

**Eligible Training Provider Reporting Tool  
User's Guide, Version 1.2.2**

**State of Hawaii  
Workforce Development Council**

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## **1. Purpose**

The purpose of this document is to guide an Eligible Training Provider (ETP) in how to submit training participant records to the Workforce Development Council (WDC). This document describes required and optional data fields, the ETP Reporting Tool (i.e., the data collection tool), and submission of data using a secured network connection.

## **2. Personal Privacy Assurance**

The WDC assures that Personally Identifiable Information (PII) data obtained from ETPs will be protected and safeguarded using systems, procedures, and protocols as reasonably practicable when PII data are transmitted electronically across the Internet, when PII data are stored in both electronic files and hard-copy paper forms, and when PII data are handled and managed by specific persons. The purpose of the data collection is to fulfill performance measurement requirements as required by Section 116 of the Workforce Innovation and Opportunity Act of 2014 (WIOA).

## **3. FERPA Authorization**

The designated ETP Contact (ETP Contact) acknowledges that the WDC is hereby designated as the authorized representative of the school under the Family Educational Rights and Privacy Act (FERPA) regarding the disclosure of training participant records which will be used for audit and/or evaluation purposes and for performance reporting and program evaluation under the WIOA. (34 CFR Part 99)

The ETP Reporting Tool is governed by WIOA Sections 116 and 122 and requires ETPs on the ETP List to provide performance results in a prescribed format. Information requested in the ETP Reporting Tool is required in order to maintain eligibility as an ETP.

## **4. Information Owners**

To ensure confidentiality and integrity of all the data involved in the ETP Reporting Tool, there are two information owners with delegated authority to handle and manage the ETP Reporting Tool. These two persons include the ETP Contact and the Designated WDC Staff. As representatives of their organizations, they will communicate with each other during the work of preparing and submitting the data in the ETP Reporting Tool. If anything goes wrong, these are the two persons who will be immediately contacted to address the issue or problem.

### **A. Designated WDC Staff**

This is a role assigned to a WDC employee.

### **B. Designated ETP Contact**

This is a role assigned to an ETP employee. The person is the designated contact person for the ETP.

## **5. Reporting Period**

Training participant records cover Program Year (PY) 2018 and Program Year (PY) 2019. PY 2018 starts from July 1, 2018 and runs to June 30, 2019. PY 2019 starts from July 1, 2019 and runs to June 30, 2020.

All persons who were enrolled during PY 2018 must be recorded in PY 2018. All persons

who were enrolled during PY 2019 must be recorded in PY 2019.

## 6. Reporting Deadline

The ETP must submit training participant records by **August 31, 2020**, or at the ETP's earliest convenience.

## 7. Whom to Include in the ETP Reporting Tool

**All persons who were trained** in an approved training program by the ETP must be included in the ETP Reporting Tool. This includes persons who were participants in a WIOA program and those who were not WIOA participants.

## 8. Training Participant Data

The following table provides a summary of required and optional data fields related to individual training participants (i.e., students). The ETP must provide the required fields for each student. Appendix A provides the complete details including instructions and format for all of the data fields that the WDC collects.

Field Name	Definition	Required or Optional
WIOA Participant	An indicator of whether the student is a participant of a WIOA program.	Required
HireNet User ID	The unique identification code of the student who is registered in HireNet. Issued by WDC.	Required
Student Code	The unique identification code of the student who was trained by the training provider. Issued by the training provider.	Required
Social Security Number (SSN)	The Social Security Number (SSN) issued to the student.	Required
First Name	The first name of the student.	Required
Middle Name	The middle name or middle initial of the student.	Optional
Last Name	The last name of the student.	Required
Date of Birth (DOB)	The date when the student was born.	Required
Sex	The sex of the student.	Required
Date of First Attendance	The date when the student first attended the approved training program.	Required
Date of Program Exit	The date when the student withdrew, transferred, discontinued, or completed the approved training program.	Required
Exit Type	The way in which the student exited the approved training program (Completed, Discontinued, Transferred, or Withdrew).	Required
Credential Received	The name of the credential that the student received upon completing the approved training program.	Required

Field Name	Definition	Required or Optional
Date Credential Issued	The date when the student was issued the credential.	Required

## 9. Employment Data

Employment data include: the percentage of students in unsubsidized employment during the 2<sup>nd</sup> quarter after exit from the program; the percentage of students in unsubsidized employment during the 4<sup>th</sup> quarter after exit from the program; and the median quarterly earnings of students in unsubsidized employment during the 2<sup>nd</sup> quarter after exit.

