type="checkbox"/> Basic ESL/ESOL	<input type="checkbox"/> Basic ABE
<input type="checkbox"/> HiSET/GED/ASE (Adult Secondary Education)	<input type="checkbox"/> Pre-Employment Skills / Vocational Trng **
<input type="checkbox"/> Apprenticeship Training **	

Targeted Occupations

Please select the occupations that best fit your training programs and courses.

** You must select an occupation if you selected one of the following Activity Categories: Occupational Skills Training, Workplace Training and Cooperative Education Programs, Private Sector Training Programs, Apprenticeship Training, Skill Upgrade And Retraining, Adult Education and Literacy Activities (w/Training) , Pre-Employment Skills / Vocational Trng .

Occupation Search 8-digit Occupation Code **Select**

Enter code and click Select

Please select the occupation as Primary

Delete?	Primary	Occupation	Occupation Code	Jobs Within This Occ
---------	---------	------------	-----------------	----------------------

When the search engine appears click into the **Occupation Title** field and type a word related to the type of occupation that most graduates of the training program will enter.

Here the user types “**Computer**” in the **Occupation Title** field, then clicks the **Search** button on the right side of the screen.

Occupation Code Search: Please enter search criteria and click search. Then select the desired result and click the "select" button.

Search By:

Occupation Code:	<input type="text"/>	Occupation Title:	<input type="text" value="Computer"/>
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Search

This retrieves three pages of possible Occupation Codes and Occupation Titles.

Select the desired occupation line then click the Select button.

Search Results			
Select	Occupation Code	Occupation	Jobs Within This Occupation
<input type="radio"/>	15111100	Computer and Information Research Scientists	
<input type="radio"/>	11302100	Computer and Information Systems Managers	Information Technology Managers
<input type="radio"/>			Data Processing Managers
<input type="radio"/>			Management Information Systems Managers
<input type="radio"/>	17206100	Computer Hardware Engineers	
<input type="radio"/>	15114300	Computer Network Architects	
<input type="radio"/>	15115200	Computer Network Support Specialists	
<input type="radio"/>	15119900	Computer Occupations, All Other	
<input type="radio"/>	43901100	Computer Operators	
<input type="radio"/>	15113100	Computer Programmers	Web Designers

Select

Page 1 of 3 1 2 3

Next

There are two Occupation Codes/Titles in the first page of results that may be suitable, but view the other pages to see the full range of codes by clicking **Next** in the bottom right corner of the screen.

Page 2 of Occupation Codes & Occupation Titles contains an appropriate **Code/Title, 15115100 – Computer User Support Specialists.**

Select the desired occupation line then click the Select button.

Search Results			
Select	Occupation Code	Occupation	Jobs Within This Occupation
<input type="radio"/>	15113100	Computer Programmers	Web Page Developers
<input type="radio"/>			Webmasters
<input type="radio"/>	25102100	Computer Science Teachers, Postsecondary	Instructors
<input type="radio"/>			University and College Teachers
<input type="radio"/>			Professors
<input type="radio"/>	15112100	Computer Systems Analysts	Programmer Analysts
<input type="radio"/>	15119902	Computer Systems Engineers/Architects	
<input checked="" type="radio"/>	15115100	Computer User Support Specialists	Computer Operators
<input type="radio"/>			Computer Technicians
<input type="radio"/>			User Support Analysts

Select

Select the row containing that Occupation Code/Occupation Title and click the **Select** button. This inserts the selected Code/Title at the bottom of STEP 2.

Please select one occupation as Primary

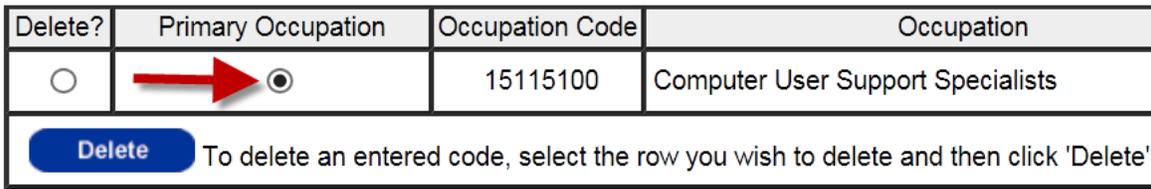


Delete?	Primary Occupation	Occupation Code	Occupation	Jobs Within This Occupation
<input type="radio"/>	<input type="radio"/>	15115100	Computer User Support Specialists	Computer Technicians, Computer Operators, Computer Technical Support Specialists, User Support Analysts

Delete To delete an entered code, select the row you wish to delete and then click 'Delete'

You may select more than one Occupation Code/Title if you wish, but must mark one as the ‘**Primary Occupation**’ for graduates of the training program.

In our sample above, the user selects **15115100 – Computer User Support Specialists** as the ‘Primary Occupation’ by clicking on the radio button as illustrated below.



Delete?	Primary Occupation	Occupation Code	Occupation
<input type="radio"/>	<input checked="" type="radio"/>	15115100	Computer User Support Specialists

Delete To delete an entered code, select the row you wish to delete and then click 'Delete'

To view and select other Codes/Titles, repeat the above steps.

Click **Next** in the bottom right corner of STEP 2 to move to STEP 3 of 6.

STEP 3 contains four sections:

STEP 3 of 6

- Training Program/Course Duration
- Training Program/Course Recognition Results
- Training Program/Course Schedule
- Training Program/Course Costs

In the **Training Program/Course Duration** section enter the **Average Number of Hours Per Week** (clock hours) and total **Number of Weeks** of training. **Total Hours** is calculated automatically and users should not type a number in that field.

Training Program/Course Duration

*Average Number of Hours Per Week:	<input style="width: 90%;" type="text"/>
*Number of Weeks:	<input style="width: 90%;" type="text"/>
Total Hours:	
Total Credit Hours:	<input style="width: 90%;" type="text"/>
*Is this Course Full Time?	<input type="radio"/> Yes <input type="radio"/> No
Is this training program/course part of regularly scheduled training program/course offerings?	<input type="radio"/> Yes <input type="radio"/> No
Is this training program/course Open Entry/Exit?	<input type="radio"/> Yes <input type="radio"/> No
*Can Duration Be Customized?	<input type="radio"/> Yes <input type="radio"/> No
*Online Schedule:	<input type="radio"/> Yes <input type="radio"/> No
Web Address:	<input style="width: 90%;" type="text"/>

Generally only community colleges and universities enter **Total Credit Hours**. For example, a community college might submit a 24-credit two-semester certificate program to Section 30 and ITA for consideration. In that situation the school must enter the Total Credit Hours for the whole training program, not just the credits for the first semester.

If the training program is one that you conduct on a regular basis, answer “**Yes**” to the “**...regularly scheduled training...**” question as shown below. If it is “one-time-only” training, answer “**No**” to this question.

Is this training program/course part of regularly scheduled training program/course offerings?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	---

If the training program starts and ends on specific dates answer “**No**” for the “**Open Entry/Exit?**” question.

If the duration of the training program is fixed, answer “**No**” for the “**Can Duration Be Customized?**” question.

Is this training program/course Open Entry/Exit?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
*Can Duration Be Customized?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

If you display the training program schedule on a webpage, answer “**Yes**” for **Online Schedule**. Type the webpage address of the page that contains the schedule information in the **Web Address** field.

*Online Schedule:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Web Address:	<input type="text" value="http://apextraining.edu/schedules"/>	

Portions of a completed **Training Program/Course Duration** section are shown below and on the following page.

Note: The **Total Hours** field will remain blank until you complete all sections of STEP 3, click **Next** at the bottom of STEP 3, and move to STEP 4.

That action instructs TrainingPro to multiply **Average Number of Hours Per Week** times **Number of Weeks** and insert the product in the **Total Hours** field. In the example below that equals **350 Total Hours**.

Training Program/Course Duration	
*Average Number of Hours Per Week:	<input type="text" value="25"/>
*Number of Weeks:	<input type="text" value="14"/>
Total Hours:	<input type="text"/>



Total Hours:	350
--------------	-----

Total Credit Hours:	<input type="text"/>
*Is this Course Full Time?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is this training program/course part of regularly scheduled training program/course offerings?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is this training program/course Open Entry/Exit?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Can Duration Be Customized?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Online Schedule:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Web Address:	<input type="text" value="http://apextraining.edu/schedules"/> x

In the **Training Program/Course Recognition Results** section of STEP 3 check the appropriate checkbox to indicate the outcome of the training program or course. Choose from three options, **Degree**, **Certificate** or **License**.

Training Program/Course Recognition Results

<input type="checkbox"/>	Degree	
<input type="checkbox"/>	Certificate (Industry/Business Recognized)	
<input type="checkbox"/>	License	
Description of Degree/Certificate/License granted by program (250 characters or less)		
<input type="text"/>		<input type="text" value="250"/> characters

If Degree, Certificate and License are not appropriate selections for the training program, enter a comment in the “**If none of the above...**” text box that explains how the training program meets industry approved standards.

If none of the above, how is the training program/course recognized as meeting industry	
<input type="text"/>	<input type="text" value="200"/> characters left

Apex Training’s Computer Support Specialist training program meets the definition of Certificate used by the Massachusetts Department of Career Services (DCS).

You may read this definition by clicking the word “**Definition**” in the Certificate Verification paragraph. *See below.*

 **Certificate Verification:** Checking the certificate checkbox specifies that you have read the [Certificate Definition](#) and attest (or certify) that this course meets the requirements contained in the definition and understand that falsification of information may be cause for non-approval for Individual Training Account (ITA) consideration.

Training Program/Course Recognition Results		
<input type="checkbox"/>	Degree	
<input checked="" type="checkbox"/>	Certificate (Industry/Business Recognized)	Certificate Verification: Definition and attest (or certify) that falsification of information m
<input type="checkbox"/>	License	
Description of Degree/Certificate/License granted by program (250 characters or less)		
<input type="text" value="Certificate of Completion"/>		225 characters left
If none of the above, how is the training program/course recognized as meeting industry approved standards?(200		
<input type="text"/>		200 characters left

In the **Training Program/Course Schedule** section check the appropriate **Morning**, **Afternoon**, **Evening** and **Weekend** checkboxes to indicate when training is conducted. Then click the **Enter Schedule** button on the right side of the screen to enter **Start**, **End** and **Last Enroll** dates for the training program.

Training Program/Course Schedule		
This Training Program/Course is offered in the: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend		
<input type="checkbox"/> Training Program/Course offered during scheduled semesters or quarters (if so, enter schedule for semester/quarter below)		
Please add schedule information by clicking the 'Enter Schedule' button. To change schedule information, click on the date link. Trade courses: To add break schedule information, click on the date hyperlink below.		
Enter Schedule		
Start Date	End Date	Last Enrolled Date

Barbara Stevens checks the **Morning**, **Afternoon**, and “**Training...offered during scheduled semesters...**” checkboxes and then clicks the **Enter Schedule** button which opens the schedule screen.

Training Program/Course Schedule

This Training Program/Course is offered in the: Morning Afternoon Evening Weekend

Training Program/Course offered during scheduled semesters or quarters (if so, enter schedule for semester/quarter below)

Please add schedule information by clicking the 'Enter Schedule' button.
To change schedule information, click on the date link.
Trade courses: To add break schedule information, click on the date hyperlink below.

Enter Schedule

Start Date	End Date	Last Enrolled Date
------------	----------	--------------------

Ms. Stevens then enters a **Start Date** of September 6, 2016, **End Date** of December 16, 2016 and a **Last Enroll Date** of August 26, 2016.

Training Program/Course Schedule Information

This information will be displayed in your online profile.

Course Schedule

*Start Date: Sep 06 2016 (Example 2004)

*End Date: Dec 16 2016 (Example 2004)

*Last Enroll Date: Aug 26 2016 (Example 2004)

Break Information:
Please enter any scheduled breaks more than 14 days (e.g. Spring Break), not including National and State holidays or weekends.

Add Break Info **Save Record**

Last Enroll Date means the latest date that a student may enroll in the training program that starts on September 6, 2016.

After populating the above fields click **Save Record** to save the data. STEP 3 of the record reappears showing the dates just entered.

Training Program/Course Schedule

This Training Program/Course is offered in the: Morning Afternoon Evening Weekend

Training Program/Course offered during scheduled semesters or quarters (if so, enter schedule for semester/quarter below)

Please add schedule information by clicking the 'Enter Schedule' button.
To change schedule information, click on the date link.
Trade courses: To add break schedule information, click on the date hyperlink below.

Enter Schedule

Start Date	End Date	Last Enrolled Date
09/06/2016	12/16/2016	08/26/2016

You may enter more than one set of dates for a training program if desired. Simply click the **Enter Schedule** button again and enter a new set of dates using the above steps.

For example, Apex Training delivers the Computer Support Specialist training program in the Fall of 2016 and in the Spring of 2017. Barbara Stevens entered the dates for the Fall 2016 cycle of this training program, as illustrated above.

She knows the dates for the Spring 2017 cycle of the training program and clicks the **Enter Schedule** button again, then enters and saves those dates. The completed Schedule section is shown below.

Start Date	End Date	Last Enrolled Date
09/06/2016	12/16/2016	08/26/2016
01/23/2017	05/12/2017	01/09/2017

The **Training Program/Course Costs** section is located at the bottom of STEP 3. Click the **Enter Cost Information** button to begin listing costs.

Training Program/Course Costs

Refund Policy (4000 characters or less)
 If the refund policy for this training program/course is different from the general provider refund policy, please make note those difference below:
 Students may withdraw from training at any time by notifying the registrar in writing. Tuition refunds will be paid according to the following schedule:

3847 characters left

Please add cost information by clicking the 'Enter Cost Information' button.
 Cost of tuition is required. To change cost information, click on the type of cost link.

Enter Cost Information

Type of Cost	Details	Amount	Included in Tuition
--------------	---------	--------	---------------------

Previous Next

When the cost screen opens, display the **Type of Cost** drop down menu and select **Tuition** for the first entry. Tuition must be listed even if it is zero dollars!

Training Program/Course Cost Information	
<p>This information will be displayed in your online profile.</p> <p>Cost of tuition is required. If other types of cost such as please enter the cost of these items.</p>	
* Type of Cost:	<div style="border: 1px solid black; padding: 2px;"> --Choose One-- Subsistence Travel Expenses Supplies Tuition Books Equipment / Tools Uniforms Fees Health Insurance Other Insurance Tests For Certification Other </div>
* Are the tests for the certification necessary for the trainees to undertake and complete the program under consideration?	The total cost of a
* Are the tests for the	

Ignore the “...tests for the certification...” questions because they do not pertain to Tuition.

