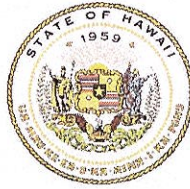


DAVID Y. IGE  
GOVERNOR

JOSH GREEN  
LIEUTENANT GOVERNOR



LESLIE WILKINS  
CHAIRPERSON

ALLICYN C.H. TASAKA  
EXECUTIVE DIRECTOR

STATE OF HAWAII  
WORKFORCE DEVELOPMENT COUNCIL  
830 Punchbowl Street, Suite 417, Honolulu, Hawaii 96813  
Phone: (808) 586-8630 Web: <http://labor.hawaii.gov/wdc/>

(SN 27)

**WIOA Bulletin No. 27-19**

**DATE:** March 6, 2019

**TO:** Local Workforce Development Boards and WIOA Partners

**SUBJECT:** Policy on Providers of Career Services

**PURPOSE**

This bulletin provides the statewide policy and procedures for Providers of Career Services (PCS). The procedures describe the roles and responsibilities of Workforce Development Council (WDC) and the Local Workforce Development Boards (LWDBs) in managing Providers of Career Services delivering services to participants.

**POLICY**

Each LWDB shall establish PCS policies and procedures for their respective local areas; including either developing a local area specific PCS application or adopting the sample application provided by WDC (Attachment I). While LWDBs must address the provisions in these policies and procedures, they may develop stricter application, eligibility, renewal and termination processes to ensure quality services in their local areas.

LWDBs are also responsible for issuing instructions to prospective providers on the application and approval process in the local area and may provide other guidelines (e.g. cost limitations, types of career services that the local area is seeking, where the services are to be provided, etc). LWDBs must also ensure that Local Plans include their PCS policies and procedures.

Local areas are responsible for approving the providers and their programs and forwarding a request for approval (Attachment II) to the Workforce Development Council Eligible Training Provider (ETP) Coordinator: [DLIR.Workforce.Council@Hawaii.Gov](mailto:DLIR.Workforce.Council@Hawaii.Gov).

## **DEFINITION**

Career Services, also known as pre-vocational services for the purposes of WIOA Adult, Dislocated Worker, and Youth programs (TEGL 19-16) are:

- Short-term pre-vocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct to prepare individuals for unsubsidized employment or training, in some instances, pre-apprenticeship programs may be considered as short-term pre-vocational services;
- Workforce preparation activities that help an individual acquire a combination of basic academic skills, critical thinking skills, digital literacy skills, and self-management skills, including competencies in utilizing resources, using information, working with others, understanding systems, and obtaining skills necessary for successful transition into completion of postsecondary education, or training, or employment;
- Financial Literacy services; and
- English language acquisition and integrated education and training programs.

These programs usually do not lead to a recognized post-secondary credential or industry recognized certificate.

Since the programs offered by the PCS do not qualify as training programs, a specific list of the PCS and their courses has been created and will be posted at:  
<https://labor.hawaii.gov/wdc/eligible-training-provider-list/>

## **Criteria and Requirements**

Hawaii requires significant consumer protection through its licensing requirements. Providers must be licensed by the appropriate Hawaii or Federal licensing authority, as required by law.

Current Eligible Training Providers on the Eligible Training Provider List already meet the criteria to provide career services, however, their career service courses must also be approved by the LWDBs. There are no performance reporting requirements for career services.

Career Service Providers must meet the following requirements:

1. If applicable, meet the requirements of the Hawaii Post-Secondary Education Authorization Program (HPEAP), Hawaii Revised Statutes Chapter 305J. Refer to: <http://cca.hawaii.gov/hpeap/>
2. Be a legal entity, registered to do business in Hawaii.
3. Be current with tax obligations as required by Hawaii Revised Statutes 103D-310(c) and verified by a "Certificate of Vendor Compliance" issued by Hawaii Compliance Express, <https://vendors.ehawaii.gov/hce/splash/welcome.html>.
4. Obtain from a company authorized by law to issue such insurance in the State of

Hawaii, commercial general liability insurance in an amount of at least two million dollars (\$2,000,000) coverage for bodily injury and property damage resulting from the provider's performance as a training provider. The provider shall maintain in this liability insurance in effect until the provider is removed from the PCS and or ETPL AND WIOA participants have exited all programs sponsored by the provider. The provider shall provide to the LWDB a certificate of liability insurance with the provider's application. The certificate shall provide that the State of Hawaii, the City and County of Honolulu, the County of Hawaii, the County of Maui, the County of Kauai and their officers and employees are Additional Insureds.