Recognizing the complexity of providing employment data, the ETPs are **not required** to report Employment Data to the WDC. Instead, the WDC will conduct a wage match with data in the Unemployment Insurance Division’s system to collect the required elements.

## 10. Training Program Data

The following table provides a summary of required and optional data fields related to the approved training programs. The ETP must review the data presently stored in the ETP Reporting Tool and make corrections where needed. Appendix A provides the complete details including instructions and format for all of the data fields that the WDC collects.

Field Name	Definition	Required or Optional
Program ID	The unique identification code of the approved training program. Issued by WDC.	Required
Program Name	The name of the approved training program.	Required
Program Description	A short description of the approved training program.	Required
Program URL	The Web address of the approved training program or a list of training programs offered by the training provider.	Required
Program Outcome	The potential outcome of the approved training program. A program of study is synonymous with a “program of training services” as defined at 20 CFR 680.420.	Required
Associated Credential	The specific name of a certificate, a certification, a license, or a degree that a student can receive.	Required
CIP Code	The six-digit Classification of Instructional Programs (CIP) code that identifies the approved training program.	Required
Total Cost: Tuition & Required Fees	The total cost of tuition and required fees that a student pays for attending the approved training program. (Total cost per student)	Required

Field Name	Definition	Required or Optional
Total Cost: Books & Supplies	An estimated total cost of books and supplies that a student would pay for participating in the approved training program. (Total cost per student)	Required
Program Length: Clock/Contact Hours	The length of the approved training program in clock/contact hours.	Required
Program Length: Weeks	The length of the approved training program in weeks, as completed by a full-time student.	Required
Program Prerequisites	Education or training that is required before a student can be accepted to attend the approved training program.	Required
Program Format	The way in which the approved training program is conducted (In-person, Online, or Hybrid).	Required
O*NET-SOC Code #1	The primary O*NET Standard Occupational Classification (SOC) code (an 8-digit code) for which the approved training program prepares a student. A CIP-to-SOC crosswalk can be found here: <a href="https://www.onetonline.org/crosswalk/CIP?s=&amp;g=Go">https://www.onetonline.org/crosswalk/CIP?s=&amp;g=Go</a>	Required
O*NET-SOC Code #2	The secondary O*NET Standard Occupational Classification (SOC) code (an 8-digit code) for which the approved training program prepares a student.	Optional
O*NET-SOC Code #3	The tertiary O*NET Standard Occupational Classification (SOC) code (an 8-digit code) for which the approved training program prepares a student.	Optional

## 11. Training Provider Data

The following table provides a summary of required and optional data fields related to information about the ETP. The ETP must review the data presently stored in the ETP Reporting Tool and make corrections where needed. Appendix A provides the complete details including instructions and format for all of the data fields that the WDC collects.

Field Name	Definition	Required or Optional
Provider ID	The unique identification code of the training provider. Issued by WDC.	Required
Provider Name	The name of the organization that is recognized as an eligible training provider to provide training services to WIOA Adult and Dislocated Worker program participants.	Required
Provider Description	A short description of the training provider.	Required
Provider URL	The Web address of the training provider.	Optional

Field Name	Definition	Required or Optional
Address 1	The address of the training provider's main location.	Required
Address 2	Additional address of the training provider's main location.	Optional
City	The city of the training provider's main location.	Required
State	The state of the training provider's main location.	Required
Zip Code	The zip code of the training provider's main location.	Required
Telephone	The telephone number of the training provider's main location.	Required
Entity Type	The type of training entity of the training provider as defined in 20 CFR 680.410.	Required
Contact's Name	The first and last names of the point of contact (POC) for the training provider.	Required
Contact's Job Title	The job title of the training provider's POC.	Required
Contact's Telephone	The telephone number of the training provider's POC.	Required
Contact's E-mail	The e-mail address of the training provider's POC.	Required

## 12. Use of the ETP Reporting Tool

The ETP Reporting Tool is a secured Microsoft Excel workbook that the WDC developed for ETPs to enter and submit their data. The workbook contains six worksheets. The first worksheet that the ETP will see upon opening the workbook is the Personal Privacy Assurance. The ETP can then view the other worksheets, by clicking on the tabs at the bottom. There is a separate worksheet for training provider data, training program data, PY 2018 training participant data, and PY 2019 training participant data. Note that there are two training participant data worksheets to collect data for each program year. The last worksheet is a reference to all of the codes used in the drop-down selection menus. Numerous cells in the worksheets allow the ETP to select an item from a drop-down menu.