* Are the tests for the certification necessary for the trainees to undertake and complete the program under consideration?	<input type="radio"/> Yes <input type="radio"/> No
* Are the tests for the certification required for all students in the same training in order to participate in the proposed program?	<input type="radio"/> Yes <input type="radio"/> No

Scroll down the screen to the **Amount** field and enter the tuition cost. Do not use dollar signs or commas, just numbers and a decimal point.

* Amount:	2500.00	Please enter numeric value without a dollar sign or commas. Example: 250.00. Cost Information for Trade courses.
------------------	---------	---

The amount of tuition should be for the entire training program, not just a portion of the program.

Leave the default “Yes” response in the **Included in Tuition** field. Ignore the **Preferred Vendor** and **Preferred Payment Schedule** fields and click **Save Record** in the bottom right corner of the screen to save the information.

Included in Tuition:	Yes 
Preferred Vendor:	<div style="border: 1px solid black; padding: 2px; text-align: center;">-- Choose One --</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Add View Details Clear </div>
Preferred Payment Schedule:	--Choose One-- 


Save Record
Cancel

STEP 3 will reappear and show the tuition amount just entered.

Please add cost information by clicking the 'Enter Cost Information' button.
Cost of tuition is required. To change cost information, click on the type of cost link.

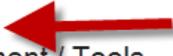
Enter Cost information

Type of Cost	Details	Amount	Included in Tuition
Tuition		\$2,500.00	Yes
	Total Cost to Client:	\$2,500.00	

Click **Enter Cost Information** again to add the next cost item.

Enter Cost Information

In our Apex Training sample Barbara Stevens selects “**Books**” in the **Type of Cost** field.

*Type of Cost:	--Choose One--
*Are the tests for the certification necessary for the trainees to undertake and complete the program under consideration?	Subsistence Travel Expenses Supplies Tuition Books  Equipment / Tools Uniforms Fees Health Insurance Other Insurance Tests For Certification Other
*Are the tests for the	

Enter the cost for Books in the Amount field. If the amount for Books is not included in the amount for Tuition, select “No” in the **Included in Tuition** field as illustrated below.

*Amount:	100.00	Please enter numeric Cost Information for Tra
Included in Tuition:	-- Choose One --	
	Yes	
	No 	

Click **Save Record** in the bottom right corner to save this entry.

Save Record

STEP 3 reappears and lists the amount for Books. Because Ms. Stevens indicated that Books are an additional cost, TrainingPro added the \$100.00 amount to the \$2,500.00 amount for Tuition to produce a Total Cost of \$2,600.00.

Type of Cost	Details	Amount	Included in Tuition
Tuition		\$2,500.00	Yes
Books		\$100.00	No 
Total Cost to Client:		\$2,600.00 	

If the training program contains a registration fee or another type of fee, click **Enter Cost Information** again and enter the amount of the fee.

Enter Cost Information

* Type of Cost:	--Choose One--
* Are the tests for the certification necessary for the trainees to undertake and complete the program under consideration?	Subsistence Travel Expenses Supplies Tuition Books Equipment / Tools Uniforms Fees  Health Insurance Other Insurance Tests For Certification Other
* Are the tests for the	

You may specify the type of fee by entering a comment in the **Details** text box as shown below.

As with the cost of Books, indicate that the registration fee is not included in the cost of Tuition by selecting “No” in the **Included in Tuition** field.

Details:	Non-refundable registration fee.
* Amount:	<input type="text" value="50.00"/> Please enter numeric value without Cost Information for Trade courses.
Included in Tuition:	<input type="text" value="No"/> ▾

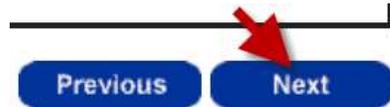
Click **Save Record** and STEP 3 will reappear.

Save Record

The cost section now lists all the costs entered and saved. **Total Cost**, which includes Tuition, Books and Fees, is now \$2,650.00.

Type of Cost	Details	Amount	Included in Tuition
Tuition		\$2,500.00	Yes
Books		\$100.00	No
Fees	Non-refundable registration fee.	\$50.00 	No
Total Cost to Client:		\$2,650.00	

Click **Next** to save all the information entered on STEP 3 and move to STEP 4 of the Record.



STEP 4 of the course record contains one section, **Training Program Course Requirements**. Use this section only when the training program you are entering contains several courses. An example is a community college degree or certificate training program that includes multiple courses.

STEP 4 of 6

Training Program Course Requirements

If this training program consists of multiple courses, please list the courses required for the training program. This information will help potential students gain a better understanding of the requirements for the training program.

To add a course, click "Enter Course". To delete an entered course, click the radio button for the row you would like to delete and click "Delete". To edit a course, click on its Course Name.

[Enter Course](#)

Select	Course Name	Duration	Credit Hours	Total Clock Hours
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[Previous](#) [Next](#)

Our sample Apex Training Computer Support Specialist training program contains four courses and Barbara Stevens must list them on STEP 4. Entering this information enables people viewing the completed record to understand the content of the training program.

Click **Enter Course** on the right side of STEP 4 to begin listing courses.

STEP 4 of 6

This information will help potential students gain a better understanding of

ould like to delete and click "Delete". To edit a course, click on its Course

 [Enter Course](#)

Duration	Credit Hours	Total Clock Hours
----------	--------------	-------------------

[Previous](#) [Next](#)

When the **Course Entry Page** opens enter the following information for the first course:

- **Course Name**
- **Duration** (in weeks)
- **Credit Hours** (if applicable)
- **Total Clock Hours**

Community Colleges and Universities deliver both Credit Hour and Clock Hour certificate programs as well as degrees. However, many post-secondary vocational training programs are only measured in Clock Hours.

After populating the above fields click the **Save Record** button. The course just entered will be listed in a table. *See below.*

Training Program/Course: Computer Support Specialist Training Program/Course ID: 1111016 Created Date: 08/03/2016

STEP 4 of 6

Select	Course Name	Duration	Credit Hours	Total Clock Hours
<input type="radio"/>	The Windows Operating System	2 weeks		20

Our sample Apex Training Computer Support Specialist training program includes four courses: (1) The Windows Operating System, (2) Microsoft Office Suite, (3) Database Software, and (4) Diagnostic Techniques.

As illustrated above, Ms. Stevens has entered the first course, **The Windows Operating System**. She must now add the other three courses included in the training program.

To list each course she repeats the steps described above: (1) Click **Enter Course**, (2) Type in the course name, duration, and total clock hours and (3) Click **Save Record**.

View the completed **Training Program Course Requirements** section below.

Select	Course Name	Duration	Credit Hours	Total Clock Hours
<input type="radio"/>	The Windows Operating System	2 weeks		20
<input type="radio"/>	Diagnostic Techniques	5 weeks		125
<input type="radio"/>	Microsoft Office Suite	4 weeks		100
<input type="radio"/>	Database Software	3 weeks		60

Click **Next** in the bottom right corner of STEP 4 to move to STEP 5.

STEP 5 contains three sections:

- Additional Information
- Financial Aid
- Performance Summary

Additional Information contains several questions pertaining to: (1) funding of the training program in the previous three years, (2) program eligibility and entry requirements, (3) internships and (4) laboratory time.

Additional Information

*Has this training program/course been funded by a Workforce Development Agency in the last three years?	<input type="radio"/> Yes <input type="radio"/> No
If yes, specify agency and year(s):	
List training program/course eligibility and entry requirements (special populations targeted for services, basic skill levels, e.g., grade equivalent or HS Diploma/GED, English language skills, e.g., MELT/SPL, specialized occupational competencies, work history, or other criteria). List any specific assessment tests/tools a prospective student must complete prior to being accepted for the training program/course:	
*Does your training program/course offer an internship?	<input type="radio"/> Mandatory <input type="radio"/> Optional <input type="radio"/> No
If yes, how many hours?	<input type="text"/>
*Does your training program/course offer laboratory time?	<input type="radio"/> Mandatory <input type="radio"/> Optional <input type="radio"/> No
If yes, how many hours?	<input type="text"/>

Apex Training completes the Additional Information section as shown below.

Additional Information

*Has this training program/course been funded by a Workforce Development Agency in the last three years?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, specify agency and year(s):	<input type="text"/>
List training program/course eligibility and entry requirements (special populations targeted for services, basic skill levels, e.g., grade equivalent or HS Diploma/GED, English language skills, e.g., MELT/SPL, specialized occupational competencies, work history, or other criteria). List any specific assessment tests/tools a prospective student must complete prior to being accepted for the training program/course:	High school diploma or equivalent.
*Does your training program/course offer an internship?	<input type="radio"/> Mandatory <input type="radio"/> Optional <input checked="" type="radio"/> No
If yes, how many hours?	<input type="text"/>
*Does your training program/course offer laboratory time?	<input checked="" type="radio"/> Mandatory <input type="radio"/> Optional <input type="radio"/> No
If yes, how many hours?	<input type="text" value="140"/>

Financial Aid lists several types of financial aid. Check those that may be available to pay some or all of the training costs.

If the types of financial aid listed do not apply to this training program, check **None**.

Financial aid funds for which your students are eligible:	<input type="checkbox"/> Pell Grant	<input type="checkbox"/> Perkins Loan	<input type="checkbox"/> Family Education Loan
	<input type="checkbox"/> Mass. State Scholarships	<input type="checkbox"/> SEOG Grant	<input type="checkbox"/> Work Study
	<input type="checkbox"/> Other		
	<input checked="" type="checkbox"/> None		

Performance Summary – The number of participants and the year entered on STEP 1 of the record are displayed at the top of this section. Enter the other data in the fields marked with red asterisks (*).

The sum of Exclusions, Dropouts and Completions must not be greater than the number of Total participants.

Performance Summary		
* Provide the most recent available and verifiable performance data. Performance criteria can be found in the policy requirements .		
If this is a new course, leave all fields blank and enter an explanation in the text box at the bottom of the page.		
Total participants:	40	
Most Recent Year:	2015	
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text"/>	
* Dropouts: Number who dropped out before completing the program/course:	<input type="text"/>	
* Completions: Number who completed the program/course:	<input type="text"/>	<input type="text" value="0"/> % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text"/>	<input type="text" value="0"/> % Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	<input type="text"/>	Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text"/>	<input type="text" value="0"/> % Educational Outcomes

Apex Training completes the Performance Summary for the Computer Support Specialist training program as shown on the next page.

TrainingPro automatically calculates **Completion, Entered Employment** and **Educational Outcomes** percentages and populates those fields.

If this is a new course, leave all fields blank and enter an explanation in the text box at the bottom of the page.

Total participants:	40	
Most Recent Year:	2015	
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text" value="0"/>	
* Dropouts: Number who dropped out before completing the program/course:	<input type="text" value="3"/>	
* Completions: Number who completed the program/course:	<input type="text" value="37"/>	<input type="text" value="92.5"/> % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text" value="33"/>	<input type="text" value="82.5"/> % Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	<input type="text" value="22.50"/>	Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text" value="37"/>	<input type="text" value="92.5"/> % Educational Outcomes
Participants employed at 6 months:	<input type="text"/>	
Average hourly wage at 6 months (\$):	<input type="text"/>	Please enter numeric value
If the required information is NOT available, explain or justify lack of information. Indicate how your organization will track the information for the current training program/course year:	<input type="text" value=""/> <input type="text" value="250"/> characters	

¹ Colleges/Community Colleges - Enter number of participants who entered employment or continued on to further education.

Note that the **Participants employed at 6 months** and **Average hourly wage at 6 months** fields are not marked with red asterisks (*) because this data is not required. However, if you have that data, enter it.

If you lack comprehensive performance data, type an explanatory comment in the text box at the bottom of the Performance Summary.

For example, if the students completed training recently and have not yet found employment, entering a comment like the one shown below is appropriate.

If the required information is NOT available, explain or justify lack of information. Indicate how your organization will track the information for the current training program/course year:	<input type="text" value="8/3/16-Will supply performance data when available."/>
---	--

Any official reading comments of this type will realize that you have not refused to provide data but will collect and supply it.

Double check your performance data and then click **Next** at the bottom of **STEP 5. STEP 6 of 6**, will appear.

STEP 6 summarizes all the information entered on STEPs 1, 2, 3, 4 and 5. Red text at the top of the screen advises users that the application is not complete until they click “**Submit**” at the bottom of the screen. *See below.*

Training Program/Course: Computer Support Specialist Training Program/Course ID: 1111016 Created Date: 08/03/2016

Your application is not complete until you click the "Submit" button at the bottom of the screen. Please verify that the information you have entered is correct and print a copy for your records.



STEP 6 of 6

Year Began Operations: August, 2003
Organization Type: Corporation (Domestic)

Training Program/Course Background

Edit Details

Organization Name:	Apex Training
Address of Training Program/Course Delivery 1:	860 Boylston Street
Address of Training Program/Course Delivery 2:	-NA-
City:	Boston
State:	MA
Zip Code:	02199
On-site at employer location:	No
Training Topic:	-NA-
Training Subtopic:	-NA-
Training Program/Course Capacity:	20
Year Training Program/Course First Offered:	2010
New Training Program/Course:	-NA-
Number of Participants in most recent year:	40
Year:	2015

However, before clicking **Submit** at the bottom of STEP 6, scroll down the page and check all the information you’ve entered in each section of the record. Horizontal bars located at intervals between the top and bottom of STEP 6 indicate the various sections of the record.

Each heading bar is labeled on the left side and contains an **Edit Details** button on the right side to enable editing of that section.

A portion of the **Training Program/Course Background** section is shown on the following page.

Training Program/Course Background		Edit Details
Organization Name:	Apex Training	
Address of Training Program/Course Delivery 1:	860 Boylston Street	
Address of Training Program/Course Delivery 2:	-NA-	
City:	Boston	
State:	MA	
Zip Code:	02199	
On-site at employer location:	No	
Training Topic:	-NA-	
Training Subtopic:	-NA-	
Training Program/Course Capacity:	20	
Year Training Program/Course First Offered:	2010	
New Training Program/Course:	-NA-	
Number of Participants in most recent year:	40	
Year:	2015	
Training Program/Course Description:	This program includes an introduction to instructional techniques.	
SDA(s):	Boston South Shore Metro South West Metro North	

If you detect an error in any section of the application, click the corresponding **Edit Details** button to move to that section of the record. Then correct the error(s).

