

ProviderLink User Guide

Local Workforce Investment Areas

America's JobLink Version 12.3

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A Service of the Kansas Department of Commerce

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Getting Started

ProviderLink Accounts

ProviderLink has three types of accounts: state administrator, local area coordinator, and self-service training provider. State administrator and local area coordinator accounts are created by the state AJL database administrator: one for state admin, and one for each local area. Self-service training provider accounts are created by training provider representatives and approved by the state administrator.

Self-service accounts are created at the time a new provider record is added. They can also be created and associated with an existing provider. One provider record can have multiple user accounts. For example, a university or community college may have one provider account, with a user account for the business school and another user account for health professions, with each user maintaining their respective programs.

My Account

Log into ProviderLink. Click the **My Account** link in the control panel to update the name, phone number, and email address on the ProviderLink user account. If more than one person uses the account, use the name of the designated administrator or coordinator. When programs are reviewed and the status is changed, ProviderLink provides fields to document the name of the person who approved, removed, or denied the program, and the date. This name can be different from the name on the My Account page.

Eligible Training Provider - My Account

You may change your contact name, phone number and e-mail address. Email will be sent to this address whenever selected changes are made to provider information.

* indicates a required field

| | |
|----------------|---|
| * First Name | <input type="text" value="Local"/> |
| * Last Name | <input type="text" value="Area"/> |
| Middle Initial | <input type="text"/> |
| Phone Number: | <input type="text" value="785-555-0500"/> Ext. <input type="text" value="*"/> |
| Email Address: | <input type="text" value="larea@where.org"/> |

If you do not have an e-mail account, click the following link for a list of [free Internet e-mail providers](#)

Figure 1 My Account

Administrative Entity

ProviderLink also has an Administrative Entity function, which allows you to view the administrative entity contact information. This is information about the Local Workforce Investment Area.

To view Local Administrative Entity (local area) information, log into ProviderLink and click the **Local Admin Entity** link in the control panel. The Local Administrative Entity page displays with non-editable, display-only contact information for the local area. This information for the Local Admin Entity is populated from the information entered in the security hierarchy in AJL’s administrative system. If changes are needed, contact the AJL coordinator or your supervisor. Click the **Home** icon at the top of the page to return to the Approval Menu.

Eligible Training Provider - Local Administrative Entity

Please contact the local area administrator if any of this information needs to be updated.

| | |
|----------------------|--|
| Area: | 2 |
| Board Name: | Heartland Works, Inc. |
| Administrator Name: | Sharon Beyer |
| Administrator Title: | Senior Operations Director |
| Address 1: | 5020 SW 28th Street |
| Address 2: | Suite 100 |
| City: | Topeka |
| State: | KS |
| Zip Code: | 66614-2348 |
| County: | Shawnee |
| Telephone Number: | (785) 234-0500 |
| Alternate Phone: | |
| Fax: | (785) 234-0552 |
| TTY: | |
| Email Address: | sbeyer@heartlandworks.org |
| Website Address: | www.heartlandworks.org |

Figure 2 Local Administrative Entity – View Details

Menus

ProviderLink uses a control panel, Approval Menu, and Provider Menu for navigation and access to functions. The Approval Menu and Provider Menu are in the “desktop” format: a page with various links, including a brief description of each option.

Approval Menu for Local Areas

Upon login as a local area user, the Local Area Approval Menu displays with the options described in [Table 1 Local Area Approval Menu](#). For Pending Programs/New Users and Eligibility Expiration Notifications, an asterisk (*) before and after the link indicates that records are available. The word “No” before the link indicates that no records are currently available.

AJL ETP Local Area Approval Menu

Click on the links below to approve programs.
For Pending Programs, an asterisk (*) before and after the link will denote the availability of records to be displayed.