To make it easy to enter data, the user will be able to select data from a drop-down menu in certain cells. The items in these selection menus are associated with specific codes. See the codes worksheet to know more about the items and their corresponding codes.

Social security numbers and phone numbers are entered in all digits. Once the numbers have been entered, the numbers will be formatted automatically. The format of the social security number is 000-00-0000. The format of the phone number is (000) 000-0000. Entering any characters other than numbers will prompt any error message.

Dates are entered in the format of four-digit year, two-digit month, and two-digit day separated by a dash or hyphen. The format is YYYY-MM-DD.

## **A. Program Year Data**

Training participant data for PY 2018 and PY 2019 must be entered separately. The worksheet named “PY2018-Participant” is for participants who were enrolled during PY 2018. The worksheet named “PY2019-Participant” is for participants who were enrolled during PY 2019.

## **B. Provider Worksheet**

For each ETP, the provider worksheet only shows one record related to the ETP. The ETP cannot view information of other training providers.

The ETP needs to review and make corrections where needed regarding their information. The WDC will update any changes that are made. The ETP needs to select what type of entity the provider is and enter the name, job title, phone number, and e-mail address of the primary contact person. Only one contact person is required.

## **C. Program Worksheet**

For each ETP, the program worksheet only shows the approved training programs specific to the ETP. The ETP cannot view the training programs of other training providers.

The ETP needs to review and make corrections where needed regarding their training programs. Any field that is blank and that is required must be filled in. The WDC will update any changes that are made. Additional data, which are required by the federal government, must be collected. The additional data are:

- i. Program Outcome
- ii. Total Cost: Books and Supplies
- iii. Program Length: Clock/Contact Hours
- iv. Program Prerequisites
- v. O\*NET-SOC Code #1

The other two O\*NET-SOC Codes are optional. The total cost of a training program is split into two costs, one for “Tuition and Required Fees” and the other for “Books and Supplies”. The program length of a training program is specified in both “Clock/Contact Hours” and “Weeks”.

Further instructions on any of the data fields are found in Appendix A.

## **D. Participant Worksheet**

Note that there are two participant worksheets, one for PY 2018 and the other for PY 2019. Training participants who were enrolled either in PY 2018 or in PY 2019 must be entered in the respective worksheet.

The first 500 rows have been formatted with drop-down menus, so that the ETP can enter participant data. New rows can be inserted to add more formatted rows, if needed. The provider name and the program name can be selected for each participant who was enrolled in the selected program. Select whether the participant

was/is a WIOA participant. The HireNet User ID field can be left blank. The date when the participant first attended the program and the date when the participant exited the program must be entered. Select how the participant exited the program. If the participant received a credential, specify what credential and when it was issued.

Further instructions on any of the data fields are found in Appendix A.

### 13. Public and Private Encryption Keys

#### A. Creation of Encryption Keys

Before the ETP can submit the ETP Reporting Tool, the ETP Contact must create public and private encryption keys. This ensures that the data being submitted is coming from a specific known person and not from an unknown or unauthorized source. The private key securely identifies the ETP Contact.

In order to generate the encryption keys, WinSCP must be installed in the ETP Contact's computer. WinSCP is a free FTP software application and can be downloaded from this URL address: <https://winscp.net/eng/index.php>.

Follow these steps to generate the public and private keys:

Step 1: Open the WinSCP software application.

Step 2: The Login screen should display on application launch. If not, go to the "Session" menu and select "New Session".

Step 3: Click on the "Tools" drop-down menu and select "Run PuTTYgen".

Step 4: Set the encryption key strength in parameters to RSA. The number of bits should show 2048.

Step 5: Click the "Generate" button to create your public/private key pair.

Step 6: As the progress bar moves forward to the end, move your mouse cursor all around your screen in a random fashion. This contributes to creating a strong private key.

Step 7: The value in the "Key Comment" field can be left unchanged. It isn't required to have a unique Key Comment name. If you decide to create a different name, you must specify a name without any spaces. The Key Comment allows you to identify the private key. This will be helpful if you create more than one private key.

Step 8: Enter a password in the "Key Passphrase" field. Save this password in your computer. You will need this password when you use the private key. **If you lose or forget the password, your private key cannot be recovered!**

Step 9. Reenter the password again in the "Confirm Passphrase" field.