Save the edited information by scrolling to the bottom of the page and clicking **Next**. Then move past the following pages and return to STEP 6 of 6.

As explained on page 35 the only information you may not change is the number of participants entered on STEP 1 of the record.

When satisfied that the course record is accurate, click **Submit** at the bottom of STEP 6.

If the required information is NOT available, explain or justify lack of information. Indicate how your organization will track the information for the current training program/course year:	-NA-
Approved (Approved Until):	None
Pending Decision:	None
Denied:	None
Comments:	None

Contact Information						Edit Details
Contact Type	Title	Name	Phone	Fax	Email	
Admissions	Ms.	Roberta Jones	(617) 634-6854	(617) 634-6850	rjones@apextraining.edu	

The 'Add Course' page will reappear. It now has a 'Welcome' message in the upper left corner of the screen. **Provider Eligibility Status** is displayed on the right side.

My Courses My Account About The Programs Sign Off

Welcome, Apex Training

Provider Name: Apex Training
Provider ID: 1030456
Contact: Barbara Stevens
Phone: 6176346851
Email: bstevens@apextraining.edu
Web Address: http://apextraining.edu

Manage Your Training Programs/Courses

Accreditation/Licensing Agency: DPL
License Number: 1961078B
License Expiration Date: 01/30/2018

Edit Provider Information

Your Provider Eligibility Status is:
Pending through 06/30/2017

Because Apex Training just registered on TrainingPro its status is “**Pending**” through the end of the current fiscal year.

The Massachusetts Department of Career Services will review the provider’s registration and approve or deny it. Steps included in that process are described in Chapter 1 of this User Guide.

CHAPTER 4 – UNDERSTANDING PROVIDER ELIGIBILITY STATUS AND TRAINING PROGRAM STATUS

Immediately after registering on the TrainingPro website, a training provider’s eligibility status is “**Pending**” and shown on the Welcome page of the account. The Welcome page also shows the status of any courses the provider may have submitted for review. Providers must scroll down the page to view this information.

Examining the sample Apex Training account illustrates the way this information is presented.

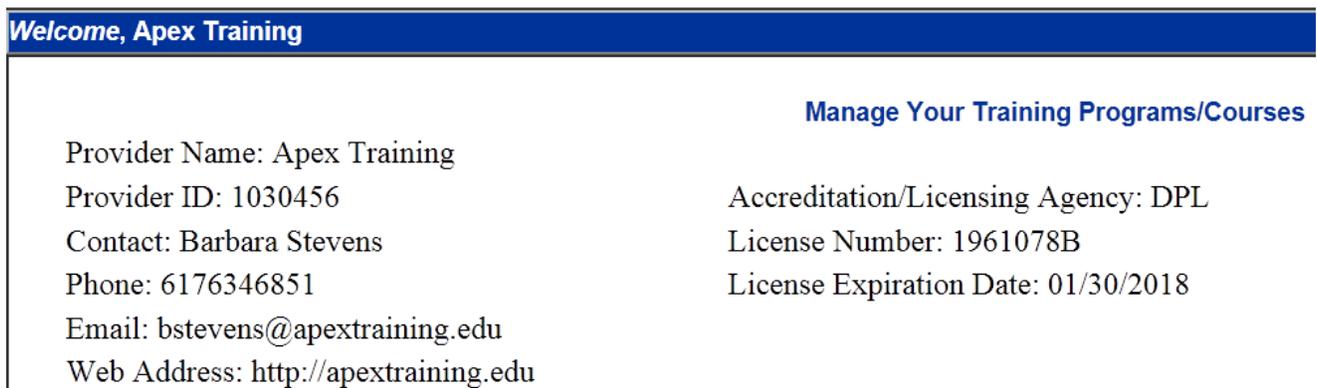
Logging into the school’s account brings the user to the **Welcome, Apex Training** screen. The right side of the screen shows “**Provider Eligibility**” status is “**Pending**” through the end of the current fiscal year.



The screenshot shows the TrainingPro website interface. At the top, there is a navigation bar with links for 'My Courses', 'My Account', 'About The Programs', and 'Sign Off'. Below this is a blue header with the text 'Welcome, Apex Training'. The main content area is divided into two columns. The left column contains provider information: 'Provider Name: Apex Training', 'Provider ID: 1030456', 'Contact: Barbara Stevens', 'Phone: 6176346851', 'Email: bstevens@apextraining.edu', and 'Web Address: http://apextraining.edu'. The right column is titled 'Manage Your Training Programs/Courses' and contains 'Accreditation/Licensing Agency: DPL', 'License Number: 1961078B', and 'License Expiration Date: 01/30/2018'. Below this information is a blue button labeled 'Edit Provider Information'. On the far right, there is a red arrow pointing to the text 'Your Provider Eligibility Status is: Pending through 06/30/2017'.

The screen shot below shows the upper left and center area of the Welcome screen.

TrainingPro has assigned **Provider ID 1030456** to Apex Training. Barbara Stevens’ telephone and email information are listed and the school’s license information appears under the **Manage Your Training Programs/Courses** heading.



This is a close-up screenshot of the 'Welcome, Apex Training' page. It shows the same information as the previous screenshot, but with a focus on the provider details and license information. The 'Manage Your Training Programs/Courses' heading is clearly visible. The provider information on the left includes the name, ID, contact name, phone, email, and web address. The license information on the right includes the accreditation agency, license number, and expiration date.

The left-center section of the screen contains function buttons, **Add Course**, **View Summary**, **Edit Course**, **Copy Course** and **Archive**.

- Add Course** Add a new training program or course.
- View Summary** Select a program or course to view a detail summary.
- Edit Course** Select a program or course to edit.
- Copy Course** Select a program or course to copy.
Only information that is unlikely to change will be copied.
- Archive** Select a program or course to archive. A training program/course that is archived and will not be displayed to you through TrainingPro.

Beneath the function buttons are a course search engine and a table containing Course # 1111016 – Computer Support Specialist which Ms. Stevens submitted to Section 30 and ITA.

Program & course reviews usually occur within three weeks after provider approval.

Course Search

Search for a course by typing either the Course ID # or Course Name into the search engine below. Then click the Search button.

Course ID#: Course Name:

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that has expired.

Select	ID#	Name	Location	Program	Reviewed By	Review Status	Comments (click to view)	Earliest Resubmit Date
<input type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston	Pending Provider Approval		06/01/2017
				ITA	Metro North	Pending Provider Approval		06/01/2017
				ITA	Metro South West	Pending Provider Approval		06/01/2017
				ITA	South Shore	Pending Provider Approval		06/01/2017
				Section 30	State	Pending Provider Approval		06/01/2017

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Because the Massachusetts Department of Career Services has not yet approved Apex Training—*see above*—ITA and Section 30 managers are unable to review and approve Course # 1111016 – Computer Support Specialist.

This is why “**Pending Provider Approval**” appears in the **Review Status** column of the courses table. *See the next page.*

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that has expired.

Select	ID#	Name	Location	Program	Reviewed By	Review Status
<input type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston →	Pending Provider Approval
				ITA	Metro North →	Pending Provider Approval
				ITA	Metro South West →	Pending Provider Approval
				ITA	South Shore →	Pending Provider Approval
				Section 30	State →	Pending Provider Approval

DCS may need several weeks to review a training provider’s information and approve or deny the school. You may be contacted by DCS if additional documentation is required to make a determination.

A few weeks after registering on TrainingPro Barbara Stevens logs in to the Apex Training account and learns that Provider Eligibility Status has changed from **Pending** to **Approved**.

My Courses | My Account | About The Programs | Sign Off

Welcome, Apex Training

Manage Your Training Programs/Courses

Provider Name: Apex Training
 Provider ID: 1030456
 Contact: Barbara Stevens
 Phone: 6176346851
 Email: bstevens@apextraining.edu
 Web Address: http://apextraining.edu

Accreditation/Licensing Agency: DPL
 License Number: 1961078B
 License Expiration Date: 01/30/2018

[Edit Provider Information](#)

Your Provider Eligibility Status is: **Approved** through 06/30/2017

Scrolling down the Apex Training Welcome page shows that the status of Course # 1111016 – Computer Support Specialist has changed from **Pending Provider Approval** to **Pending**.

The four Local Workforce Investment Areas (LWIAs) and the Section 30 program to which Ms. Stevens submitted her training program may need several weeks to review the course and approve or deny it.

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that has expired.

Select	ID#	Name	Location	Program	Reviewed By	Review Status	Comments (click to view)	Earliest Resubmit Date
<input type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston	Pending		06/01/2017
				ITA	Metro North	Pending		06/01/2017
				ITA	Metro South West	Pending		06/01/2017
				ITA	South Shore	Pending		06/01/2017
				Section 30	State	Pending		06/01/2017

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For managers to approve the Computer Support Specialist course for ITA and/or Section 30, the training program must meet ITA and Section 30 requirements. Review these requirements by performing the following steps:

- Visit the TrainingPro home page at www.mass.gov/dwd/trainingpro.
- Click the second paragraph of text to display the **Labor and Workforce Development** page.

TrainingPro

Notice to Training Providers

Pursuant to requirements set forth in the Workforce Innovation and Opportunity Act (WIOA) of 2014, Massachusetts issued new criteria, information requirements, and procedures for training organizations wishing to provide training services to eligible customers under workforce development programs.

Visit www.mass.gov for the most current information on provider requirements.

Please review and update your information including mailing and email address. Also, make sure your accredited/licensing agency and license information is current.

The Labor and Workforce Development page explains Provider Eligibility Requirements and contains various links that present information about how to submit required documents.

Home > Job Services > Training Provider Information

Training Provider Information

[link to TrainingPro](#)



Several weeks after learning that DCS approved Apex Training as a provider, Barbara Stevens logs into the Apex Training account to see if the Computer Support Specialist training program she submitted for review has been approved. She sees the following.

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that has expired.

Select	ID#	Name	Location	Program	Reviewed By	Review Status	Comments (click to view)	Earliest Resubmit Date
<input type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston	Approved		06/01/2017
				ITA	Metro North	Approved		06/01/2017
				ITA	Metro South West	Pending		06/01/2017
				ITA	South Shore	Pending		06/01/2017
				Section 30	State	Approved		06/01/2017

Showing 1-1 of 1

Two of the four areas that Ms. Stevens applied to, Boston and Metro North, have approved the Computer Support Specialist training program. The other two areas, Metro South West and South Shore, have not made a determination yet.

Section 30 has also approved the training program.

Chapter 5 explains how TrainingPro calculates the performance of training programs. Performance data has a major impact in determining whether training program applications will be approved.

CHAPTER 5 – HOW TRAININGPRO CALCULATES TRAINING PROGRAM PERFORMANCE

Because performance data is a major factor in determining whether training programs will be approved, it is useful to learn how TrainingPro calculates performance.

As in previous chapters we will use the sample Apex Training account to illustrate calculations.

Training providers enter the **Number of Participants** and the **Year** of data on **STEP 1** of the course record.

*Training Program/Course Title:	Computer Support Specialist
Training Program/Course Capacity:	20
* Year Training Program/Course First Offered:	2010
* Please enter the number of participants from last completed year. The number entered should be for one training program/course delivered at one location:	40 Year 2015

If this is a new training program/course, leave these two fields blank.



Once you click **Next** at the bottom of **STEP 1** you may not change the number of participants. **Therefore, ensure you've entered the correct number of participants before moving to STEP 2 of the application.**

You will not see the **Performance Summary** section of the application until reaching **STEP 5**. The number of **Total Participants** and the **Most Recent Year** entered on STEP 1 are displayed at the top of this section.

Below the Total Participants and Most Recent Year fields you must enter numbers in the following fields:

- Exclusions
- Dropouts
- Completions
- Entered Employments
- Average Hourly Wage
- Educational Outcomes

Here is the completed Performance Summary from Apex Training’s Course # 1111016 – Computer Support Specialist followed by definitions of each type of data.

Performance Summary		
* Provide the most recent available and verifiable performance data. Performance criteria can be found in the policy requirements .		
If this is a new course, leave all fields blank and enter an explanation in the text box at the bottom of the page.		
Total participants:	40	
Most Recent Year:	2015	
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text" value="0"/>	
* Dropouts: Number who dropped out before completing the program/course:	<input type="text" value="3"/>	
* Completions: Number who completed the program/course:	<input type="text" value="37"/>	<input type="text" value="92.5"/> % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text" value="33"/>	<input type="text" value="82.5"/> % Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	<input type="text" value="22.5"/>	Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text" value="37"/>	<input type="text" value="92.5"/> % Educational Outcomes
Participants employed at 6 months:	<input type="text"/>	
Average hourly wage at 6 months (\$):	<input type="text"/>	Please enter numeric value
If the required information is NOT available, explain or justify lack of information. Indicate how your organization will track the information for the current training program/course year:	<input type="text"/>	<input type="text" value="250"/> characters

¹ Colleges/Community Colleges - Enter number of participants who entered employment or continued on to further education.

Exclusions: The number entered here will be excluded from performance calculations. This category includes participants who did not complete training due to death, medical/health issues, institutionalization, or recall to active military service. Participants in this category must not be included in any of the other categories.

Dropouts: The number who dropped out before completing training.

Completions: The number who completed the training program.

Entered Employments: The number of completions or dropouts who entered or retained employment.

Average Hourly Wage: Of those participants who entered or retained employment.

Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential, degree, certificate or license.

Providers may enter numbers in the **Participants employed at 6 months** and **Average hourly wage at 6 months (\$)** fields, but this information is not required and not used to calculate percentages.

Now let's analyze the calculations that determine percentages of Completions, Entered Employments and Educational Outcomes.

Below, 40 participants enrolled in the training program. 3 dropped out and **37 completed training.**

Total participants:	40	
Most Recent Year:	2015	
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	0	
* Dropouts: Number who dropped out before completing the program/course:	3	
* Completions: Number who completed the program/course:	37	92.5 % Completion

TrainingPro arrives at 92.5% completion by dividing 37 Completions by 37 Completions + 3 Dropouts [$37/(37 + 3) = 92.5\%$].

TrainingPro calculates 82.5% Entered Employment by dividing 33 Entered Employments by 37 completions + 3 dropouts [$33/(37 + 3) = 82.5\%$].

Total participants:	40	
Most Recent Year:	2015	
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	0	
* Dropouts: Number who dropped out before completing the program/course:	3	
* Completions: Number who completed the program/course:	37	92.5 % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	33	82.5 % Entered Employment

Four sample performance scenarios are presented on the following pages to explain a range of possible results.

