

[AZWIOAETPL@azdes.gov](mailto:AZWIOAETPL@azdes.gov)

### TRAINING PROVIDER ASSURANCES

All training providers applying for inclusion on the Eligible Training Provider List (ETPL) are required to complete and sign this form. Return completed form to the Workforce Innovation and Opportunity Act (WIOA) Title I-B/ETPL Coordinator at the email address, shown above. Provider applications will not be reviewed or approved until this form is returned.

Name of Training Organization/School \_\_\_\_\_ Phone No. \_\_\_\_\_

Address (No. Street, City, State, ZIP Code) \_\_\_\_\_

Training Provider Representative's Name \_\_\_\_\_ Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_

#### PART A. GENERAL ASSURANCES

I certify that the above-named Training Organization/School:

- (a) is a legal entity, registered to do business in Arizona;
- (b) will comply with non-discrimination and equal opportunity provisions of all federal and state applicable laws;
- (c) provides training that is physically and programmatically accessible for individuals who are employed and individuals with barriers to employment, including individuals with disabilities;
- (d) has a published refund policy in place that is made available to participants and will maintain a current copy of the refund policy on file with DES at all times; (provide the link to refund policy)  
\_\_\_\_\_
- (e) has a published grievance policy in place that is made available to participants and will maintain a current copy of the grievance policy on file with DES at all times; (provide the link to grievance policy)  
\_\_\_\_\_
- (f) has compiled financial statements, or the cover letter from a financial review, prepared by an accountant within the past year and will provide a copy to DES for initial approval;
- (g) will maintain a current license from an appropriate Arizona or state licensing authority or Federal licensing authority and will maintain a current copy on file with DES at all times; (provide name of the licensing authority)  
\_\_\_\_\_
- (h) will maintain a current liability insurance policy that names the Arizona Department of Economic Security (DES) as the certificate holder and as an additional insured with a \$2 million general aggregate limit, and will maintain a copy of the certificate on file at DES at all times;
- (i) will gather and submit program-related performance data as instructed by DES for initial and continued eligibility;
- (j) will provide periodic progress updates on WIOA Title I-B training participants, including copies of credentials and transcripts received by WIOA Title I-B participants, as required and upon request from the Local Workforce Development Boards (LWDB);
- (k) will comply with the Third-Party Training Services requirements as listed in the Arizona Workforce Council ETPL policy when third-party training services are utilized;

- (l) will keep all of the training organization’s information current on the Arizona Job Connection (AJC) website (www.azjobconnection.gov);
- (m) will not tell students that they will be eligible for training services or WIOA Title I-B funds to attend the training, promote the training program as free through ARIZONA@WORK Job Center or claim that a share of the costs are covered by a LWDB;
- (n) understand that all federal and state health and safety standards established under Federal and State law applicable to working conditions of employees are equally applicable to activities of WIOA Title I-B participants; and
- (o) agree to comply with all applicable requirements from the WIOA legislation, regulations, and guidance.

**PART B. TECHNOLOGY-BASED ASSURANCES**

NOTE: This section applies only to training providers that provide technology-based (online) training. I certify that the above-named Training Organization/School:

- (a) has a mechanism for student interaction with an instructor or instructors;
- (b) ensures periodic assessment of each student;
- (c) has a description of the responsibilities of each party (training provider, participant) to the technology-based training
- (d) has a mechanism in place for tracking students’ attendance and participation in the training program; and
- (e) will comply with any additional requirements determined by the LWDB.

**PART C. PERFORMANCE DATA AND MONITORING ASSURANCES**

By signing this agreement, I hereby certify that the above information is true and accurate to the best of my knowledge. I also agree to site visits and audits by the Local Workforce Development Board, the State of Arizona, or the U.S. Department of Labor and assure the provision of any and all the above listed documentation upon request. I further understand that completion of this assurance form and online application does not guarantee selection as a training provider. I also understand I must submit performance data annually and meet performance standards, as described in the Workforce Arizona Council’s ETPL policy to remain on Arizona’s Eligible Training Provider List. The Workforce Arizona Council’s ETPL policy may be found online at:

<https://arizonaatwork.com/sites/default/files/WIOA%20Eligible%20Training%20Provider%20List%20Policy.pdf>

Training Provider Representative’s Signature \_\_\_\_\_ Date \_\_\_\_\_