5. **Not** be associated with occupations that pay commission only and **not** be debarred by the state or the federal government.
6. Have provided training for at least one year at the time of application; and have a proven track record of students successfully completing the programs. Providers that have been training in another state for more than a year and have recently opened a new campus in Hawaii do not need to train a year in Hawaii to be listed.
7. Have refund policies specifying when refunds for tuition and other costs associated with the program will be allowed. Refund policies that indicate that no refunds will be made are not acceptable. Refund policies must be written and published so that students are aware of how to request a refund.
8. Have a grievance policy which provides for due process for students to file complaints with an organization against faculty, staff, or other college employees. Grievance policies must be written and published so that students are aware of how to file a complaint.
9. Agree to payment policies and procedures determined by the LWDBs.
10. Comply with all non-discrimination and equal opportunity provisions of WIOA Section 188 and all other applicable federal and state laws.
11. Provide the information and documentation requested on the "Provider of Career Service Application Form."

#### **REFERENCES:**

- Workforce Innovation and Opportunity Act of 2014, Public Law (Pub. L.) 113-128, Title I; enacted July 22, 2014;
- Workforce Innovation and Opportunity Act, Final Rule, 20 CFR 680 Subparts C and D, 2017;
- Training and Employment Guidance Letter (TEGL) No. 19-16, March 1, 2017.

#### **ATTACHMENTS:**

- Attachment I: Sample Career Service Provider Application (Parts A and B)  
Attachment II: Career Service Provider Approval Request Form for LWDBs to request approval by WDC

**Attachment I**  
**Part A Sample Provider of Career Services Application**

**This is a two-part application:**

**Part A:** Provider application

**Part B:** Course(s) application

Date of application: Click to enter a date.

**PROVIDER INFORMATION**

1. Name of Provider (as it appears on W-9 form): Click here to enter text.

DBA (if any): Click here to enter text.

Federal Employer Identification Number: Click here to enter text.

State Tax ID#: Click here to enter text.

2. Provider street 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.

3. Provider 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.

4. Provider phone number: Click here to enter text.

5. Provider Website: Click here to enter text.

6. 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.

7. How long has the provider been in operation? Click here to enter text.



8. Type of Provider (check only one):
- Postsecondary education institution
  - Other public or private provider of training which may include joint-labor management organizations and eligible providers of adult education and literacy activities under Title II of WIOA if such activities are provided in combination with occupational skills training
  - A local board that meets the requirements of WIOA Section 107(g)(1)
  - Community-based or private organization that provides training under contract with a local board

9. Provider is a private postsecondary career school authorized by the Hawaii Post-Secondary Education Authorization Program (HPEAP): **Choose one.**

10. What type of training organization are you?  
Check any that apply and append the attachment as specified.

- Post-secondary, degree-granting school accredited by an accreditation body recognized by the U.S. Department of Education (US DOE)

Name of accrediting body: [Click here to enter text.](#)

**Attach copy of your current accreditation**

- Massage, cosmetology or real estate school registered as a school with the appropriate board under the Hawaii State Department of Commerce and Consumer Affairs (DCCA)  
**Attach a copy of your current DCCA registration**

- Distance Learning program that is fully accredited by a recognized accrediting body

Name of accrediting body: [Click here to enter text.](#)

**Attach a copy of your current accreditation**

- Private training school, other than those listed above.

a. If you are licensed by the Hawaii State Department of Education (HIDOE),  
**Attach a copy of your current HIDOE License**

**OR**

b. If you are exempt from HIDOE requirements, please check exemption that applies below, and attach documentation that substantiates your exemption\*:

- schools maintained or classes conducted by employees for their own employees where no fee or tuition is charged;

- courses of instruction given by a fraternal society, benevolent order, or professional organization to its members and which are not operated for profit;

- classes conducted for fewer than five students at one time and the same time;

classes or courses of instruction which are conducted for twenty or fewer class sessions during any twelve-month period;

a vocational, hobby, recreational or health classes or courses;

courses of instruction on religious subjects given under the auspices of a religious organization; or

schools registered by the Hawaii State Department of Commerce and Consumer Affairs [Eff 12/7/87; comp 3/5/01] (Auth: HRS §302A-1112, 302A-427) (Imp: HRS §302A-1112, 302A-101, 302A-424, 302A-425)

\*More information:

(<http://www.hawaiipublicschools.org/TeachingAndLearning/AdultEducation/Pages/Licensing-a-vocational-school.aspx>)

11. All non-governmental/private sector applicants must attach the following to the application:

**a. Certificate of Current Hawaii Compliance Express/Tax Clearance** (which was issued within the past 6 months)

**b. Certificate of Liability Insurance:** from a company authorized by law to issue such insurance in the State of Hawaii, commercial general liability insurance in an amount of at least two million dollars (\$2,000,000) coverage for bodily injury and property damage resulting from the provider's performance as a training provider. The provider shall maintain in this liability insurance in effect until the provider is removed from the PCS list AND WIOA participants have exited all programs sponsored by the provider.