Sample # 1 – A Best Case Scenario

In this scenario all 10 participants complete the training program and enter employment. This produces 100% Completions and 100% Entered Employments.

Total participants:	10	
Most Recent Year:	2015	
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text" value="0"/>	
* Dropouts: Number who dropped out before completing the program/course:	<input type="text" value="0"/>	
* Completions: Number who completed the program/course:	<input type="text" value="10"/>	<input type="text" value="100.0"/> % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text" value="10"/>	<input type="text" value="100.0"/> % Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	<input type="text" value="25.00"/>	Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text" value="10"/>	<input type="text" value="100.0"/> % Educational Outcomes

100 percent Completion is calculated by dividing 10 Completions by 10 Completions + 0 Dropouts [$10/(10 + 0) = 100.0\%$].

100 percent Entered Employment is calculated by dividing 10 Entered Employments by 10 Completions + 0 Dropouts [$10/(10 + 0) = 100.0\%$].

100 percent Educational Outcomes is calculated by dividing 10 Educational Outcomes by 10 Completions + 0 Dropouts [$10/(10 + 0) = 100.0\%$].

Sample # 2 – Omitting Exclusions from Calculations

Exclusions are participants who have not completed training due to any of the following: death, medical/health issues, institutionalization, or military reservists recalled to active duty.

Total participants:	10		
Most Recent Year:	2015		
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	1		
* Dropouts: Number who dropped out before completing the program/course:	1		
* Completions: Number who completed the program/course:	8	88.9	% Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	7	77.8	% Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	25.00		Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	8	88.9	% Educational Outcomes

88.9 percent Completion is calculated by dividing 8 Completions by 8 Completions + 1 Dropout [$8/(8 + 1) = 88.9\%$].

77.8 percent Entered Employment is calculated by dividing 7 Entered Employments by 8 Completions + 1 Dropout [$7/(8 + 1) = 77.8\%$].

88.9 percent Educational Outcomes is calculated by dividing 8 Educational Outcomes by 8 Completions + 1 Dropout [$8/(8 + 1) = 88.9\%$].

The 1 Exclusion is omitted from calculating Completion, Entered Employment and Educational Outcome percentages.

Sample # 3 – Excluding “Active” Students from Calculations

Active participants have neither completed nor dropped out of training. They will either complete training or drop out of training at some future point.

Active participants are not included in calculations to determine percentages of participants who complete training, enter employment, or achieve educational outcomes.

There is no field labeled ‘Active Participants’ in the Performance Summary but TrainingPro still calculates this value.

Total participants:	10	
Most Recent Year:	2015	
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text" value="0"/>	
* Dropouts: Number who dropped out before completing the program/course:	<input type="text" value="2"/>	
* Completions: Number who completed the program/course:	<input type="text" value="7"/>	<input type="text" value="77.8"/> % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text" value="6"/>	<input type="text" value="66.7"/> % Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	<input type="text" value="25.00"/>	Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text" value="7"/>	<input type="text" value="77.8"/> % Educational Outcomes

In the above example Total Participants = 10. 7 Completions + 2 Dropouts = 9 participants. 10 Total Participants – 7 Completions + 2 dropouts = 1 Active participant [10 – (7 + 2) = 1].

77.8 percent Completion is calculated by dividing 7 Completions by 7 Completions + 2 Dropouts [7/(7 + 2) = 77.8%].

66.7 percent Entered Employment is calculated by dividing 6 Entered Employments by 7 Completions + 2 dropouts [6/(7 + 2) = 66.7%].

77.8 percent Educational Outcomes is calculated by dividing 7 Educational Outcomes by 7 Completions + 2 Dropouts [7/(7 + 2) = 77.8%].

The active participant is excluded from calculating Completion, Entered Employment and Educational Outcome percentages.

Sample # 4 – A Worst Case Scenario

In this scenario 10 participants enroll in training but 5 dropout. This produces very low Completion, Entered Employment and Educational Outcome percentages.

Total participants:	10	
Most Recent Year:	2015	
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text" value="0"/>	
* Dropouts: Number who dropped out before completing the program/course:	<input type="text" value="5"/>	
* Completions: Number who completed the program/course:	<input type="text" value="5"/>	<input type="text" value="50.0"/> % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text" value="4"/>	<input type="text" value="40.0"/> % Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	<input type="text" value="25.00"/>	Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text" value="5"/>	<input type="text" value="50.0"/> % Educational Outcomes

50.0 percent Completion is calculated by dividing 5 Completions by 5 Completions + 5 Dropouts [$5/(5 + 5) = 50.0\%$].

40.0 percent Entered Employment is calculated by dividing 4 Entered Employments by 5 Completions + 5 Dropouts [$4/(5 + 5) = 40.0\%$].

50.0 percent Educational Outcomes is calculated by dividing 5 Educational Outcomes by 5 Completions + 5 Dropouts [$5/(5 + 5) = 50.0\%$].

The large number of dropouts produces low Completion, Entered Employment and Educational Outcome percentages.

CHAPTER 6 – SUBMIT A NEW TRAINING PROGRAM WITHOUT PERFORMANCE DATA

When a training provider creates a new training program and wishes to submit it for review it is not possible to include performance data in the course record. That data will not be acquired until after the first group of students graduates and enters employment.

Therefore when applying for approval in this situation you must leave the ‘**Participants**’ and ‘**Year**’ fields blank on **STEP 1** of the course application. *See below.*

<p>* Please enter the number of participants from last completed year. The number entered should be for one training program/course delivered at one location:</p> <p style="color: red;">If this is a new training program/course, leave these two fields blank.</p>	<input style="width: 50px; height: 20px;" type="text"/> Year <input style="width: 50px; height: 20px;" type="text"/>
--	--

All other sections of STEPs 1, 2, 3 and 4 of the record must be completed as described in Chapter 3 of this guide. On **STEP 5** you will see the fields in the **Performance Summary** are ‘grayed out’ or deactivated.

At the top of the section red text directs users to leave all fields blank and enter an explanation in the text box at the bottom of the page. The **Total Participants** field is blank and the **Most Recent Year** field contains the words “**First Year**”.

Performance Summary			
<p>* Provide the most recent available and verifiable performance data. Performance criteria can be found in the policy requirements.</p> <p style="color: red;">If this is a new course, leave all fields blank and enter an explanation in the text box at the bottom of the page.</p>			
Total participants:			
Most Recent Year:	First Year	←	
Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	←	←	
Dropouts: Number who dropped out before completing the program/course:	←	←	
Completions: Number who completed the program/course:	←	←	0 % Completion
Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	←	←	0 % Entered Employment
Average Hourly Wage of those who entered or retained employment (\$):	←		Please enter numeric value
Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	←	←	0 % Educational Outcomes

The Exclusions, Dropouts, Completions, Entered Employments, Average Hourly Wage and Educational Outcomes fields are all deactivated. It is not possible to type numbers in these fields.

However, you must type a comment at the bottom of the Performance Summary explaining that this is a new training program and that you will provide performance data after the first group of students completes training. *See the sample comment below.*

If this is a new course, leave all fields blank and enter an explanation in the text box at the bottom of the page.

Total participants:		
Most Recent Year:	First Year	
Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text"/>	
Dropouts: Number who dropped out before completing the program/course:	<input type="text"/>	
Completions: Number who completed the program/course:	<input type="text"/>	0 % Completion
Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text"/>	0 % Entered Employment
Average Hourly Wage of those who entered or retained employment (\$):	<input type="text"/>	Please enter numeric value
Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text"/>	0 % Educational Outcomes
Participants employed at 6 months:	<input type="text"/>	
Average hourly wage at 6 months (\$):	<input type="text"/>	Please enter numeric value
* If the required information is NOT available, explain or justify lack of information. Indicate how your organization will track the information for the current training program/course year:	8/19/16 - This is a new training program. Will <input type="text"/> 135 characters	

Entering this type of comment alerts any manager who examines the course that performance data was unavailable when the course was submitted and that you will provide that data after the first group of students completes training.

After entering the comment click **Next** at the bottom of STEP 5 to move to the summary page, STEP 6. Proofread STEP 6 to ensure the information is accurate and complete. Then click **Submit** at the bottom to submit the application.

As described in Chapter 3 the ‘Welcome’ page will reappear.

CHAPTER 7 – LIST A TRAINING PROGRAM FOR A DIFFERENT LOCATION

When creating a course record TrainingPro automatically populates the address fields on STEP 1 with the address in the provider’s registration.

For example, when Barbara Stevens registered Apex Training she entered the address shown below on STEP 1 of the registration.

*Address 1:	860 Boylston Street
Address 2:	
*City:	Boston
*State:	Massachusetts - MA
*Zip Code:	02199

When she created Course # 1111016 – Computer Support Specialist, that address automatically appeared in the **Address of Training Program/Course Delivery** fields on STEP 1.

QUESTIONS MARKED WITH AN ASTERISK ARE REQUIRED TO BE ANSWERED

STEP 1 of 6

This particular training program/course. The address below is pre-filled with your organization's physical address. If the location for this organization's address, update it accordingly.

Organization Name:	Apex Training	
*Address of Training Program/Course Delivery:	860 Boylston Street	
Address2:		
*City:	Boston	
*State:	Massachusetts - MA	
*Zip Code:	02199	-

This address is also visible in the courses table on the Welcome page.

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that has expired.

Select	ID#	Name	Location	Program	Reviewed By	Review Status	Comments (click to view)	Earliest Resubmit Date
<input type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston	Approved		06/01/2017
				ITA	Metro North	Approved		06/01/2017
				ITA	Metro South West	Pending		06/01/2017
				ITA	South Shore	Pending		06/01/2017
				Section 30	State	Approved		06/01/2017

Showing 1-1 of 1

However, TrainingPro users may create records that show training programs delivered at multiple locations.

After submitting her first training application, Course # 1111016, Barbara Stevens creates a second record for a training program that Apex Training delivers in Worcester, Massachusetts. The following text and screen shots explain this process.

Ms. Stevens clicks the **Add Course** button and checks programs on the menu as described in Chapter 3. When STEP 1 appears it shows the 860 Boylston Street, Boston, MA 02199 address.

She deletes that address and types the Worcester, MA address as shown below.

Organization Name:	Apex Training
* Address of Training Program/Course Delivery:	56 Elm Street
Address2:	
* City:	Worcester
* State:	Massachusetts - MA
* Zip Code:	01608 - <input type="text"/>

The values entered in the **Participants** and **Year** fields on **STEP 1** must be unique to the training program delivered at this specific Worcester, MA location.

<p>* Please enter the number of participants from last completed year. The number entered should be for one training program/course delivered at one location:</p> <p>If this is a new training program/course, leave these two fields blank.</p>	<input type="text"/> Year <input type="text"/>
---	--

Ms. Stevens enters the required information on STEPs 1, 2, 3, and 4 of the record as explained in Chapter 3. Then she enters ‘Worcester data’ in the **Performance Summary** section of **STEP 5** of the record.

Performance Summary	
* Provide the most recent available and verifiable performance data. Performance criteria can be found in the policy requirements .	
If this is a new course, leave all fields blank and enter an explanation in the text box at the bottom of the page.	
Total participants:	50
Most Recent Year:	2015
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text" value="2"/>
* Dropouts: Number who dropped out before completing the program/course:	<input type="text" value="3"/>
* Completions: Number who completed the program/course:	<input type="text" value="41"/> <input type="text" value="93.2"/> % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text" value="37"/> <input type="text" value="84.1"/> % Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	<input type="text" value="17.75"/> Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text" value="41"/> <input type="text" value="93.2"/> % Educational Outcomes
Participants employed at 6 months:	<input type="text"/>
Average hourly wage at 6 months (\$):	<input type="text"/> Please enter numeric value

She submits the record and her ‘Welcome’ page reappears. Scrolling down the page shows the second training program has been added to the courses table.

TrainingPro has assigned a different 7-digit ID number to the new record and the Worcester, MA address is visible in the **Location** column of the table.

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that has expired.

Select	ID#	Name	Location	Program	Reviewed By	Review Status	Comments (click to view)	Earliest Resubmit Date
<input type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston	Approved		06/01/2017
				ITA	Metro North	Approved		06/01/2017
				ITA	Metro South West	Pending		06/01/2017
				ITA	South Shore	Pending		06/01/2017
				Section 30	State	Approved		06/01/2017
<input type="radio"/>	1111037	Introduction to Microsoft Office Suite	58 Elm Street Worcester, MA 01608	ITA	Central Mass	Pending		06/01/2017
				ITA	Franklin/Hampshire	Pending		06/01/2017
				ITA	North Central Mass	Pending		06/01/2017
				Section 30	State	Pending		06/01/2017
				Trade	State	Pending		06/01/2017

Showing 1-2 of 2

The status of Course # 1111037 immediately after submittal is **'Pending'**.

CHAPTER 8 – COPY A COURSE AND ARCHIVE A COURSE

When you conduct a particular training program at more than one location, use the **Copy Course** button to save time creating the record for the other location.

TrainingPro copies *selected* information from the original course and puts it in the copy. You must then enter the missing information in the second record. You may copy course records multiple times.

Apex Training conducts the Computer Support Specialist training program at two locations:

- 860 Boylston Street, Boston, MA 02199
- 56 Elm Street, Worcester, MA 01608.

To create a record for the Worcester version of the training program Barbara Stevens selects the original application, **Course # 1111016**, by clicking the ‘**Select**’ radio button at the intersection of the **Select** column and the row listing Course # 1111016.

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that has expired.

Select	ID#	Name	Location	Program	Reviewed By	Review Status
<input checked="" type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston	Approved
				ITA	Metro North	Approved
				ITA	Metro South West	Pending
				ITA	South Shore	Pending
				Section 30	State	Approved
<input type="radio"/>	1111037	Introduction to Microsoft Office Suite	56 Elm Street Worcester, MA 01608	ITA	Central Mass	Pending
				ITA	Franklin/Hampshire	Pending
				ITA	North Central Mass	Pending
				Section 30	State	Pending
				Trade	State	Pending

She then clicks the **Copy Course** button above the courses table.

- Add Course** Add a new training program or course.
- View Summary** Select a program or course to view a detail summary.
- Edit Course** Select a program or course to edit.
- Copy Course** Select a program or course to copy.
Only information that is unlikely to change will be copied.
- Archive** Select a program or course to archive. A training program/course and will not be displayed to you through TrainingPro.