| | |
|--|---|
| <p>* Pending Initial Programs *</p> <p>New programs under existing providers to be reviewed by the Local Area.</p> | <p>* Pending Subsequent Programs *</p> <p>Programs whose subsequent eligibility is due for review.</p> |
| <p>No Eligibility Expiration Notifications</p> <p>Approved programs that are within 45 days of their subsequent eligibility renewal.</p> | <p>Approved Initial Programs</p> <p>Programs whose initial eligibility has been approved by the Local Area.</p> |
| <p>Approved Subsequent Programs</p> <p>Programs that have had their subsequent eligibility approved by the Local Area.</p> | <p>Approved Providers</p> <p>Providers that have been approved by the Local Area.</p> |
| <p>Denied Programs/Providers</p> <p>Programs or providers that did not meet criteria for approval. May be eligible for reapplication in 6 months.</p> | <p>Removed Programs/Providers</p> <p>Programs or providers that no longer exist, have asked to be removed, or need to be removed for other reasons.</p> |
| <p>* Pending New Users *</p> <p>New users awaiting approval to use the ETP system.</p> | <p>Denied Users</p> <p>Users that have been denied access to the ETP system.</p> |
| <p>Approved Users</p> <p>Users that have been approved to use the ETP system.</p> | <p>Provider Menu</p> <p>Menu containing Provider Search, Provider Details, Eligibility, Debarment and Assurances, New Institution QA, and Program Details.</p> |

Figure 4 Approval Menu (State Administrator Desktop)

| Table 1 Local Area Approval Menu | |
|---|---|
| Menu Link | Description |
| Pending Initial Programs | Displays programs pending initial review. |
| Pending Subsequent Programs | Displays programs pending subsequent review. |
| Eligibility Expirations Notifications | Displays programs for which eligibility expires within the next forty-five days. Expiration is calculated on the state approval date. |
| Approved Initial Programs | Displays programs approved for initial eligibility, by provider. To make changes to initial program status, access the program record from the Approved Initial Programs queue. Updates cannot be made if the record is accessed any other way. |
| Approved Subsequent Programs | Displays programs approved for subsequent eligibility, by provider. To make changes to subsequent program status, access the program record from the Approved Subsequent Programs queue. Updates cannot be made if the record is accessed any other way. |
| Approved Providers | Lists all approved providers: both WIA-approved and non-WIA approved. To make changes to the provider’s status, access the provider record from the Approved Providers queue. Updates cannot be made if the record is accessed any other way. |
| Denied Programs/Providers | Displays denied programs, by provider. If the provider name is an active link, the provider is denied. If not, the provider is not denied. |
| Removed Programs/Providers | Displays removed programs, by provider. If the provider name is an active link, the provider is removed. If not, the provider is not removed. |
| Pending New Users | Displays new self-service users pending approval to access ProviderLink to manage their provider and program records. |
| Denied Users | Displays denied users. |
| Approved Users | Displays approved users. |
| Provider Menu | Links to the Provider Menu. |

Provider Menu

The Provider Menu is provider-specific and provides navigation for editing the selected provider record, adding or editing programs, or adding a new provider. Menu options are described in [Table 2 Provider Menu](#).

Provider Menu (No Provider Selected)

Click on the links below to view and/or update the Eligible Training Provider sections. Some sections require that a Provider must first be selected from the Provider Search.

| | |
|--|--|
| <p>Provider Update</p> <p>Add/update provider information.</p> | <p>Programs</p> <p>Program information.</p> |
| <p>Approval Menu</p> <p>Menu containing Pending New Programs, Approved New Programs, Pending Program Renewals, Subsequent Pending Programs, and Subsequent Approved Programs.</p> | <p>Local Area Account</p> <p>Local Area Account update.</p> |
| <p>Add Provider</p> <p>Add a new provider.</p> | |

Figure 3 Provider Menu (without Provider in Context)

| Table 2 Provider Menu | |
|------------------------------|--|
| Menu Link | Description |
| General Information | Displays non-editable provider information. |
| Provider Update | Displays the first page of the provider record (editable). Users can continue through the provider record pages to edit as needed. Users cannot approve, deny, or remove a provider from here. |
| Programs | Displays a list of the provider’s programs if a provider is in context. |
| Approval Menu | Links to the Approval Menu. |
| Add Provider | Displays the first page of the provider record, for adding a new provider. |
| Local Area Account | Links to the My Account page. |

Provider Search

Use Provider Search to locate providers and programs to view or update information, or to add programs. Use the various queues to make changes to status.



Providers and programs must be accessed through the appropriate queues to make status changes. Status changes cannot be made if the record is accessed using Provider Search.

If program parameters are entered for the search, ProviderLink displays all providers with those programs.

Local areas can search and view all providers but only have access to edit the providers in their local areas. See [Figure 6](#) and [Figure 7](#).

Follow the instructions below to conduct a Provider Search. See [Table 3 Fields for Training Provider Search](#) for descriptions of the fields on the Provider Search page.