Step 10: Click the "Save private key" button to save your private key in your computer. You will be prompted to enter a file name and to save the file to a location in your computer. To be able to distinguish your private key from your public key, you can append the word "Private" to the end of the file name. The .pkk file extension also identifies the private key as such.

Step 11. Click the “Save public key” button to save your public key in your computer. You will be prompted to enter a file name and to save the file to a location in your computer. To be able to distinguish your public key from your private key, you can append the word “Public” to the end of the file name.

Step 12: You’re done. You can exit PuTTYgen.

More information on creating public and private encryption keys is found at this URL address: [https://winscp.net/eng/docs/ui\\_puttygen](https://winscp.net/eng/docs/ui_puttygen).

## **B. Submission of the Public Encryption Key**

After the encryption keys have been created, the ETP Contact must send the public key to the Designated WDC Staff. The public key is installed in the remote computer server to which the ETP Contact will connect to upload the ETP Reporting Tool. When a connection is made to the remote server, the server will check that the installed public key matches the private key used by the ETP Contact. This is how the WDC can ensure that the data being sent is coming from the ETP.

Send the PUBLIC KEY by e-mail to the Designated WDC Staff.

**DO NOT SEND YOUR PRIVATE KEY TO ANYONE!**

Please wait a few days for a response from the WDC. After the public key is sent, the WDC goes through a process to install the submitted public key in the remote computer server. Once the process has completed, FTP connection details will be sent to the ETP Contact who will finally be able to submit the ETP Reporting Tool.

## **14. Submission of the ETP Reporting Tool**

### **A. SFTP Network Connection**

The ETP Contact needs to set up their SFTP network connection. SFTP stands for “Secure File Transfer Protocol”. It is an Internet protocol that provides an encrypted network connection over the File Transfer Protocol (FTP) for users to transfer electronic files securely. FTP is another Internet protocol that doesn’t use encryption.

Follow these steps to set up the SFTP network connection:

Step 1: Open the WinSCP software application.

Step 2: The Login screen should display on application launch. If not, go to the “Session” menu and select “New Session”.

Step 3: Click on “New Site” and set the following settings in the Session panel:

File Protocol: SFTP

Host Name: s-e404c94b4fb2413c9.server.transfer.us-west-2.amazonaws.com

Port Number: 22

User Name: <This is assigned to the ETP Contact.>

Password: <Leave it blank.>

Step 4: Click on the “Advanced...” drop-down menu to open “Advanced Site

Settings”.

Step 5: Click on “Authentication” under “SSH”. In the Authentication Parameters panel, click on the “...” button to find your private key file. WinSCP uses this setting to load your private key.

Step 6: Click the “OK” button to save the setting and exit Advanced Site Settings.

Step 7: Back on the Login screen, click on the “Save” button to save your new site.

Step 8: You’re done. Whenever you need to connect, just click on the site name and then click on the “Login” button.

## **B. Upload the ETP Reporting Tool**

The ETP Contact will send the completed ETP Reporting Tool by uploading the file via SFTP. Open the WinSCP software application and select the site name of the SFTP network connection. Click the “Login” button to start the process of connecting to the remote computer server. There will be a prompt to enter the Key Passphrase. If login is successful, the home directory in the remote computer server will be visible. The ETP Reporting tool can then be uploaded. When the upload is finished, log out of the session and exit the software application.

Send an e-mail to the Designated WDC Staff if there are any problems.

## **C. Acknowledgement of Receiving the ETP Reporting Tool**

The Designated WDC Staff will check the remote computer server for new files. Each new ETP Reporting Tool will be quickly reviewed for completeness. The Designated WDC Staff will send an e-mail to acknowledge receipt of the file. If data are missing or the file content is incomplete, the ETP Contact will be notified with details on what needs to be corrected.

Adequate time should be planned from when the file is uploaded to the deadline of submitting the ETP Reporting Tool. If corrections need to be made, the ETP Contact will need additional time to go through the data again and upload the file a second time.