The program menu described in Chapter 3 appears. As with her original application Ms. Stevens checks the **ITA** and **Section 30** programs and clicks **Next**.

Learn about the program by clicking the program name

	Individual Training Account (ITA)	<input checked="" type="checkbox"/>
	Section 30 Attention Training Providers: Please see this Important Notice about Section 30 random audits.	<input checked="" type="checkbox"/>
	Trade Adjustment Act (TAA)	<input type="checkbox"/>
	Workforce Training Fund Express Program	<input type="checkbox"/>

The **Massachusetts' Course Approval Requirements** screen displays. She scrolls to the bottom, checks the checkbox and clicks the **I Accept** button.

Massachusetts' Course Approval Requirements

[Print this Page](#)

Verifiable Performance: You must provide the most recent available and verifiable performance data on all course participants. At a minimum, outcome data must be from performance within the previous two (2) years. You must give sufficient explanation if performance data are not available (for example, course was not offered previously or why the program is expected to meet or exceed the performance indicators below).

Performance must meet these minimums:

- Completion Rate: 70%
- Entered Employment /Placement Rate*: 60%
- Placement Wage: State minimum wage

*TOP/Section 30 Only – placement rate is as follows depending upon the State's unemployment rate (UR):

- UR at or below 7.0% , then placement rate must be at least 70% in the field of training
- UR at or below 8.0% , then placement rate must be at least 60% in the field of training
- UR above 8.0% , then placement rate must be at least 50% in the field of training

By submitting a record of a course/training program you are certifying under the penalties of perjury that your organization understands the requirements referenced above. You are stating that you are licensed by the state or territory in which your school provides the training, if required by law, and that all information contained in this application is true and correct to the best of your knowledge and belief. False statements may be punishable by debarment, fine, imprisonment or all three.

Check here to show that you agree with these requirements.

Selecting 'I Accept' confirms that you understand the features and requirements of the programs you selected.

STEP 1 of the copy displays and we see that some information from the original record has been copied but several fields are blank. Ms. Stevens must enter the Worcester, MA address in the Training Program/Course Location section.

STEP 1 of 6

Training Program/Course Location	
Complete the following information for this particular training program/course. The address below is pre-filled with your organization's address. If your training program/course differs from the organization's address, update it accordingly.	
Organization Name:	Apex Training
* Address of Training Program/Course Delivery:	<input type="text"/>
Address2:	<input type="text"/>
* City:	<input type="text"/>
* State:	Massachusetts - MA <input type="button" value="v"/>
* Zip Code:	<input type="text"/> - <input type="text"/>

Further down STEP 1 in the **Training Program/Course Description** section she must enter information in the fields marked with red arrows.

Training Program/Course Description	
* Training Program/Course Title:	Computer Support Specialist
Training Program/Course Capacity:	20
* Year Training Program/Course First Offered:	<input type="text"/>
* Please enter the number of participants from last completed year. The number entered should be for one training program/course delivered at one location. <i>If this is a new training program/course, leave these two fields blank.</i>	<input type="text"/> Year <input type="text"/>
* Training Program/Course Description:	This program includes an introduction to instructional
* Is this course a distance learning program?	<input type="radio"/> Yes <input type="radio"/> No
* Do you also offer a classroom training version of the distance learning program/course?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum lead to the completion of a training program?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum require students to interact with instructors?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum require students to take periodic tests?	<input type="radio"/> Yes <input type="radio"/> No
* Does the curriculum require students to come onto campus or another approved facility for tests and meetings with instructors?	<input type="radio"/> Yes <input type="radio"/> No
* Do you monitor the students distance learning activity?	<input type="radio"/> Yes <input type="radio"/> No

In the Local Workforce Investment Areas (LWIAs) section at the bottom of STEP 1 Ms. Stevens checks those areas that are near the Worcester location.

<input type="checkbox"/>	Berkshire	<input type="checkbox"/>	Boston
<input type="checkbox"/>	Bristol	<input type="checkbox"/>	Brockton
<input checked="" type="checkbox"/>	Cape Cod, Vineyard, Nantucket	<input checked="" type="checkbox"/>	Central Mass
<input checked="" type="checkbox"/>	Franklin/Hampshire	<input type="checkbox"/>	Greater Lowell
<input type="checkbox"/>	Greater New Bedford	<input checked="" type="checkbox"/>	Hampden
<input type="checkbox"/>	Lower Merrimack Valley	<input type="checkbox"/>	Metro North
<input type="checkbox"/>	Metro South West	<input checked="" type="checkbox"/>	North Central Mass
<input type="checkbox"/>	North Shore		
<input type="checkbox"/>	South Shore		

She enters a different contact person for the Worcester training program at the bottom of STEP 1 then moves to STEP 2 of the record.

STEP 2 shows the Occupation Code she selected for the original application, but she must mark it as the Primary Occupation to allow movement to STEP 3.

Please select one occupation as Primary

Delete?	Primary Occupation	Occupation Code	Occupation
<input type="radio"/>	<input checked="" type="radio"/>	15115100	Computer User Support Specialists

Delete To delete an entered code, select the row you wish to delete and then click 'Delete'

The **Training Program/Course Duration** section at the top of STEP 3 is identical to the original application. However, she must answer the “Is this course full time?” question again.

Total Credit Hours:	<input type="text"/>
*Is this Course Full Time?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Further down STEP 3 information must be entered in the following sections:

- Training Program/Course Recognition Results
- Training Program/Course Schedule
- Training Program/Course Costs

TrainingPro does not copy STEP 4 of the original course record. So Ms. Stevens must use the **Enter Course** button to list the courses included in the Computer Support Specialist training program.

Training Program/Course: Computer Support Specialist Training Program/Course ID: 1111038 Created Date: 08/22/2016

STEP 4 of 6

Training Program Course Requirements

If this training program consists of multiple courses, please list the courses required for the training program. This information will help potential students gain a better understanding of the requirements for the training program.

To add a course, click "Enter Course". To delete an entered course, click the radio button for the row you would like to delete and click "Delete". To edit a course, click on its Course Name.

Enter Course

Select	Course Name	Duration	Credit Hours	Total Clock Hours
--------	-------------	----------	--------------	-------------------

Previous **Next**

Information must be entered in the three sections of STEP 5:

- Additional Information
- Financial Aid
- Performance Summary

Performance data must be specific to the location where training is delivered, in this case, Apex Training's facility at 56 Elm Street, Worcester, MA 01608.

Performance Summary

* Provide the most recent available and verifiable performance data. Performance criteria can be found in the [policy requirements](#).

If this is a new course, leave all fields blank and enter an explanation in the text box at the bottom of the page.

Total participants:	18
Most Recent Year:	2015
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text"/>
* Dropouts: Number who dropped out before completing the program/course:	<input type="text"/>
* Completions: Number who completed the program/course:	<input type="text"/> 0 % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text"/> 0 % Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	<input type="text"/> Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text"/> 0 % Educational Outcomes

After completing the **Performance Summary** Ms. Stevens clicks **Next** to move to the final page, STEP 6. She peruses STEP 6 to ensure accuracy then scrolls to the bottom and clicks **Submit**.

The Apex Training Welcome page now shows three training program records in the courses table. The newest record is the copy of the original Computer Support Specialist application. TrainingPro has assigned different 7-digit ID numbers to each of the records.

See the screen shot on the next page.

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that has expired.

Select	ID#	Name	Location	Program	Reviewed By	Review Status	Comments (click to view)	Earliest Resubmit Date
<input type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston	Approved		06/01/2017
				ITA	Metro North	Approved		06/01/2017
				ITA	Metro South West	Pending		06/01/2017
				ITA	South Shore	Pending		06/01/2017
				Section 30	State	Approved		06/01/2017
<input type="radio"/>	1111037	Introduction to Microsoft Office Suite	56 Elm Street Worcester, MA 01608	ITA	Central Mass	Pending		06/01/2017
				ITA	Franklin/Hampshire	Pending		06/01/2017
				ITA	North Central Mass	Pending		06/01/2017
				Section 30	State	Pending		06/01/2017
				Trade	State	Pending		06/01/2017
<input type="radio"/>	1111038	Computer Support Specialist	56 Elm Street Worcester, MA 01608	ITA	Central Mass	Pending		06/01/2017
				ITA	Franklin/Hampshire	Pending		06/01/2017
				ITA	Hampden	Pending		06/01/2017
				ITA	North Central Mass	Pending		06/01/2017
				Section 30	State	Pending		06/01/2017

Showing 1-3 of 3

Archive a Course

TrainingPro also enables users to archive courses they no longer deliver. Select the record you wish to remove from your account and click the **Archive** button. The record will disappear from your courses table. However, you may only archive courses that you added to the account.

To archive a course that was entered by a coworker using a different User ID and Password, you must call the TrainingPro Help Desk at **617-626-5003**. Identify yourself and provide the **Course ID#** and **Name** that you wish to archive. A help desk specialist will archive the course.

Customers who use the **Locate Training** search engine on the **JobQuest** website (<http://jobquest.detma.org/JobQuest/Training.aspx>) will be unable to find archived courses.

 Select a program or course to archive. A training program/course that is archived will not be displayed to you through TrainingPro.

Program & course reviews usually occur within three weeks after provider approval.

Course Search

Search for a course by typing either the Course ID # or Course Name into the search box.

Course ID#:	<input type="text"/>	Course Name:	<input type="text"/>
-------------	----------------------	--------------	----------------------

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shaded cells indicate the course is archived.

Select	ID#	Name	Location	Program
<input checked="" type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA
<input type="radio"/>				ITA
<input type="radio"/>				ITA
<input type="radio"/>				ITA
<input type="radio"/>				Section 30

Be careful when archiving course records. You may have a record in your courses table for a training program that you no longer deliver. Before you select and archive the record determine whether you might update the training program and reintroduce it to customers in the future. If yes, record the **Course ID#** and **Name** in a notebook before you archive it.

When you again offer that training program, call the TrainingPro Help Desk and ask for the course to be un-archived. Provide the **Course ID#** and **Name** and a TrainingPro specialist will un-archive the course and reattach it to your TrainingPro account. You may then login and select, update and resubmit the course application for review.

Un-archiving an existing record will take less time than clicking the **Add Course** button and creating a new record.

You may communicate with the TrainingPro Help Desk between 9:00 AM and 4:30 PM, Monday to Friday. Telephone the help desk at **617-626-5003** or send email to moses@detma.org.

CHAPTER 9 – EDIT A COURSE

You may edit all the information in a course except performance data (numbers of participants, exclusions, dropouts, completions, entered employments and educational outcomes, and the average hourly wage).

Text and screen shots below explain the editing process.

After submitting Course # 1111016 – Computer Support Specialist for Apex Training Barbara Stevens discovers errors. So she selects the record and clicks the **Edit Course** button.

Add Course	Add a new training program or course.
View Summary	Select a program or course to view a detail summary.
Edit Course	Select a program or course to edit.
Copy Course	Select a program or course to copy. Only information that is unlikely to change will be copied.
Archive	Select a program or course to archive. A training program/course that is archived and will not be displayed to you through TrainingPro.

Program & course reviews usually occur within three weeks after provider approval.

Course Search

Search for a course by typing either the Course ID # or Course Name into the search box.

Course ID#:	<input type="text"/>	Course Name:	<input type="text"/>
--------------------	----------------------	---------------------	----------------------

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates the selected course.

Select	ID#	Name	Location	Program
<input checked="" type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA
<input type="radio"/>				ITA
<input type="radio"/>				ITA
<input type="radio"/>				ITA
<input type="radio"/>				Section 30

The program menu she encountered when creating the record reappears but this time she simply clicks **Next** to move beyond the menu.

Learn about the program by clicking the program name

		Earliest Resubmission Date
 Individual Training Account (ITA)	<input checked="" type="checkbox"/>	06/01/2017 *
 Section 30	<input checked="" type="checkbox"/>	06/01/2017
 Trade Adjustment Act (TAA)	<input type="checkbox"/>	
 Workforce Training Fund Express Program	<input type="checkbox"/>	

The capacity of the Computer Support Specialist training program is actually 25 students not 20, so Ms. Stevens changes that number. She also changes the description of the training program in the text box.

Training Program/Course Capacity:	<input type="text" value="20"/>
* Year Training Program/Course First Offered:	<input type="text" value="2010"/>
Number of participants from last completed year. Offered should be for one training program/course delivered at one location:	<input type="text" value="40"/> Year <input type="text" value="2015"/>
<i>For new program/course, leave these two fields blank.</i>	
* Training Program/Course Description:	<input type="text" value="This program includes an introduction to instructional"/>

At the bottom of **STEP 1** she changes the contact person for the training program by selecting the row containing Roberta Jones' name and clicking the **Edit** button.

Contact Information

**To change or delete, select the contact and click 'Edit' button.
 Only contacts which do not have a user id associated with it, can be deleted.
 Please click 'Enter Contact Information' to enter contact information for this training program/course.

	Contact Type	Title	Name	Phone	Fax	Email
<input checked="" type="radio"/>	Admissions	Ms:	Roberta Jones	(617) 634-6854	(617) 634-6850	rjones@apextraining.edu

When the contact screen opens she deletes Roberta Jones' information and enters information for a different contact, Peter Smith.

*Contact Type:	Admissions	▼		
Contact Title:	Ms.	▼		
*Name:	Roberta Jones			
Phone:	617	- 634 - 6854	Extension:	
Fax Number:	617	- 634 - 6850		
E-Mail Address:	rjones@apextraining.edu		Please be sure to enter a valid email address in this field if your email address changes.	
Business Title:	Admissions Coordinator			

After entering Mr. Smith's information she clicks **Save Record**.

*Contact Type:	Admissions	▼		
Contact Title:	Mr.	▼		
*Name:	Peter Smith			
Phone:	617	- 634 - 6858	Extension:	
Fax Number:	617	- 634 - 6850		
E-Mail Address:	psmith@apextraining.edu		Please be sure to enter a valid email address in this field if your email address changes.	
Business Title:	Training Coordinator			

Ms. Stevens then clicks **Next** twice to move to **STEP 3** of the record. She scrolls down **STEP 3** and reaches the **Schedule** and **Cost** sections.

To change the **Start** and **End** dates of the training program she clicks on the date to open the Schedule screen.

Please add schedule information by clicking the 'Enter Schedule' button.
 To change schedule information, click on the date link.
Trade courses: To add break schedule information, click on the date hyperlink below.

Start Date	End Date
 09/06/2016	12/16/2016
01/23/2017	05/12/2017

She changes the **Start** and **End** dates then clicks **Save Record**.