The certificate shall provide that the State of Hawaii, the City and County of Honolulu, the County of Hawaii, the County of Maui, the County of Kauai and their officers and employees are Additional Insureds.

12. How many complaints about the program from WIOA participants have been filed with your organization within the last two (2) years? [Click here to enter text.](#)

How were they resolved?

[Click here to enter text.](#)

Not applicable – this organization is a first-time applicant

### Certifications and Assurances

#### WIOA REQUIREMENTS:

Under WIOA, WDC is required to collect and verify performance results for the program. Does provider agree to provide any and all data in the prescribed format required by WDC?	Choose one.
As a recipient of WIOA financial aid, providers are required to comply with Section	Choose one.



188 of WIOA which prohibits discrimination on the grounds of race, color, religion, sex (including pregnancy, childbirth or related medical conditions, gender identity, and transgender status), national origin (including limited English proficiency), disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in a WIOA-Title I financially assisted program or activity. Does your organization agree to comply with all laws governing non-discrimination?	
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**LEARNING ENVIRONMENT, MATERIALS & MANAGEMENT:**

Do you certify that your training is carried out in a physical space approved by building code(s) to be used for commercial usage such as described in your application or that it is web-based?	Choose one.
Do you certify that all of your learning materials and equipment for the career training program you are seeking approval for are at least the same as those afforded to the general public?	Choose one.
Do you understand that the number of participants referred to any career service approved organization to attend any particular training course cannot be predetermined or guaranteed?	Choose one.
Do you certify that certificates/credentials are awarded only to WIOA participants who have earned them via coursework requirements and a grading system as expected of all your students?	Choose one.
Does your organization have a written and published grievance policy which describes how students can file complaints with your organization against faculty, staff, or other employees and students?	Choose one.

**MONITORING:**

Do you certify that the State, LWDB/county and federal government(s), through any authorized representative, are allowed to review, inspect and/or audit your organization's books, records and documents, including performance data related to this application?	Choose one.
Do you certify that documents, papers, books, records and other evidence which sufficiently and properly reflect all expenditures of any nature related to your organization's performance for services under this application are retained for a period of at least three (3) years?	Choose one.
Do you certify that in the event any litigation, claim, investigation, audit or other action arises involving the records retained for services resulting from this solicitation, then such records will be retained for three (3) years from the date of final payment, or the date of the resolution of the action, whichever occurs later?	Choose one.

**RELEASE OF INFORMATION:**

Do you certify that your organization will adhere to all applicable federal, state and county confidentiality and privacy laws in the management and storage of student files, records and related materials?	Choose one.
Do you certify that your organization will obtain prior written approval from the LWDB/county whenever it identifies or refers to the LWDB, county, one-stop center(s), or the state, its employees or participants, in any and all media releases, public statements, announcements, broadcasts, posters, programs, computer postings, and other printed, published, or electronically disseminated materials?	Choose one.



**PAYMENT, WITHDRAWALS, SUBSTITUTIONS & CANCELLATIONS:**

Student withdrawals -- Do you certify that the one-stop center shall not be responsible for paying the tuition or other training related expenses if the one-stop center gives you, the service provider, a written withdrawal notice that you will receive at least three business days prior to the start of the scheduled class?	Choose one.
Does your organization have a written and published refund policy that describes how students can request a refund?	Choose one.
Student substitutions – Do you certify that should a participant withdraw from a course that you will give the one-stop case manager the first opportunity to replace the participant with a substitute participant and that you will not charge the one-stop center any additional fees for such substitutions?	Choose one.
Course cancellation -- Do you certify that you will also notify each participant of the cancelled or rescheduled class(es) by telephone, email, postal mail, fax or similar means to be received at least two business days prior to the start date of the canceled or rescheduled class(es) and that you will keep a written log that indicates you attempted to contact each participant no fewer than two times?	Choose one.
Do you certify that you will accept participants funded by other sources and that these participants will be able to select training from the same lists of courses as contained in this application?	Choose one.
Do you agree to defend, indemnify and hold harmless the State of Hawaii, Department of Labor and Industrial Relations, City and County of Honolulu, County of Hawaii, County of Maui, County of Kauai, and their officers, employees, agents from and against all liability, loss, damage, cost, and expense, including all attorneys' fees, and all claims, suits and demands therefore, arising out of or resulting from the acts or omissions of the training provider or the training provider's employees, officers, agents, or subcontractors for training resulting from this application?	Choose one.