# **15. Appendix**

## **A. Appendix A: ETP Reporting Data Dictionary**

## **Appendix A: ETP Reporting Data Dictionary**

Number	Level	Field Name	Definition / Instruction	Type	Length	Required / Optional	Format
1	Provider	Provider ID	The unique identification code of the training provider. Issued by WDC.	Text	15	Required	XXXXXX
2	Provider	Provider Name	The name of the organization that is recognized as an eligible training provider to provide training services to WIOA Adult and Dislocated Worker program participants.	Text	75	Required	XXXXXX
3	Provider	Provider Description	A short description of the training provider.	Text	500	Required	XXXXXX
4	Provider	Provider URL	The Web address of the training provider.  Leave blank if not available.	Text	200	Optional	http://www.domain.com
5	Provider	Address 1	The address of the training provider's main location.	Text	100	Required	XXXXXX
6	Provider	Address 2	Additional address of the training provider's main location.	Text	100	Optional	XXXXXX
7	Provider	City	The city of the training provider's main location.	Text	50	Required	XXXXXX
8	Provider	State	The state of the training provider's main location.	Text	2	Required	XX
9	Provider	Zip Code	The zip code of the training provider's main location.	Text	10	Required	XXXXXX
10	Provider	Telephone	The telephone number of the training provider's main location.	Number	10	Required	(000) 000-0000

Number	Level	Field Name	Definition / Instruction	Type	Length	Required / Optional	Format
11	Provider	Entity Type	The type of training entity of the training provider as defined in 20 CFR 680.410.  Enter one of the following codes: 1 = Higher Ed: Associate's Degree 2 = Higher Ed: Baccalaureate or Higher 3 = Higher Ed: Certificate of Completion 4 = National Apprenticeship 5 = Private Non-Profit 6 = Private For-Profit 7 = Public 8 = Other	Number	1	Required	0
12	Provider	Contact's Name	The first and last names of the point of contact (POC) for the training provider.	Text	100	Required	XXXXXX
13	Provider	Contact's Job Title	The job title of the training provider's POC.	Text	50	Required	XXXXXX
14	Provider	Contact's Telephone	The telephone number of the training provider's POC.	Number	10	Required	(000) 000-0000
15	Provider	Contact's E-mail	The e-mail address of the training provider's POC.	Text	50	Required	username@domain.com

Number	Level	Field Name	Definition / Instruction	Type	Length	Required / Optional	Format
1	Program	Program ID	The unique identification code of the approved training program. Issued by WDC.	Text	15	Required	XXXXXX
2	Program	Program Name	The name of the approved training program.	Text	250	Required	XXXXXX
3	Program	Program Description	A short description of the approved training program.	Text	500	Required	XXXXXX
4	Program	Program URL	The Web address of the approved training program or a list of training programs offered by the training provider.  Leave blank if not available.	Text	200	Required	http://www.domain.com
5	Program	Program Outcome	The potential outcome of the approved training program. A program of study is synonymous with a "program of training services" as defined at 20 CFR 680.420.  Enter one of the following codes: 1 = Industry-Recognized Certificate or Certification 2 = Certificate of Completion of an Apprenticeship 3 = License Recognized by the State Involved or the Federal Government 4 = Associate's Degree 5 = Baccalaureate Degree 6 = Community College Certificate of Completion 7 = Secondary School Diploma or Its Equivalent 8 = Employment 9 = Measurable Skill Gain Leading to a Credential 0 = Measurable Skill Gain Leading to Employment	Number	10	Required	0
6	Program	Associated Credential	The specific name of a certificate, a certification, a license, or a degree that a student can receive.  Leave blank if no credential is associated with the program.	Text	200	Required	XXXXXX

Number	Level	Field Name	Definition / Instruction	Type	Length	Required / Optional	Format
7	Program	CIP Code	The six-digit Classification of Instructional Programs (CIP) code that identifies the approved training program.  See <a href="https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55">https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55</a>	Number	6	Required	000000
8	Program	Total Cost: Tuition & Required Fees	The total cost of tuition and required fees that a student pays for attending the approved training program. (Total cost per student)  Leave blank if not applicable to the program.	Decimal	8.2	Required	0000000.00
9	Program	Total Cost: Books & Supplies	An estimated total cost of books and supplies that a student would pay for participating in the approved training program. (Total cost per student)  Leave blank if not applicable to the program.	Decimal	8.2	Required	0000000.00
10	Program	Program Length: Clock/Contact Hours	The length of the approved training program in clock/contact hours.  Clock hours are the total number of actual hours per week a student spends attending class or other instructional activities that count toward completing the approved training program.  A clock/contact hour is defined as a 60-minute span of time with between 50 and 60 minutes of actual class instruction. No more than 1 clock hour can be assigned to any discrete 60-minute period.  Enter 99999 if the program is a competency-based program.	Number	5	Required	00000