1. Navigate to Provider Search by clicking the **Provider Search** link in the control panel. The Training Provider Search page displays.
2. Complete the fields on the search page according to the instructions in [Table 3 Fields for Training Provider Search](#), relevant to your search. Click the **Search for Provider** button. The Training Providers [Results] page displays.
 - a. To list all providers, click the **Show All** button.
3. Click the appropriate link in the Provider Name column. The General Training Provider Information page displays with Edit Provider Details and Delete Provider buttons.
4. To access the provider’s programs, click the **Provider Menu** link in the control panel to display the Provider Menu. Click the **Programs** link on the Provider Menu.

Training Provider Search

Please enter your search criteria in the fields below.

To search for a specific training provider or list of training providers, complete any of the search criteria fields listed below. Click the 'Search For Provider' button when finished.

| | |
|----------------------------|--------------------------------|
| Provider ID | <input type="text"/> |
| Program Type | <input type="text" value="▼"/> |
| Provider Name Contains | <input type="text"/> |
| Provider Name Starts With: | <input type="text"/> |
| Provider Type | <input type="text" value="▼"/> |
| Location | <input type="text" value="▼"/> |
| Zip Code Begins With | <input type="text"/> |
| County | <input type="text" value="▼"/> |
| Local Area | <input type="text" value="▼"/> |
| Program Name Contains | <input type="text"/> |
| Approved Programs | <input type="text" value="▼"/> |
| WIA Youth Providers | <input type="checkbox"/> |
| Order By | <input type="text" value="▼"/> |

Figure 4 ProviderLink Training Provider Search

AJL ProviderLink User Guide – Local Areas

Training Providers

A complete listing of training providers is listed below. You may view details for a provider by clicking a provider name. You may click on the Provider Name, County, Area, City, Zip Code, or Last Updated headings to sort the providers in the selected order.

| ↓ Provider Name | County | Area | City | Zip Code | Last Updated |
|---|-----------|------|---------------|----------|--------------|
| American Academy of Hair Design | Shawnee | 2 | Topeka | 66611 | 09/23/10 |
| American Academy of Hair Design | Riley | 2 | Manhattan | 66502 | 09/23/10 |
| American Academy of Massage Therapy | Riley | 2 | Manhattan | 66502 | 09/23/10 |
| American Academy of Massage Therapy | Shawnee | 2 | Topeka | 66609 | 09/23/10 |
| American College of Technology | Wyandotte | 3 | St. Joseph | 64506 | 05/10/11 |
| American Home Inspectors Training Institute | Wyandotte | 3 | Kansas City | 66101 | 05/19/10 |
| American Institute of Baking | Riley | 2 | Manhattan | 66502 | 09/23/10 |
| National American University | Johnson | 3 | Overland Park | 66212 | 01/04/11 |
| National American University | Sedgwick | 4 | Wichita | 67206 | 05/21/10 |

Provider Search

Figure 5 ProviderLink Provider Search – Search Results

AJL ProviderLink User Guide – Local Areas

General Training Provider Information

Detailed training provider information is listed below.

| | |
|---------------------|--|
| Provider: | American Academy of Hair Design |
| Address: | 901 SW 37th |
| City: | Topeka |
| State: | KS |
| Zip: | 66611 |
| Phone: | (785) 267-5800 - Ext: |
| Fax: | (785) 266-1817 |
| Provider Type: | Private Career School/College |
| Web Site Address: | www.americanacademy.edu |
| Admissions Contact: | David Yocum |
| Admissions E-Mail: | david@americanacademy.edu |

Institution Type

| | | | | |
|--------------------|--------|---------|------------|-----------|
| Type: | Public | Private | Non-Profit | Sectarian |
| Proprietary School | No | Yes | No | No |

[Edit Provider Details](#)

[Delete Provider](#)

Figure 6 General Training Provider Information – Provider in My Local Area

AJL ProviderLink User Guide – Local Areas

General Training Provider Information

Detailed training provider information is listed below.

| | |
|---------------------|--|
| Provider: | National American University |
| Address: | 7309 E 21st Street, Suite G40 |
| City: | Wichita |
| State: | KS |
| Zip: | 67206 |
| Phone: | (866) 628-1288 - Ext: |
| Fax: | (316) 681-8174 |
| Provider Type: | Private Career School/College |
| Web Site Address: | www.national.edu |
| Admissions Contact: | Karen Wright |
| Admissions E-Mail: | kwright@national.edu |

