**Appendix F**

**Eligible Training Provider Approval Request Form**

**for LWDBs to request approval by WDC**

I have reviewed the Eligible Training Provider Application of: Click here to enter text.,

dated: Click or tap to enter a date.

**PART I**

There are no exclusion (suspension or debarment) records for the provider on the System for Award Management (SAM) website, [www.sam.gov](http://www.sam.gov). A copy of the report is attached.

#1-9 are complete

#10 A copy of the Accreditation, Licensure, or Registration was provided

A copy of the current HIDOE license was provided

The applicant is exempt from HIDOE requirements and documentation was provided

#11 This is a non-governmental application

Certificate of Current Tax Clearance issued within the past 6 months was provided

Certificate of Liability Insurance for $2 million with the required language was provided

#12  The complaint question was answered

All of Certifications and Assurances have been answered as “yes”

**Part II:**

All programs listed meet the criteria for training programs

The local board of Click here to enter name. County has approved this Eligible Training Provider application.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): Click or tap here to enter name. Date: Click or tap to enter a date.

*Email this request to the ETPL Coordinator*