Eligible Training Provider Assurances Form

Please fill out and e-mail this form to careerbridge@wtb.wa.gov.

Part A.
I certify that _____ (name of school/organization):
(a) is a legal entity, registered to do business in Washington state,
(b) has not been determined to be ineligible to receive Federal funds,
(c) does not discriminate against nor deny employment or services to any person on the grounds of race, color, religion, sex, national origin, age, handicap, citizenship, political affiliation or belief,
(d) complies with the 1990 Americans with Disabilities Act (ADA),
(e) has demonstrated effectiveness in operating occupational classroom or distance training programs(s),
(f) agrees that provider facilities, classroom instruction, relevant financial records, and attendance records may be reviewed during the period of performance of any voucher by state, federal and/or local monitors or auditors to ensure compliance with funding requirements.

Part B.
I certify that I:
(a) have reviewed the annual student data reporting requirements established for training providers posted at: http://www.careerbridge.wa.gov/Page.aspx?nid=80,
(b) will report to the Workforce Training and Education Coordinating Board required student records for *all students* trained in each of my school/organization's training programs before being listed as approved for the Eligible Training Provider List on http://www.careerbridge.wa.gov,
(c) will begin collecting required student data elements that are not currently being collected, and
(d) will submit the annual student data report by the next due date.
(e) understand and agree that my program and credential data submitted to Career Bridge will be publicly accessible as linked open data through the use of open schema, such as the credential transparency description language.

Part C.

(a) Does your school or organization partner with businesses for training purposes?
Check one: Yes ◯ **No** ◯

(b) Do any of your training programs produce an industry recognized credential?
Check one: Yes ◯ **No** ◯

Finally, I understand that the Workforce Training and Education Coordinating Board will not process my school/organization's application for Eligible Training Provider program approval without receiving this Assurances Form.

_____ **Name of Training Provider (school/organization)**
_____ **Mailing Address**
_____ **City, State, Zip**
_____ **Phone**
_____ **Print Name of School/Organization Representative**
_____ **Title of School/Organization Representative**

_____ **Signature** _____ **Date**