Institution Type

| | | | | |
|---|--------|---------|------------|-----------|
| Type: | Public | Private | Non-Profit | Sectarian |
| Postsecondary - with degree/certificate | No | Yes | No | No |
| Proprietary School | No | Yes | No | No |

Figure 7 General Training Provider Information – Provider Not in My Local Area (No Edit Button)

| Table 3 Fields for Training Provider Search | |
|--|---|
| Field | Valid Entries |
| Provider ID | Text box; enter the Provider ID. |
| Program Type | Drop-down; select the Program Type. The options listed in the Drop-down are from the CIP (Classification of Instructional Programs) codes assigned to each program. |
| Provider Name Contains | Text box; enter a word or words contained in the provider name. |
| Provider Name Starts With | Text box; enter a word or words that the provider name starts with. |

| Table 3 Fields for Training Provider Search | |
|--|---|
| Field | Valid Entries |
| Provider Type | Drop-down; select the Provider Type from the drop-down. Options are: Charitable/Faith-Based Organization Public Community/Technical School/College College/University (Four Year) Community-Based Organization Employer Government Agency Labor Union Private Career School/College Private Corporation Other |
| Location | Drop-down; select a city area location or specific city from the drop-down. |
| Zip Code Begins With | Text box; enter one or more digits of the zip code. |
| County | Drop-down; select a county from the drop-down. |
| Local Area | Drop-down; select a local area from the drop-down. |
| Program Name Contains | Text box; enter one or more words in the program name. |
| Approved Programs | Drop-down; select a type of approved program. Options are: WIA Approved Programs Approved Initial Programs Approved Subsequent Programs Youth Elements |
| WIA Youth Providers | Check box; check to search for WIA Youth Services Providers only. |
| Order By | Drop-down; select an option by which to order the search results. Options are: Provider Name Date Last Updated City Zip Code Area County |

WIA ETP List – Providers

Provider records can be added by state administrators or local area coordinators, or by training providers themselves. All new providers display in the state administrator Pending Initial Providers queue for approval. The approval of a new provider at this level is not WIA approval, but approval to display in AJL as a training provider.

Local areas cannot remove or deny providers. The state administrator removes or denies providers. Removals and denials are typically accomplished at the program level, on a program-by-program basis. Providers are typically removed only if eligibility has expired on all WIA-approved programs.

Denials and removals are not the same. Providers (and programs) can only be denied if they apply and fail to meet the eligibility requirements, or for cause. If approved providers fail to submit applications for subsequent eligibility in a timely manner, and eligibility expires, those programs are removed, not denied. Eligibility cannot be denied if no application is submitted.

Approved providers are denied only if they do not comply with the training provider assurances.

When a WIA-approved provider is denied or removed, if the provider has any WIA-approved programs, the status of the programs is set to non-WIA-approved.

The provider record includes the following pages:

1. Training Provider Details
2. Eligibility
3. Debarment
4. Institution Info

Each provider record also has a Provider Programs page, listing and providing navigation to each of the provider's programs.

View/Edit/Delete Provider

1. Navigate to the General Training Provider Information page according to the instructions for [Provider Search](#).
2. View the provider record. The General Training Provider Information page displays most of the information on the provider record on one page, with direct navigation to edit the provider record if changes are needed.
3. To edit the provider record, click the **Edit Provider Details** button. The editable Training Provider Details page displays. The Training Provider Details page is the first page of the provider record. Each page of the record has Save/Continue and Save/Return buttons. Make changes as needed and click the **Save/Continue** or **Save/Return** button.
4. To delete the provider record, click the **Delete Provider** button. The confirm deletion page displays. To delete the provider, click the **Delete** button. To return without deleting the provider, click the **Cancel** button.

Add Provider

1. On the Approval Menu, click the **Provider Menu** link, or click **Provider Menu** in the control panel. The Provider Menu displays.
2. Click the **Add Provider** link. The Training Provider Details page displays.
3. Enter provider information according to the instructions in [Table 4 Fields for Training Provider Details](#) and click the **Save/Continue** button. The Eligibility page displays.
4. Enter the eligibility information according to the instructions in [Table 5 Fields for \[Provider\]](#)

[Eligibility](#) and click the **Save/Continue** button. The Debarment page displays.