**CERTIFICATION BY APPLICANT**

I hereby attest that I am authorized to act on behalf of this organization and have reviewed the application and have knowledge of the content and the information contained herein. I declare that the information provided and each statement, monetary amount and supporting documentation included is true and correct to the best of my knowledge and belief. I also hereby attest that this organization and its instructors currently hold all licenses, certificates, permits and accreditations required under applicable federal, state and county laws, ordinances, codes and rules, required to provide the training services described herein. This organization is also in good standing with the Hawaii State Department of Commerce and Consumer Affairs. I understand that any noncompliance and/or misrepresentations, including but not limited to, those contained in all amendments to our course offerings that we initiate hereafter, may result in the termination of this organization from participation in the Career Service Provider program for a period of 24 months. I understand that this organization will be held liable for repayment of all funds received via the career service program for any period of noncompliance. I understand that these are construed to provide remedies and penalties that supplement, but do not supplant, other civil and criminal remedies and penalties. I understand that the career service program is per the Workforce Innovation and Opportunity Act of 2014.

AGREE

DISAGREE



---

Signature

---

Print Name

Date \_\_\_\_\_

To be considered for inclusion on Career Service list, the provider must supply all of the information requested in Parts I and II of this application. All completed applications must be submitted to the county where the training will be provided. If there are any questions, please contact your local area Workforce Development Board:

Hawaii County:

Office of Housing and Community  
Development  
1990 Kinoole Street, Suite 102  
Hilo, HI 96720  
Phone: (808) 961-8379  
Email: [ohcdwia@hawaiicounty.gov](mailto:ohcdwia@hawaiicounty.gov)

Maui:

Office of Economic Development  
2200 Main Street, Suite 305  
Wailuku, HI 96793  
Phone: (808) 270-8225  
Email: [lee.ahyen@co.maui.hi.us](mailto:lee.ahyen@co.maui.hi.us)

Kauai:

Office of Economic Development  
4444 Rice Street, Suite 200  
Lihue, HI 96766  
Phone: (808) 241-4950  
Email: [nbrun@kauai.gov](mailto:nbrun@kauai.gov)

Oahu:

Oahu Workforce Development Board  
715 South King Street, Suite 211  
Honolulu, HI 96813  
phone: (808) 768-5889  
[email: oahuwdb@honolulu.gov](mailto:email:oahuwdb@honolulu.gov)

Attachment I- Part B, Career Services Information SAMPLE

Attachment I, PART B CAREER SERVICES INFORMATION (one row per course)															
Trainer Provider Name & Campus	Training Program Name	Course Number	CIP Code (Six- Digit)	CIP Name	In-demand Industry Sector or occupation (www.hiwi.org)	Training Program Description (include the number of courses or credits needed to complete the credential path)	Method of Instruction (classroom, distance, learning, or combination of classroom and distance)	Business Partnership Description (is the provider in partnership with a business or employer for the program?)	Credential Earned	Total Cost: Tuition, program fees, other costs for one student	Length (weeks)	Total Hours	Training Program Website	Phone Number of Program Contact	Workforce Area (County)

This is a sample form, please use the form at this link:



**Attachment II  
Provider of Career Service Application  
Requesting Workforce Development Council Approval**

**Provider Application of:** [CLICK HERE TO ENTER TEXT.](#), dated: [Click here to enter a date.](#)

#1 is complete, including the Federal Employer Identification Number (FEIN) and the State Tax ID#

#2-6 are complete

#7 is more than one year

The certification has been agreed to and signed (original copy in the file)

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

Type: [Click here to enter text.](#) Number: [Click here to enter text.](#) Expiration Date: [Click here to enter a date.](#) was provided

A copy of the current HIDOE License #: [Click here to enter text.](#) Expiration date: [Click here to enter a date.](#) 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 or a "Certificate of Vendor Compliance" issued within the past 6 months was provided

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

This is a State of Hawaii agency or department

Assurances have been answered as "yes" (except for the web-based selection)

The complaint question was answered

The local board of [Click here to enter name.](#) County has 1) approved this Provider application and affirms that the information provided above is accurate and 2) has also approved the attached list of courses on Part B of the application.

Signed: \_\_\_\_\_ Name (Print): [Click here to enter name.](#)

Date: [Click or tap to enter a date.](#)

*Email this request to: [DLIR.Workforce.Council@Hawaii.gov](mailto:DLIR.Workforce.Council@Hawaii.gov)*