



WIOA ELIGIBLE TRAINING PROVIDERS
CONTINUED ETPL ELIGIBILITY
RE-CERTIFICATION FORM
Reporting Period: 7/1/2019 – 6/30/2020

PROVIDER NAME: _____

A SEPARATE FORM MUST BE COMPLETED FOR EACH PROGRAM APPROVED		
Name of Approved Program:		
	WIOA Students	Non-WIOA Students
Completion		
A. Number of students who <u>participated</u> in program:		
B. Number of students who are <u>still in training</u> :		
C. Number of students who <u>successful completed</u> the program:		
D. Completion Rate: $C/(A-B)$		
Credential Attainment		
E. Number of students who successfully completed the program and <u>earned an industry credential</u> :		
F. Credential Attainment: E/C		
Job Placement		
G. Number of students who were already employed by the completion of training:		
H. Number of students who obtained unsubsidized employment within 6 months after completing training program:		
I. Number of students who obtained unsubsidized employment within 12 months after completing training program:		
J. Employment Rate after 6 mos.: $H/(A-B)$		
K. Employment Rate after 12 mos.: $I/(A-B)$		
Post Training Earnings		
L. Average annual starting wage at time of job placement:		
I certify that the above information is accurate.		
Name of Authorized Representative:		Date:
Title:	Email:	Telephone:

SUBMIT

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