* Start Date:	Sep ▾	07 ▾	2016	
* End Date:	Dec ▾	21 ▾	2016	
* Last Enroll Date:	Aug ▾	26 ▾	2016	(Example: 2004)

more than 14 days (e.g. Spring Break), not including National and State holidays or weekends.

 **Save Record**

In the **Training Program/Course Costs** section Ms. Stevens wishes to increase the cost of books from \$100.00 to \$110.00. She does this by clicking the **Books** link which opens the costs screen.

Type of Cost	Details	Amount
Tuition		\$2,500.00
 Books		\$100.00
Fees	Non-refundable registration fee.	\$50.00
	Total Cost to Client:	\$2,650.00

After entering the correct \$110.00 amount she clicks **Save Record**.

* Amount:	<input type="text" value="110.00"/> Please enter numeric value without a dollar sign or commas. Example: 250.00. Cost Information for Trade courses.
Included in Tuition:	<input type="text" value="No"/>
Preferred Vendor:	-- Choose One -- <input type="button" value="Add"/> <input type="button" value="View Details"/> <input type="button" value="Clear"/>
Preferred Payment Schedule:	--Choose One--

At the bottom of STEP 3 she clicks **Next** to move to STEP 4.

STEP 4 lists the individual courses included in the Computer Support Specialist training program. Ms. Stevens selects the Database Software course then clicks on the Course Name.

Select	Course Name
<input type="radio"/>	Diagnostic Techniques
<input type="radio"/>	Microsoft Office Suite
<input checked="" type="radio"/>	Database Software
<input type="radio"/>	The Windows Operating System

This opens the **Course Entry Page**. She changes the number of clock hours from 60 to 45 and clicks **Save Record**.

* Course Name	<input type="text" value="Database Software"/>
* Duration (Weeks)	<input type="text" value="3"/>
Credit Hours (if applicable)	<input type="text"/>
Total Clock Hours (if applicable)	<input type="text" value="60"/>

* Course Name	Database Software
* Duration (Weeks)	3
Hours (if applicable)	
Hours (if applicable)	45 x

[Save Record](#)

When the list of courses reappears she selects the row containing The Windows Operating System and clicks on the Course Name.

Select	Course Name
<input type="radio"/>	Diagnostic Techniques
<input type="radio"/>	Microsoft Office Suite
<input type="radio"/>	Database Software
<input checked="" type="radio"/>	The Windows Operating System

Here Ms. Stevens changes the name of the course from The Windows Operating System to Microsoft Windows 10.

* Course Name	The Windows Operating System
* Duration (Weeks)	2
Hours (if applicable)	
Hours (if applicable)	20

* Course Name	Microsoft Windows 10
* Duration (Weeks)	2
Hours (if applicable)	
Hours (if applicable)	20

She clicks **Save Record** and the corrected list of courses displays.

Course Name	Duration
Diagnostic Techniques	5 weeks
Microsoft Office Suite	4 weeks
Database Software	3 weeks
Microsoft Windows 10	2 weeks

After editing the list of courses on STEP 4 she clicks **Next** to move to STEP 5.

On STEP 5 all the information in the **Additional Information** and **Financial Aid** sections may be changed. But as mentioned at the beginning of this chapter, **providers may not change performance data.**

Additional Information

*Has this training program/course been funded by a Workforce Development Agency in the last three years?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, specify agency and year(s):	<input type="text"/> 40 characters left
List training program/course eligibility and entry requirements (special populations targeted for services, basic skill levels, e.g., grade equivalent or HS Diploma/GED, English language skills, e.g., MELT/ISPL, specialized occupational competencies, work history, or other criteria). List any specific assessment tests/tools a prospective student must complete prior to being accepted for the training program/course:	High school diploma or equivalent. <input type="text"/> 166 characters left
*Does your training program/course offer an internship?	<input type="radio"/> Mandatory <input type="radio"/> Optional <input checked="" type="radio"/> No
If yes, how many hours?	<input type="text"/> 0
*Does your training program/course offer laboratory time?	<input checked="" type="radio"/> Mandatory <input type="radio"/> Optional <input type="radio"/> No
If yes, how many hours?	<input type="text"/> 140

Financial Aid

Financial aid funds for which your students are eligible:	<input type="checkbox"/> Pell Grant	<input type="checkbox"/> Perkins Loan	<input type="checkbox"/> Family Education Loan
	<input type="checkbox"/> Mass. State Scholarships	<input type="checkbox"/> SEOG Grant	<input type="checkbox"/> Work Study
	<input type="checkbox"/> Other	<input type="text"/>	
	<input checked="" type="checkbox"/> None		

However, providers may enter comments in the text box at the bottom of the **Performance Summary**.

Participants employed at 6 months:	<input type="text"/>
Average hourly wage at 6 months (\$):	<input type="text"/> Please enter
If the required information is NOT available, explain or justify lack of information. Indicate how your organization will track the information for the current training program/course year:	<input type="text"/> 250

¹ Colleges/Community Colleges - Enter number of participants who entered employment or continued on to further education.

Clicking **Next** in the bottom right corner of STEP 5 saves edits made to this page and moves the record to STEP 6 of 6.

The same red text instruction encountered when creating the course record will appear. Peruse STEP 6 carefully, ensuring that edits have been saved.

My Courses My Account About The Programs Sign Off

Training Program/Course: Computer Support Specialist Training Program/Course ID: 1111016 Created Date: 08/03/2016

Your application is not complete until you click the "Submit" button at the bottom of the screen. Please verify that the information you have entered is correct and print a copy for your records.

STEP 6 of 6

Scroll to the bottom of STEP 6 and click **Submit**. The **Welcome** page will reappear.

My Courses My Account About The Programs Sign Off

Welcome, Apex Training

Manage Your Training Programs/Courses

Provider Name: Apex Training	Accreditation/Licensing Agency: DPL
Provider ID: 1030456	License Number: 1961078B
Contact: Barbara Stevens	License Expiration Date: 01/30/2018
Phone: 6176346851	
Email: bstevens@apextraining.edu	
Web Address: http://apextraining.edu	

[Edit Provider Information](#)

Your Provider Eligibility Status is: **Approved** through **06/30/2017**

CHAPTER 10 – UNDERSTANDING REASONS FOR COURSE DENIAL

Two weeks after submitting Course # 1111038 – Computer Support Specialist for review Barbara Stevens logs into the Apex Training account and views the courses table to learn the status of this application. She sees that Section 30 and two Local Workforce Investment Areas (LWIAs) have denied the application.

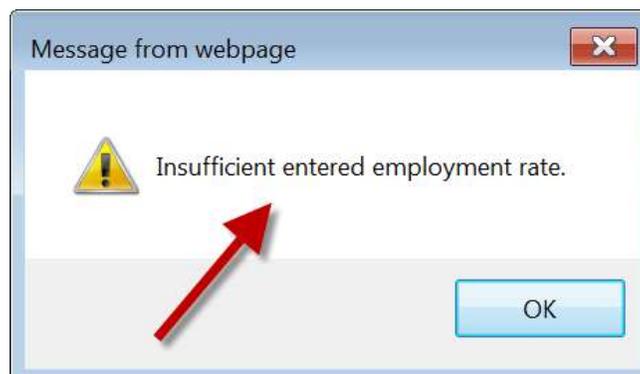
Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that has expired.

Select	ID#	Name	Location	Program	Reviewed By	Review Status	Comments (click to view)	Earliest Resubmit Date
<input type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston	Approved		06/01/2017
				ITA	Metro North	Approved		06/01/2017
				ITA	Metro South West	Pending		06/01/2017
				ITA	South Shore	Pending		06/01/2017
				Section 30	State	Approved		06/01/2017
<input type="radio"/>	1111037	Introduction to Microsoft Office Suite	56 Elm Street Worcester, MA 01608	ITA	Central Mass	Approved		06/01/2017
				ITA	Franklin/Hampshire	Approved		06/01/2017
				ITA	North Central Mass	Approved		06/01/2017
				Section 30	State	Approved		06/01/2017
				Trade	State	Denied	No executed	08/25/2016
<input type="radio"/>	1111038	Computer Support Specialist	56 Elm Street Worcester, MA 01608	ITA	Central Mass	Denied	Insufficient ...	10/24/2016
				ITA	Franklin/Hampshire	Pending		06/01/2017
				ITA	Hampden	Pending		06/01/2017
				ITA	North Central Mass	Denied	Insufficient ...	10/24/2016
				Section 30	State	Denied	52.94% E.E. ...	10/24/2016

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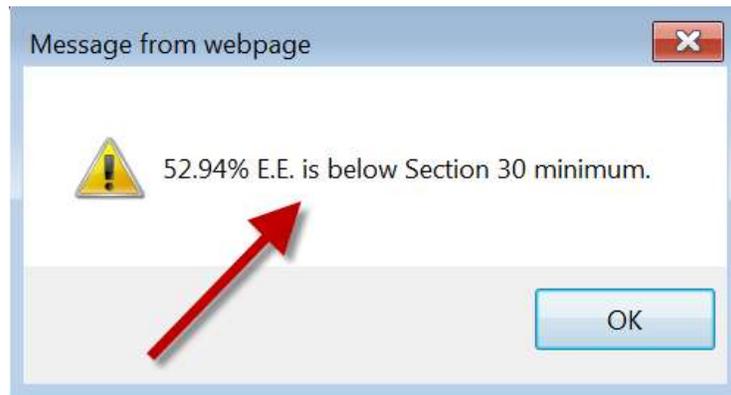
To learn why Central Mass denied this application she clicks the comment at the intersection of the ‘ITA Central Mass’ row and the Comments column. This displays the explanatory comment shown below.

1111038	Computer Support Specialist	56 Elm Street Worcester, MA 01608	ITA	Central Mass	Denied	Insufficient ...
			ITA	Franklin/Hampshire	Pending	
			ITA	Hampden	Pending	
			ITA	North Central Mass	Denied	Insufficient ...
			Section 30	State	Denied	52.94% E.E. ...



Clicking the comment in the Section 30 row generates a similar comment.

1111038	Computer Support Specialist	56 Elm Street Worcester, MA 01608	ITA	Central Mass	Denied	Insufficient...
			ITA	Franklin/Hampshire	Pending	
			ITA	Hampden	Pending	
			ITA	North Central Mass	Denied	Insufficient...
			Section 30	State	Denied	52.94% E.E.



So both ITA and Section 30 managers have denied this training program because an insufficient number of students entered employment after completing training.

Ms. Stevens decides to review the performance data she entered in Course # 1111038 so she selects the course and clicks the **View Summary** button.

- Add Course** Add a new training program or course.
- View Summary** Select a program or course to view a detail summary.
- Edit Course** Select a program or course to edit.
- Copy Course** Select a program or course to copy.
Only information that is unlikely to change will be copied.
- Archive** Select a program or course to archive. A training program/course that is archived and will not be displayed to you through TrainingPro.

<input checked="" type="radio"/>	1111038	Computer Support Specialist	56 Elm Street Worcester, MA 01608	ITA	Central Mass	Denied
				ITA	Franklin/Hampshire	Pending
				ITA	Hampden	Pending
				ITA	North Central Mass	Denied
				Section 30	State	Denied

When the summary (STEP 6 of 6) appears on her screen she scrolls down to view the Performance section.

Performance	
Total Number of training program/course Participants in the Most Recent Year:	18
Year:	2015
Number of Exclusions:	1
Number of Dropouts:	5
Number of Participants Completing The course:	12 70.6 % Completions
Number of Participants Entering Employment:	9 52.9 % Entered Employment
Average Participant Hourly Placement Wage:	\$23.50
Number of Education Outcomes (Degree, Certificate or License):	12 70.6 % Educational Outcomes
Participant Employment at 6 Months:	0
Average Participant Hourly Wage at 6 Months:	0
If the required information is NOT available, explain or justify lack of information. Indicate how your organization will track the information for the current training program/course year:	-NA-
Approved (Approved Until):	None
Pending Decision:	ITA (Franklin/Hampshire, Hampden)
Denied:	Section 30
	ITA (Central Mass, North Central Mass)

The numbers Ms. Stevens entered produced a **52.9% Entered Employment (E.E.)** rate. ITA managers will generally not approve a training program that shows less than 60% Entered Employment.

The Section 30 program has a higher E.E. minimum of 70% when the unemployment rate in Massachusetts is at or below 7 percent. These E.E. minimums explain why ITA and Section 30 managers denied Course # 1111038 – Computer Support Specialist.

To review ITA, Trade and Section 30 requirements for training programs please visit www.mass.gov/dcs/trainingpro or read **Chapter 1 – Training Provider and Training Program Requirements**.

The above Apex Training example shows one possible reason that a training program may be denied. Managers may deny a training program application for a variety of reasons. In each case a provider may learn the reason by clicking the comment link as described above.

CHAPTER 11 – WHEN TO UPDATE MY ACCOUNT

Training “provider approvals” and “course approvals” generally expire at the end of every fiscal year. The Massachusetts fiscal year runs from July 1 to June 30.

Once a year, usually in June, you will be required to review and update your TrainingPro account (My Account). After updating your account you should also update and resubmit courses (My Courses) for review.

When you login to your account during or after June, the following screen will appear.

To be on the MA Eligible Training Provider List (ETPL) you must submit your provider information at this time. Please ensure that your information is up-to-date and accurate and click the 'Submit' button on the final page.

If you will be requesting approval for ITA, Section 30 or TAA you must meet the eligible training provider requirements. Visit www.mass.gov for the most current information on provider requirements.

* Required STEP 1 of 7

Provider Information	
*Organization Name:	Apex Training
Doing Business As:	
Dept./Div.:	
*Federal Identification Number (FEIN):	04 2016789
Mass Vendor Code:	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>The first nine digits of the Mass Vendor Code are the same as your FEIN number</small>
*DUA ID:	45218836 <small>An eight digit Division of Unemployment Assistance (DUA) ID is required for all Massachusetts employers. If you do not know your DUA ID number, please refer to your quarterly tax report or your tax rate notice.</small>
*Address 1:	860 Boylston Street
Address 2:	
*City:	Boston
*State:	Massachusetts - MA
*Zip Code:	02199 <input type="text"/>

This is **STEP 1 of 7** of My Account, described in **Chapter 2 – Register a Training Provider**.

You must review all 7 STEPs in My Account and edit information as needed. Pay particular attention to the following sections of My Account.