5. Enter the debarment information according to the instructions in [Table 6 Fields for Debarment](#) and click the **Save/Continue** button. The Institution Info page displays.
6. Enter the institution information according to the instructions in [Table 7 Fields for Institution Info](#) and click the **Save/Continue** button. The Training Provider record is complete. The Programs page displays.
7. After adding, the provider displays in the state administrator’s Pending Initial Provider queue. After review and approval, the provider is then approved to display in AJL as a training provider. The provider is not a WIA-approved provider until at least one of the provider’s programs is approved by the local area and by the state.
 - a. After the provider is approved by the state administrator, any programs entered then display to the local area coordinator in the Pending Initial Programs queue.
 - b. The programs do not display in the local area coordinator’s Pending Initial Programs queue until the provider has been approved to display in AJL by the state administrator.
 - c. The programs do not display in the state administrator’s Pending Initial Programs queue until they have been approved by the local area coordinator.

Table 4 Fields for Training Provider Details

| Field | Valid Entries |
|--|--|
| Local WIB Number | Display only; generated and displays after the page is saved. The Local WIB Number is generated based on the provider’s zip code. |
| Identifier Number | Display only; generated and displayed after the page is saved. The Identifier Number (Provider ID) is a consecutive number generated by ProviderLink. If the Training Agent ID and Vendor ID are not entered, ProviderLink generates the same number for all three IDs. |
| Training/Education Institution Name | Text box; enter the name of the institution. Institutions can (and often will) have more than one record in ProviderLink. Take care to use the name consistently. For example, if the name is Hamilton Area Community College, one record may read Hamilton ACC, another may read HACC, and another Hamilton Area Community College. |
| Training/Education Institution Address | Text box; enter the full street address for the institution. This address is used by the public to map the location and get directions. If a mailing address is used, such as a PO Box number, AJC cannot map. |
| Training/Education Institution City | Text box; enter the city where the institution is located. |
| Training/Education Institution State | Drop-down; select the state where the institution is located from the drop-down. |
| Training/Education Institution ZIP/Postal Code | Text box; enter the ZIP or postal code of the institution. |

| Table 4 Fields for Training Provider Details | |
|--|---|
| Field | Valid Entries |
| Training/Education Institution Country | Drop-down; if the training/education institution is located in a country other than the United States, select that country. |
| Training/Education Institution International State/Province/County | Text box; If applicable, enter the international state, province, or county in which the training/educational institution is located. |
| Training/Education Institution County | Drop-down; select the county where the training institution is located. |
| Training/Education Institution Telephone Number | Text box; enter the telephone number for the institution. |
| Training/Education Institution Fax Number | Text box; enter the fax number for the institution. |
| General Email Address | Text box; enter an email address to which the public can address general information inquiries. Not a required field. |
| Website Address | Text box; enter the website address for the institution. Not a required field. |
| Website Link | Display only. If a website address is entered, the URL displays as a link when the page is saved. |
| FEIN | Text box; enter the FEIN (Federal Employer Identification Number) for the institution. |
| Training Agent ID | Text box; enter the Training Agent ID. If the Training Agent ID field is not entered, ProviderLink will assign the Training Agent ID when the page is saved. (ProviderLink generates consecutive Provider ID's for each record entered. The Training Agent ID and Vendor ID generated will be the same number as the Provider ID.) The Training Agent ID is entered on the Service Details page in ServiceLink. |
| Vendor ID | Text box; enter the Vendor ID. If the Vendor ID field is not entered, ProviderLink will assign the Vendor ID when the page is saved. (ProviderLink generates consecutive Provider IDs for each record entered. The Training Agent ID and Vendor ID generated will be the same number as the Provider ID.) The Vendor ID is used to identify Vendors in FiscalLink. |
| Contact Person | Text box; enter the full name of the contact person. |
| Contact Address | Text box; enter the full address of the contact person. |
| Contact City | Text box; enter the city where the contact person is located. |
| Contact State | Drop-down; select the state where the contact person is located from the drop-down. |
| Contact ZIP/Postal Code | Text box; enter the ZIP or postal code of the contact person. |
| Contact Country | Drop-down; if the contact person is located in a country other than the United States, select that country. |