Number	Level	Field Name	Definition / Instruction	Type	Length	Required / Optional	Format
11	Program	Program Length: Weeks	The length of the approved training program in weeks, as completed by a full-time student.  Enter 99999 if the program is a competency-based program.	Number	5	Required	00000
12	Program	Program Prerequisites	Education or training that is required before a student can be accepted to attend the approved training program.  Enter one of the following codes: 0 = None 1 = High School Diploma or Equivalent 2 = Associate's Degree 3 = Bachelor's Degree 4 = One or more courses 5 = Combination of education and one or more courses	Number	1	Required	0
13	Program	Program Format	The way in which the approved training program is conducted.  Enter one of the following codes: 1 = In-person 2 = Online, E-learning, or Distance learning 3 = Hybrid or Blended Program	Number	1	Required	0
14	Program	O*NET-SOC Code #1	The primary O*NET Standard Occupational Classification (SOC) code (an 8-digit code) for which the approved training program prepares a student.  A CIP-to-SOC crosswalk can be found here: <a href="https://www.onetonline.org/crosswalk/CIP?s=&amp;g=Go">https://www.onetonline.org/crosswalk/CIP?s=&amp;g=Go</a>	Number	8	Required	00000000

Number	Level	Field Name	Definition / Instruction	Type	Length	Required / Optional	Format
15	Program	O*NET-SOC Code #2	The secondary O*NET Standard Occupational Classification (SOC) code (an 8-digit code) for which the approved training program prepares a student.  A CIP-to-SOC crosswalk can be found here: <a href="https://www.onetonline.org/crosswalk/CIP?s=&amp;g=Go">https://www.onetonline.org/crosswalk/CIP?s=&amp;g=Go</a>	Number	8	Optional	00000000
16	Program	O*NET-SOC Code #3	The tertiary O*NET Standard Occupational Classification (SOC) code (an 8-digit code) for which the approved training program prepares a student.  A CIP-to-SOC crosswalk can be found here: <a href="https://www.onetonline.org/crosswalk/CIP?s=&amp;g=Go">https://www.onetonline.org/crosswalk/CIP?s=&amp;g=Go</a>	Number	8	Optional	00000000

Number	Level	Field Name	Definition / Instruction	Type	Length	Required / Optional	Format
1	Participant	WIOA Participant	An indicator of whether the student is a participant of a WIOA program.  Enter one of the following codes: 0 = Not a WIOA Participant 1 = WIOA Participant	Number	1	Required	0
2	Participant	HireNet User ID	The unique identification code of the student who is registered in HireNet. Issued by WDC.  Leave blank if not available.	Text	15	Required	XXXXXX
3	Participant	Student Code	The unique identification code of the student who was trained by the training provider. Issued by the training provider.	Text	15	Required	XXXXXX
4	Participant	Social Security Number (SSN)	The Social Security Number (SSN) issued to the student.	Number	9	Required	000-00-0000
5	Participant	First Name	The first name of the student.	Text	50	Required	XXXXXX
6	Participant	Middle Name	The middle name or middle initial of the student.	Text	50	Optional	XXXXXX
7	Participant	Last Name	The last name of the student.	Text	50	Required	XXXXXX
8	Participant	Date of Birth (DOB)	The date when the student was born.	Date	10	Required	YYYY-MM-DD
9	Participant	Sex	The sex of the student.  Enter one of the following codes: 1 = Female 2 = Male 3 = Not Provided	Number	1	Required	0
10	Participant	Date of First Attendance	The date when the student first attended the approved training program.	Date	10	Required	YYYY-MM-DD

Number	Level	Field Name	Definition / Instruction	Type	Length	Required / Optional	Format
11	Participant	Date of Program Exit	The date when the student withdrew, transferred, discontinued, or completed the approved training program.  Leave blank if student is still enrolled.	Date	10	Required	YYYY-MM-DD
12	Participant	Exit Type	The way in which the student exited the approved training program.  Enter one of the following codes: 1 = Completed 2 = Discontinued 3 = Transferred 4 = Withdrew  Leave blank if student is still enrolled.	Number	1	Required	0
13	Participant	Credential Received	The name of the credential that the student received upon completing the approved training program.  Leave blank if not applicable.	Text	200	Required	XXXXXX
14	Participant	Date Credential Issued	The date when the student was issued the credential.  Leave blank if not applicable.	Date	10	Required	YYYY-MM-DD