STEP 1:

Be sure the business name you entered in the **Organization Name** field matches the business name that corresponds to your **Federal Identification Number (FEIN)**. If it does not, the Massachusetts Department of Career Services (DCS) will be unable to verify your provider information and approve your organization.

Provider Information	
*Organization Name:	Apex Training
Doing Business As:	
Dept./Div.:	
*Federal Identification Number (FEIN):	04 2016789

Scrutinize the list of contacts at the bottom of STEP 1 and ensure that the correct person is listed as the **Primary** contact.

Required: One Primary (where provider eligibility status is sent) and at least one Signatory (person responsible for signing contracts). To add contact, please click 'Enter Contact Information'.

Please review/update the Primary Contact information

	Contact Type	Name	Phone	Fax	Email	User ID
<input type="radio"/>	Secondary	Edward Thompson	(617) 634-6853	(617) 634-6850	ethompson@apextraining.edu	apextrain3
<input type="radio"/>	Signatory	Richard Turner	(617) 634-6852	(617) 634-6850	rturner@apextraining.edu	apextrain2
<input type="radio"/>	Manager	Sheila Robinson	(508) 754-3269	(508) 754-3270	srobinson@apextraining.edu	apexworc
<input checked="" type="radio"/>	Primary	Barbara Stevens	(617) 634-6851	(617) 634-6850	bstevens@apextraining.edu	apextrain1

Buttons: Edit, Delete, Cancel, Next

Having current Primary information in your account ensures that DCS will be able to communicate information about provider and training program status to the person managing the account.

TrainingPro allows you to list only one person as the **Primary** contact. If you have multiple contacts, list the person who does most of the work on the account as the Primary.

List other contacts as **Secondary, Admissions, Contract, Manager** or **Other**, as appropriate.

If the person who registered your organization is no longer managing the account, list the new Primary person who performs that function.

Barbara Stevens registered Apex Training in August and during the following months does most of the work adding and editing courses, reviewing Apex Training’s Provider Eligibility Status, and checking the status of the attached courses.

However, when the Apex Training account is updated in June Ms. Stevens may no longer be performing the Primary function. Perhaps another employee will take over that role.

TrainingPro allows users to edit contact information and add new contacts, so if that situation occurs, Ms. Stevens should login to the account and change her Contact Type from Primary to another classification. She could then make one of the other contacts the Primary contact or add a new employee for that purpose.

To change her contact type from **Primary** to **Secondary** she would perform the following steps:

- Select the row containing her name at the bottom of STEP 1 and click the **Edit** button.

Provider Contact Information

Required: One Primary (where provider eligibility status is sent) and at least one Signatory (person responsible for signing contracts). To add contact, please click 'Enter Contact Information'.

[Enter Contact Information](#)

Please review/update the Primary Contact information

	Contact Type	Name	Phone	Fax	Email	User ID
<input type="radio"/>	Secondary	Edward Thompson	(617) 634-6853	(617) 634-6850	ethompson@apextraining.edu	apextrain3
<input type="radio"/>	Signatory	Richard Turner	(617) 634-6852	(617) 634-6850	rturner@apextraining.edu	apextrain2
<input type="radio"/>	Manager	Sheila Robinson	(508) 754-3269	(508) 754-3270	srobinson@apextraining.edu	apexworc
<input checked="" type="radio"/>	Primary	Barbara Stevens	(617) 634-6851	(617) 634-6850	bstevens@apextraining.edu	apextrain1

[Edit](#) [Delete](#) [Cancel](#) [Next](#)

- On the **Contact Information** screen display the drop-down menu of contact types and select a different contact type.

Contact Information

*Contact Type:	Primary
*Contact Title:	Ms.
*Name:	Barbara Stevens
*Business Title:	Training Coordinator

	--Choose One--
	Admissions
	Primary
* Contact Type:	Secondary
	Signatory
* Contact Title:	Contract
	Manager
* Name:	Other
	Financial Aid

- Scroll to the bottom of the screen and click **Save Record**.

Save Record

When the Provider Contact Information section reappears Barbara Stevens would then be listed as a **Secondary** user.

Required: One Primary (where provider eligibility status is sent) and at least one Signatory (person responsible for signing contracts). To add contact, please click 'Enter Contact Information'.

Please review/update the Primary Contact information

	Contact Type	Name	Phone	Fax	Email
<input type="radio"/>	Secondary	Edward Thompson	(617) 634-6853	(617) 634-6850	ethompson@apextraining.edu
<input type="radio"/>	Signatory	Richard Turner	(617) 634-6852	(617) 634-6850	rturner@apextraining.edu
<input type="radio"/>	Manager	Sheila Robinson	(508) 754-3269	(508) 754-3270	srobinson@apextraining.edu
<input type="radio"/>	Secondary	Barbara Stevens	(617) 634-6851	(617) 634-6850	bstevens@apextraining.edu

Edit **Delete**

If Sheila Robinson now does most of the work managing the Apex Training account, Barbara Stevens should change Ms. Robinson’s classification from Manager to Primary.

To make that change she would perform the following steps:

- Select the row containing Sheila Robinson’s name, click **Edit**, and change the Contact Type to **Primary**.

*Contact Type:	Manager 
*Contact Title:	Ms. 
*Name:	Sheila Robinson

	--Choose One--
*Contact Type:	Admissions
	Primary 
	Secondary
*Contact Title:	Signatory
	Contract
*Name:	Manager
	Other
*Business Title:	Financial Aid
	er Camp

- Save the change by clicking **Save Record**.

Save Record

Sheila Robinson would then be listed as the Primary contact on the Apex Training account.

Required: One Primary (where provider eligibility status is sent) and at least one Signatory (person responsible for signing contracts). To add contact, please click 'Enter Contact Information'.

Please review/update the Primary Contact information

	Contact Type	Name	Phone
<input type="radio"/>	Secondary	Edward Thompson	(617) 634-6853
<input type="radio"/>	Signatory	Richard Turner	(617) 634-6852
<input checked="" type="radio"/>	Primary	Sheila Robinson 	(508) 754-3269
<input type="radio"/>	Secondary	Barbara Stevens	(617) 634-6851

It is also possible to add a new employee as the Primary user on the account. To perform that transaction read **Chapter 13 – Add a Coworker to the Account**.

If you need to delete a former employee from your account and are unable to do that by selecting the user and clicking the **Delete** button, call the **TrainingPro Help Desk** at **617-626-5003** between 9:00 A.M. and 4:30 P.M., Monday to Friday for help.

A TrainingPro specialist will deactivate the former employee's User ID and remove his/her name from the account.

STEP 2:

Edit your license/accreditation information, as needed, then click **Next** at the bottom of the screen to save changes.

*Licensed:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Exempted	
Accreditation / Licensing Agency:	DPL (Division of Professional Licensure)	Required if Licensed or Exempt. If licensed by more than one agency, please list the lead agency.
Training Provider/School License Number:	1961078B	Required if Licensed is Yes, Enter NA if no license number.
Expiration Date:	Jan 30 2018	Required if Licensed is Yes.
*Number of Permanent Employees:	37	
*Number of Contract or Temporary Employees:	3	
*Date Began Operation:	Aug 2003	WTF requires that applicant organization has been in business for 2 years.
*Average Student/Teacher Ratio:	15	
*Please provide us with a description of your organization's area of expertise.		
Apex training provides initial and advanced training in several types of Business Management and Information Management software and related systems. Instructors		
57 characters left		
		Previous Next

STEP 7:

If your tuition refund policy has changed, edit the information accordingly.

Provider Information	
*Bilingual Capacity:	<input type="radio"/> No <input checked="" type="radio"/> Spanish <input type="radio"/> Other(specify) <input type="text"/>
*Is facility/location in compliance with the ADA?	<input checked="" type="radio"/> Yes <input type="radio"/> No. All facilities / locations must be in compliance with the Americans with Disabilities Act (ADA) in order to receive Skills Plus training program/course approval. If you select no, the approval of your training program will be denied.
*Is location accessible by public transportation?	<input checked="" type="radio"/> Yes <input type="radio"/> No. If yes, please specify (bus/train route) MBTA Green line
*Refund / Cancellation Policy:	Students may withdraw from training at any time by notifying the registrar in writing. Tuition refunds will be paid according to

Click **Submit** at the bottom of STEP 7. Your Welcome page will reappear. Provider Eligibility Status will now be **Pending**.

The Massachusetts Department of Career Services (DCS) will examine your account and, if possible, reapprove your training organization. This process may take several weeks.

CHAPTER 12 – WHEN TO EDIT AND RESUBMIT A COURSE

As stated at the beginning of Chapter 11 “provider approvals” and “course approvals” generally expire at the end of every fiscal year. The Massachusetts fiscal year runs from July 1 to June 30.

Chapter 11 explains how to review and update your account (the provider approval transaction). Chapter 12 explains when and how to resubmit a course (the course approval transaction).

Determine when to edit and resubmit a course by viewing the courses table. Locate the specific course record and look at the “**Earliest Resubmit Date**” for that course. You may resubmit the course to that program and region on or after that date.

The Apex Training example below lists an **Earliest Resubmit Date** of **06/01/2017** for Course #s 1111016 and 1111037. So Barbara Stevens may select these courses, one at a time, and resubmit them to the ITA and Section 30 programs on or after that date.

Select	ID#	Name	Location	Program	Reviewed By	Review Status	Comments (click to view)	Earliest Resubmit Date
<input type="radio"/>	1111016	Computer Support Specialist	880 Boylston Street Boston, MA 02199	ITA	Boston	Approved		06/01/2017
				ITA	Metro North	Approved		06/01/2017
				ITA	Metro South West	Pending		06/01/2017
				ITA	South Shore	Pending		06/01/2017
				Section 30	State	Approved		06/01/2017
<input type="radio"/>	1111037	Introduction to Microsoft Office Suite	56 Elm Street Worcester, MA 01608	ITA	Central Mass	Approved		06/01/2017
				ITA	Franklin/Hampshire	Approved		06/01/2017
				ITA	North Central Mass	Approved		06/01/2017
				Section 30	State	Approved		06/01/2017
				Trade	State	Denied	No executed ...	08/25/2016

Perform the following steps to edit and resubmit a training program:

- Select a course record that you wish to resubmit for review and click the **Edit Course** button.

Add Course	Add a new training program or course.
View Summary	Select a program or course to view a detail summary.
Edit Course	Select a program or course to edit.
Copy Course	Select a program or course to copy. Only information that is unlikely to change will be copied.
Archive	Select a program or course to archive. A training program/course that is archived and will not be displayed to you through TrainingPro.

Select the course and click the buttons above to view summary, edit, copy, or archive. Gray shading indicates a status that

Select	ID#	Name	Location	Program	Reviewed By
<input checked="" type="radio"/>	1111016	Computer Support Specialist	860 Boylston Street Boston, MA 02199	ITA	Boston
				ITA	Metro North
				ITA	Metro South West
				ITA	South Shore
				Section 30	State
<input type="radio"/>	1111037	Introduction to Microsoft Office Suite	56 Elm Street Worcester, MA 01608	ITA	Central Mass
				ITA	Franklin/Hampshire
				ITA	North Central Mass
				Section 30	State
				Trade	State
<input type="radio"/>	1111038	Computer Support Specialist	56 Elm Street Worcester, MA 01608	ITA	Central Mass
				ITA	Franklin/Hampshire
				ITA	Hampden
				ITA	North Central Mass
				Section 30	State

- Check the program approvals you want on the menu and click **Next**.

Learn about the program by clicking the program name

 Individual Training Account (ITA)

 Section 30

 **Attention Training Providers:** Please see this [Important Notice](#) about Section 30 random audits.

 Trade Adjustment Act (TAA)

 Workforce Training Fund Express Program

- When the **Massachusetts' Course Approval Requirements** screen appears indicate your agreement with the requirements by checking the checkbox in the bottom left corner and clicking the **I Accept** button in the bottom right corner.

Massachusetts' Course Approval Requirements [Print this Page](#)

Verifiable Performance: You must provide the most recent available and verifiable performance data on all course participants. At a minimum, outcome data must be from performance within the previous two (2) years. You must give sufficient explanation if performance data are not available (for example, course was not offered previously or why the program is expected to meet or exceed the performance indicators below).

Performance must meet these minimums:

- Completion Rate: 70%
- Entered Employment /Placement Rate*: 60%
- Placement Wage: State minimum wage

*TOP/Section 30 Only – placement rate is as follows depending upon the State's unemployment rate (UR):

- UR at or below 7.0% , then placement rate must be at least 70% in the field of training
- UR at or below 8.0% , then placement rate must be at least 60% in the field of training
- UR above 8.0% , then placement rate must be at least 50% in the field of training

By submitting a record of a course/training program you are certifying under the penalties of perjury that your organization understands the requirements referenced above. You are stating that you are licensed by the state or territory in which your school provides the training, if required by law, and that all information contained in this application is true and correct to the best of your knowledge and belief. False statements may be punishable by debarment, fine, imprisonment or all three.

Check here to show that you agree with these requirements.

Selecting 'I Accept' confirms that you understand the features and requirements of the programs you selected.

Make the following changes in the course record.

On STEP 1:

- Change the **number of participants** and enter a **more recent year**.

Original Data

<p>* Please enter the number of participants from last completed year. The number entered should be for one training program/course delivered at one location:</p> <p style="color: red;">If this is a new training program/course, leave these two fields blank.</p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input style="width: 60px; height: 25px; border: 1px solid black;" type="text" value="40"/> </div> <div style="text-align: center;"> Year <input style="width: 60px; height: 25px; border: 1px solid black;" type="text" value="2015"/> </div> </div>
---	--

Data from a more recent year

<p>* Please enter the number of participants from last completed year. The number entered should be for one training program/course delivered at one location:</p> <p style="color: red;">If this is a new training program/course, leave these two fields blank.</p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input style="width: 60px; height: 25px; border: 1px solid black;" type="text" value="50"/> </div> <div style="text-align: center;"> Year <input style="width: 60px; height: 25px; border: 1px solid black;" type="text" value="2016"/> </div> </div>
---	--

- Review and, if needed, answer the Distance Learning Questions.

*Is this course a distance learning program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Do you also offer a classroom training version of the distance learning program/course?	<input type="radio"/> Yes <input type="radio"/> No
*Does the curriculum lead to the completion of a training program?	<input type="radio"/> Yes <input type="radio"/> No
*Does the curriculum require students to interact with instructors?	<input type="radio"/> Yes <input type="radio"/> No
*Does the curriculum require students to take periodic tests?	<input type="radio"/> Yes <input type="radio"/> No
*Does the curriculum require students to come onto campus or another approved facility for tests and meetings with instructors?	<input type="radio"/> Yes <input type="radio"/> No
*Do you monitor the students distance learning activity?	<input type="radio"/> Yes <input type="radio"/> No

- Select the Local Workforce Investment Areas for ITA approval.