| Table 4 Fields for Training Provider Details | |
|---|--|
| Field | Valid Entries |
| Contact International State/Province/County | If applicable, enter the international state, province, or county in which the contact person is located. |
| Contact Telephone Number | Text box; enter the telephone number for the contact person. |
| Contact Fax Number | Text box; enter the fax number for the contact person. |
| Contact Email Address | Text box; enter an email address for the contact person. |
| Institution/Organization Type | Drop-down; select an option to indicate the type of institution. Options are: Charitable/Faith-Based Organization Public Community/Technical School/College College/University (Four Year) Community-Based Organization Employer Government Agency Labor Union Private Career School/College Private Corporation Other |
| Approved WIA Youth Services Provider | Select Yes or No . |

| Table 5 Fields for [Provider] Eligibility | |
|---|---|
| Fields | Valid Entries |
| Postsecondary eligible to receive Title IV funds from Higher Education Act (HEA) and provides an associate degree, baccalaureate degree, or certificate | Checkboxes; check all valid options. Options are: Public Private Non-Profit Sectarian |
| Postsecondary not providing an associate degree, baccalaureate degree, or certificate | |
| Registered Apprenticeship Program Under National Apprenticeship Act | |
| Non-Registered Apprenticeship Program | |
| Community-Based Organization | |
| Joint Vocational School | |
| Proprietary School | |
| Other (Identify Below) | |
| Other (Please specify if selected above.) | Text box; enter a description of the type of training institution. Required if one of more of the checkboxes in Other is checked. |
| Associate Degree | Select Yes or No for each type. |
| Baccalaureate Degree | |

| Table 5 Fields for [Provider] Eligibility | |
|---|---|
| Fields | Valid Entries |
| Certificate | |
| License | |
| Competency of Skill Recognized by Employer | |
| Additional Skills or Competencies Generally Recognized by Employers | |
| Other (Please see below.) | |
| Other (Please specify if selected above.) | Text box; enter a description of the Other type of Degrees Offered. Required if Other is Yes . |

| Table 6 Fields for Debarment | |
|---|--|
| Field | Valid Entries |
| <i>None of the fields on the Debarment page is required. If the provider is not listed on a debarment list, simply click Save/Continue and proceed.</i> | |
| Is your training/education institution listed on any state or federal debarment lists? | Select Yes or No . |
| Name of First Debarment List | Text box; enter the name of the first debarment. |
| Date of First Inclusion | Text box; enter the date of first inclusion in the mm/dd/yyyy format. |
| Name of Second Debarment List | Text box; enter the name of the second debarment. |
| Date of Second Inclusion | Text box; enter the date of second inclusion in the mm/dd/yyyy format. |
| Name of Third Debarment List | Text box; enter the name of the third debarment. |
| Date of Third Inclusion | Text box; enter the date of third inclusion in the mm/dd/yyyy format. |

| Table 7 Fields for Institution Info | |
|---|--|
| Field | Valid Entries |
| Accredited | Select Yes or No . |
| Accredited By | Textbox; enter name of accreditation entity. |
| Approved | Select Yes or No . |
| Approved By | Textbox; enter name of approval entity. |
| Registered | Select Yes or No . |
| Registered With | Textbox; enter name of registration entity. |
| Licensed | Select Yes or No . |
| Licensed By | Textbox; enter name of licensure entity. |
| Does your institution have a tuition refund policy? | Select Yes or No . |

| Table 7 Fields for Institution Info | |
|--|---|
| Field | Valid Entries |
| Does your institution have access to or offer the following financial aid? | Select Yes or No . |
| Federal Grants | Select Yes or No . |
| List | Text box; list federal grants. |
| State Grants | Select Yes or No . |
| List | Text box; list state grants. |
| Local Grants | Select Yes or No . |
| List | Text box; list local grants. |
| Scholarships | Select Yes or No . |
| List | Textbox; list scholarships. |
| Fellowships | Select Yes or No . |
| List | Text box; list fellowships. |
| Training/Education Institution Grants | Select Yes or No . |
| List | Text box; list training/education institution grants. |

AJL ProviderLink User Guide – Local Areas

Training Provider Details - Add New Provider

Enter basic information for the training provider.

