**Sample University of Hawaii System Application**

**Eligible Training Provider List**

**PART I:**

Date of application: Click to enter a date.

**University of Hawaii Training Provider Information**

1. Name of Campus: Click here to enter text.
2. Campus Address: Address line 1: Click here to enter text.

Address line 2: Click here to enter text.

City: Click here to enter text.

State: Click to enter text.

Zip Code: Click here to enter text.

1. Mailing address (if different from above):

Address line 1: Click here to enter text.

Address line 2: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip Code: Click here to enter text.

1. Provider Website: Click here to enter text.
2. Provider Contact: Name: Click here to enter text.

Title: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

1. Have you identified a process to submit performance reports?

Click here to enter text.