- | | |
|--|---|
| <input type="checkbox"/> Berkshire | <input checked="" type="checkbox"/> Boston |
| <input type="checkbox"/> Bristol | <input type="checkbox"/> Brockton |
| <input type="checkbox"/> Cape Cod, Vineyard, Nantucket | <input type="checkbox"/> Central Mass |
| <input type="checkbox"/> Franklin/Hampshire | <input type="checkbox"/> Greater Lowell |
| <input type="checkbox"/> Greater New Bedford | <input type="checkbox"/> Hampden |
| <input type="checkbox"/> Lower Merrimack Valley | <input checked="" type="checkbox"/> Metro North |
| <input checked="" type="checkbox"/> Metro South West | <input type="checkbox"/> North Central Mass |
| <input type="checkbox"/> North Shore | |
| <input checked="" type="checkbox"/> South Shore | |

- If needed, edit the **Contact Information**.

Contact Information

**To change or delete, select the contact and click 'Edit' button.
 Only contacts which do not have a user id associated with it, can be deleted.
 Please click 'Enter Contact Information' to enter contact information for this training program/course.

[Enter Contact Information](#)

	Contact Type	Title	Name	Phone	Fax	Email
<input type="radio"/>	Admissions	Mr.	Peter Smith	(617) 634-6858	(617) 634-6850	psmith@apextraining.edu

[Edit](#)

On STEP 3:

- Ensure the accuracy of the **Training Program/Course Duration** section.

Training Program/Course Duration	
* Average Number of Hours Per Week:	<input type="text" value="25"/>
* Number of Weeks:	<input type="text" value="14"/>
Total Hours:	350
Total Credit Hours:	<input type="text"/>
* Is this Course Full Time?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is this training program/course part of regularly scheduled training program/course offerings?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is this training program/course Open Entry/Exit?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Can Duration Be Customized?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Online Schedule:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Web Address:	<input type="text" value="http://apextraining.edu/schedules"/>

- Add new dates for upcoming sessions of the training program.

Training Program/Course Schedule			
This Training Program/Course is offered in the: <input checked="" type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend			
<input checked="" type="checkbox"/> Training Program/Course offered during scheduled semesters or quarters (if so, enter schedule for semester/quarter below)			
Please add schedule information by clicking the 'Enter Schedule' button.			
To change schedule information, click on the date link.			
Trade courses: To add break schedule information, click on the date hyperlink below.			
 Enter Schedule			
Start Date	End Date	Last Enrolled Date	
09/07/2016	12/21/2016	08/26/2016	
01/23/2017	05/12/2017	01/09/2017	

- If needed, change costs.

Please add cost information by clicking the 'Enter Cost Information' button.
 Cost of tuition is required. To change cost information, click on the type of cost link.

 [Enter Cost Information](#)

Type of Cost	Details	Amount	Included in Tuition
 Tuition		\$2,500.00	Yes
 Books		\$110.00	No
 Fees	Non-refundable registration fee.	\$50.00	No
Total Cost to Client:		\$2,660.00	

On STEP 4 (if applicable):

- Ensure the list of courses is accurate. If a course name is incorrect, click on the Course Name, make changes and click **Save Record**.

Training Program Course Requirements

If this training program consists of multiple courses, please list the courses required for the training program. This information will help potential students gain a better understanding of the requirements for the training program.

To add a course, click "Enter Course". To delete an entered course, click the radio button for the row you would like to delete and click "Delete". To edit a course, click on its Course Name.

Enter Course

Select	Course Name	Duration	Credit Hours	Total Clock Hours
<input type="radio"/>	Diagnostic Techniques	5 weeks		125
<input type="radio"/>	Microsoft Office Suite	4 weeks		100
<input type="radio"/>	Database Software	3 weeks		45
<input type="radio"/>	Microsoft Windows 10	2 weeks		20

Delete

On STEP 5:

- Enter new performance data for the more recent year.

Performance Summary

* Provide the most recent available and verifiable performance data. Performance criteria can be found in the [policy requirements](#).

If this is a new course, leave all fields blank and enter an explanation in the text box at the bottom of the page.

Total participants:	50		
Most Recent Year:	2016		
* Exclusions: Number of participants to be excluded from performance due to death, medical/health issues, institutionalized or a reservist called to active duty. These participants must not be included in the categories below	<input type="text"/>		
* Dropouts: Number who dropped out before completing the program/course:	<input type="text"/>		
* Completions: Number who completed the program/course:	<input type="text"/>		<input type="text" value="0"/> % Completion
* Entered Employments: Number of completions or dropouts who entered or retained employment: ¹ (see footnote)	<input type="text"/>		<input type="text" value="0"/> % Entered Employment
* Average Hourly Wage of those who entered or retained employment(\$):	<input type="text"/>		Please enter numeric value
* Educational Outcomes: Number of completions or dropouts who attained an industry recognized credential; degree, certificate or license:	<input type="text"/>		<input type="text" value="0"/> % Educational Outcomes

On STEP 6:

- Peruse this final page of the record. If you see errors, read **Chapter 9 - Edit a Course** to learn how to correct them. If the information is accurate, click **Submit** at the bottom of the page.

My Courses My Account About The Programs Sign Off

Training Program/Course: Computer Support Specialist Training Program/Course ID: 1111016 Created Date: 08/03/2016

Your application is not complete until you click the "Submit" button at the bottom of the screen. Please verify that the information you have entered is correct and print a copy for your records. STEP 6 of 6

Year Began Operations: August, 2003
Organization Type: Corporation (Domestic)

Training Program/Course Background		Edit Details
Organization Name:	Apex Training	
Address of Training Program/Course Delivery 1:	860 Boylston Street	
Address of Training Program/Course Delivery 2:	-NA-	
City:	Boston	
State:	MA	
Zip Code:	02199	

Submit

The Welcome page will reappear. The status of the course just edited will be “**Pending Provider Approval**”.

Read **Chapter 4 – Understanding Provider Eligibility Status and Training Program Status** to understand the events that should follow completion of the above steps.

CHAPTER 13 – ADD A COWORKER TO THE ACCOUNT

You may add one or more coworkers to your TrainingPro account to assist in creating, submitting and editing training program applications. This is particularly useful when dealing with a large number of courses.

To add a coworker login to your account and click either the **Edit Provider Information** button in the top center section of your Welcome page, or the **My Account** tab in the top left portion of the screen. Clicking either item will bring you to the first page of your registration, STEP 1 of 7.

My Courses My Account About The Programs Sign Off

Welcome, Apex Training

Manage Your Training Programs/Courses

Provider Name: Apex Training
Provider ID: 1030456
Contact: Barbara Stevens
Phone: 6176346851
Email: bstevens@apextraining.edu
Web Address: http://apextraining.edu

Accreditation/Licensing Agency: DPL
License Number: 1961078B
License Expiration Date: 01/30/2018

Your Provider Eligibility Status is: **Approved** through 06/30/2017

Edit Provider Information

When STEP 1 of 7 appears scroll down to the **Provider Contact Information** section at the bottom of the page.

STEP 1 of 7

Provider Contact Information

Required: One Primary (where provider eligibility status is sent) and at least one Signatory (person responsible for signing contracts). To add contact, please click 'Enter Contact Information'.

Enter Contact Information

Please review/update the Primary Contact information

	Contact Type	Name	Phone	Fax	Email	User ID
<input type="radio"/>	Secondary	Edward Thompson	(617) 634-6853	(617) 634-6850	ethompson@apextraining.edu	apextrain3
<input type="radio"/>	Signatory	Richard Turner	(617) 634-6852	(617) 634-6850	rturner@apextraining.edu	apextrain2
<input type="radio"/>	Primary	Barbara Stevens	(617) 634-6851	(617) 634-6850	bstevens@apextraining.edu	apextrain1

Edit Delete Cancel Next

When Barbara Stevens registered Apex Training she listed two coworkers, Richard Turner as Signatory and Edward Thompson as a Secondary user. TrainingPro will allow you to list only one person as the 'Primary' user.

Barbara now performs steps to list Sheila Robinson, the manager of Apex Training's Worcester, MA training facility.

She clicks the **Enter Contact Information** button on the right side to open the **Contact Information** screen.

A red arrow points to a blue button labeled "Enter Contact Information". Below the button is a table with two columns: "Email" and "User ID".

Email	User ID
ethompson@apextraining.edu	apextrain3
rturner@apextraining.edu	apextrain2
bstevens@apextraining.edu	apextrain1

Below the table are two blue buttons: "Cancel" and "Next".

The **Contact Information** screen ‘defaults’ to Apex Training’s Boston, MA address. Therefore, when entering Sheila Robinson’s information Barbara deletes the Boston, MA address and types Ms. Robinson’s Worcester, MA address.

The "Contact Information" form contains the following fields:

- *Contact Type:** --Choose One-- (dropdown menu)
- *Contact Title:** --Choose One-- (dropdown menu)
- *Name:** (text input field)
- *Business Title:** (text input field)
- *Address:** 860 Boylston Street
- Address2:** (text input field)
- *City:** Boston
- *State:** Massachusetts - MA (dropdown menu)
- *Zip Code:** 02199 - (text input field)
- *Phone Number:** (text input field)
- Alternate Phone Number:** (text input field)
- Fax Number:** (text input field)
- *E-Mail Address:** (text input field)

Red arrows point to the "Contact Type" and "Business Title" fields.

Below is the top portion of the Contact Information screen with Ms. Robinson's information.

Contact Information	
*Contact Type:	Manager <input type="text"/>
*Contact Title:	Ms. <input type="text"/>
*Name:	Sheila Robinson
*Business Title:	Director of Worcester Campus
*Address:	56 Elm Street 
Address2:	<input type="text"/>
*City:	Worcester 
*State:	Massachusetts - MA <input type="text"/>
*Zip Code:	01608 - <input type="text"/>
*Phone Number:	508 - 754 - 3269
Alternate Phone Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Fax Number:	508 - 754 - 3270
*E-Mail Address:	srobinson@apextraining.edu

In the bottom third of the Contact Information screen Barbara enters User Information for Ms. Robinson. This includes a **User ID** and **Password**. She then clicks **Save Record**.

User ID:	<input type="text" value="apexworc"/>	(Please enter a user id between 6 and 10 characters. The user id be
Password:	<input type="password" value="●●●●●●●●"/>	(Please enter a password between 8 and 16 characters. We recommend the password be exactly 8 characters.
Confirm Password:	<input type="password" value="●●●●●●●●"/>	(Please enter a password between 8 and 16 characters. We recommend the password be exactly 8 characters.
**Hint Question:	<input type="text" value="What make was your first car or bike ?"/>	
***Hint Answer:	<input type="text" value="Chevrolet"/>	

If you forget your Password, the system will ask you your Password hint question. If you answer the question correctly and verify other key information.

The bottom of STEP 1 of 7 displays and we see that Sheila Robinson’s information has been added to the list of employees with access to the Apex Training TrainingPro account.

Provider Contact Information

Required: One Primary (where provider eligibility status is sent) and at least one Signatory (person responsible for signing contracts). To add contact, please click 'Enter Contact Information'.

Please review/update the Primary Contact information

	Contact Type	Name	Phone	Fax	Email	User ID
<input type="radio"/>	Secondary	Edward Thompson	(617) 634-6853	(617) 634-6850	ethompson@apextraining.edu	apextrain3
<input type="radio"/>	Signatory	Richard Turner	(617) 634-6852	(617) 634-6850	rturner@apextraining.edu	apextrain2
<input type="radio"/>	Manager	Sheila Robinson	(508) 754-3269	(508) 754-3270	srobinson@apextraining.edu	apexworc
<input type="radio"/>	Primary	Barbara Stevens	(617) 634-6851	(617) 634-6850	bstevens@apextraining.edu	apextrain1

Click the **My Courses** tab at the top of the screen if you wish to return to the **Welcome** page or, if finished with the account, click **Sign Off**.

My Courses | **My Account** | **About The Programs** | **Sign Off**

Provider Information

* **Organization Name:**

CHAPTER 14 – CHANGE A PASSWORD AND RETRIEVE A USERNAME

If you forget your password, perform the following steps to create a new password:

- Visit the TrainingPro home page (www.mass.gov/dwd/trainingpro) and click **Forgot your password.**

TrainingPro

Notice to Training Providers

Pursuant to requirements set forth in the Workforce Innovation and Opportunity Act (WIOA) of 2014, Massachusetts issued new criteria, information requirements, and procedures for training organizations wishing to provide training services to eligible customers under workforce development programs.

Visit www.mass.gov for the most current information on provider requirements.

Please review and update your information including mailing and email address. Also, make sure your accredited/licensing agency and license information is current.

First Time User?
Sign-Up

Login
Username

User IDs are case sensitive!

Password
 GO
Passwords are case sensitive!

Forgot your password?

- On the **Identify User** screen enter your **User ID** (Username) and your organization's **FEIN** (federal tax number). Then click **Next**.

Identify User

Please enter your User ID and Federal Employer ID (FEIN) to regain access to the on-line provider application

* User ID (minimum 6 and maximum 10 characters)

* FEIN -

Identify User

Please enter your User ID and Federal Employer ID (FEIN) to regain access to the on-line provider application

* User ID (minimum 6 and maximum 10 characters)

* FEIN -

- On the **Forgot Your Password** screen type the answer to your security question in the **Secret Answer** field. *(Review Chapter 2 for information about selecting a security question.)*
- Enter a new password in the **Enter New Password** field and again in the **Re-enter New Password** field. **Be sure to save this new password!**

Forgot Your Password

To regain access to the on-line provider application, please answer the following question and enter a new password

What is your Pet's Name ?

* Secret Answer

* Enter New Password
(Please enter a password between 6 and 10 characters. We recommend the password be exactly 8 characters long and include at least one number.)

* Re-enter New Password

- Click **Next** to save the new password. Your Welcome page will display indicating TrainingPro has saved the password.



If you forget the answer to your security question, call the **TrainingPro Help Desk** at **617-626-5003**. A TrainingPro specialist will ask some questions to confirm your identity and then create a new password for you.

Also call the help desk if you forget your Username. A specialist will ask some questions to confirm your identity and then retrieve your Username.