* indicates a required field

| | |
|---|--|
| * Training/Education Institution Name | <input type="text"/> |
| * Training/Education Institution Address | <input type="text"/> |
| * Training/Education Institution City | <input type="text"/> |
| * Training/Education Institution State | Kansas <input type="button" value="v"/> |
| * Training/Education Institution ZIP/Postal Code | <input type="text"/> |
| * Training/Education Institution Country | United States <input type="button" value="v"/> |
| | Training/Education Institution International State/Province/County <input type="text"/> |
| * Training/Education Institution County | <input type="button" value="v"/> |
| * Training/Education Institution Telephone Number | 000-000-0000 Ext. * <input type="text"/> |
| Training/Education Institution Fax Number | <input type="text"/> |
| General Email Address | <input type="text"/> |
| Web Site Address | <input type="text"/> |
| Web Site Link | |
| * FEIN | <input type="text"/> |
| Training Agent ID | <input type="text"/> |
| Vendor ID | <input type="text"/> |
| * Contact Person | <input type="text"/> |
| * Contact Address | <input type="text"/> |
| * Contact City | <input type="text"/> |
| * Contact State | Kansas <input type="button" value="v"/> |
| * Contact ZIP/Postal Code | <input type="text"/> |
| * Contact Country | United States <input type="button" value="v"/> |
| Contact International State/Province/County | <input type="text"/> |
| * Contact Telephone Number | 000-000-0000 Ext. * <input type="text"/> |
| Contact Fax Number | <input type="text"/> |
| Contact Email Address | <input type="text"/> |
| * Institution/Organization Type | Select a Type <input type="button" value="v"/> |
| | * Approved WIA Youth Services Provider <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA |

Figure 8 Provider Record – Training Provider Details

AJL ProviderLink User Guide – Local Areas

Assurances

Training provider assures that it and all its employees responsible for providing training services, will comply fully with all nondiscrimination and equal opportunity provisions of the laws listed below:

WIA Section 188, which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I financially assisted program or activity;

Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;

Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

The Americans with Disabilities ACT (ADA) of 1990 which prohibits discrimination against qualified people with disabilities based on disability;

The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;

Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs;

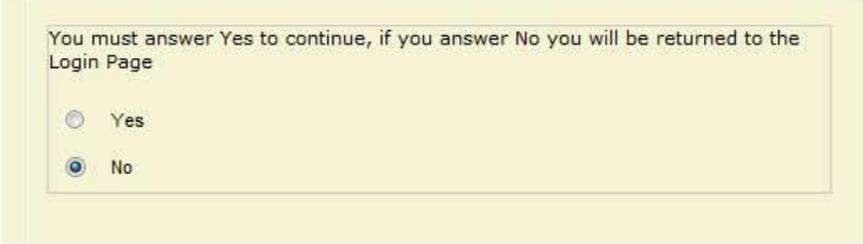
The Kansas Act Against Discrimination;

TESTING [etp_assurances_dsp.cfm 1](#)

This assurance applies to the training provider's approval to display on JobLink information about their training/educational institution and programs to those individuals seeking such information. The undersigned understands that JobLink has the right to remove the training provider's information from JobLink for non-compliance.

For training providers who submit training program applications for approval as a WIA Eligible Training Provider (ETP), this assurance applies to the Eligible Training Provider's (ETP) operation of the WIA Title I-financially assisted program or activity, and to all agreements the ETP makes to carry out the WIA Title I financially-assisted program or activity. The undersigned understands that the United States has the right to seek judicial enforcement of this assurance.

For training programs approved for the WIA ETP list, the training provider further agrees to collect and provide the program performance and cost information required by the Workforce Investment Act and the Governor's Workforce Policy Board, and to accept the Individual Training Account (ITA) payment method.



You must answer Yes to continue, if you answer No you will be returned to the Login Page

Yes

No

Submit

Figure 9 Assurances

AJL ProviderLink User Guide – Local Areas

Eligibility - Molly College

Type of Training Institutions

Complete the information regarding training provider eligibility by checking all applicable boxes below.

| |
|---|
| <p>Postsecondary eligible to receive Title IV funds from Higher Education Act (HEA) and provides an associate degree, baccalaureate degree or certificate</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Sectarian</p> |
| <p>Postsecondary not providing an associate degree, baccalaureate degree or certificate</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Sectarian</p> |
| <p>Registered Apprenticeship program under National Apprenticeship Act</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Sectarian</p> |
| <p>Non-Registered Apprenticeship program</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Sectarian</p> |
| <p>Community Based Organization</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Sectarian</p> |
| <p>Joint Vocational School</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Sectarian</p> |
| <p>Proprietary School</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Sectarian</p> |
| <p>Other (identify below)</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Sectarian</p> |

Other Type(s) of Institution

If you checked 'Other' as the Institution type, describe the Institution below.

Other (Please specify if selected above)

Additional Info

Please answer the following question.

Is your training/education institution authorized with your state to provide a program of education beyond secondary education?

Yes

No

Degrees Offered

Please answer the following questions concerning types of degrees offered by the institution.

| |
|--|
| <p>Associate Degree</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>Baccalaureate Degree</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>Certificate</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>License</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>Competency of Skill Recognized by employer</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>Additional Skills or Competencies Generally Recognized by Employers</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>Other (please see below)</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |

Other Type(s) of Degrees

Please describe other types of degrees that the institution offers.

Other (Please specify if selected above)

Save/Continue

Clear Changes

Figure 10 Provider Record – Eligibility

AJL ProviderLink User Guide – Local Areas

Debarment - Molly College

Debarment Status

Please answer the following question.

| | |
|--|---|
| | <p>Is your training/education institution listed on any state or federal debarment lists?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

If yes, please indicate the name(s) and date(s) of your institution's debarment(s).

| | |
|-------------------------------|---|
| Name of First Debarment List | <input type="text"/> |
| Date of First Inclusion | <input type="text" value="mm/dd/yyyy"/> |
| Name of Second Debarment List | <input type="text"/> |
| Date of Second Inclusion | <input type="text" value="mm/dd/yyyy"/> |
| Name of Third Debarment List | <input type="text"/> |
| Date of Third Inclusion | <input type="text" value="mm/dd/yyyy"/> |

Figure 11 Provider Record – Debarment

AJL ProviderLink User Guide – Local Areas

Institution Info - Molly College

Complete the fields with your institution's approval, tuition and financial aid information and click the 'Save' button.

Approving Organization/Agency Approval

| | |
|------------------|--|
| Accredited: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Accredited by: | <input type="text"/> |
| Approved: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Approved by: | <input type="text"/> |
| Registered: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Registered with: | <input type="text"/> |
| Licensed: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Licensed by: | <input type="text"/> |

Tuition and Financial Aid

| | |
|--|--|
| Does your institution have a tuition refund policy? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Does your institution have access to or offer the following financial aid?: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Federal Grants: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| List: | <input type="text"/> |
| State Grants: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| List: | <input type="text"/> |
| Local Grants: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| List: | <input type="text"/> |
| Scholarships: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| List: | <input type="text"/> |
| Fellowships: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| List: | <input type="text"/> |
| Training/Education Institution Grants: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| List: | <input type="text"/> |
| <input type="button" value="Save/Continue"/> <input type="button" value="Save/Return"/> <input type="button" value="Clear Changes"/> | |

Figure 12 Provider Record – Institution Info

WIA ETP List – Programs

Programs can be added, edited, and/or deleted by the state administrator, local area coordinator, and/or training provider representatives with approved accounts.

Programs can be added immediately after adding the provider, or at any time. The provider does not have to be approved before programs are added. However, the provider approval status does determine whether or not the programs display to the public.

Programs added to a provider approved to display in AJL display immediately to the public. They do not display as WIA-approved programs until after the local area coordinator and state administrator approve the program.

View/Edit/Delete Programs

1. To put the provider in context, navigate to the General Training Provider Information page according to the instructions for [Provider Search](#).
2. Click the **Provider Menu** link in the Control Panel to display the Provider Menu for the provider in context.
3. Click the **Programs** link on the Provider Menu to display the Provider Programs page. Each program displays with the following links: Edit, Performance, Delete, and [Status].
 - a. Click the **Edit** link to display the editable Program Details page.
 - b. Click the **Performance** link to display the editable Program Performance page.
 - c. Click the **Delete** link to delete the program.

Provider Programs - American Institute of Baking

To edit an existing program, click the Edit link next to the name you wish to edit. To edit performance information, click the Performance link. To delete a program, click the Delete link.

| | | | | |
|-----------------------------|----------------------|-----------------------------|------------------------|--------|
| Baking Science & Technology | Edit | Performance | Delete | St-Rem |
| Maintenance Engineering | Edit | Performance | Delete | St-Rem |

[Return To Menu](#)

Figure 13 Provider Programs (Partial)

Add Programs

1. To put the provider in context, navigate to the General Training Provider Information page

according to the instructions for [Provider Search](#).

2. Click the **Provider Menu** link in the Control Panel to display the Provider Menu for the provider in context.
3. Click the **Programs** link on the Provider Menu to display the Provider Programs page.
4. Click the **Add Program** button. The Program Description page displays.
5. Complete the fields on the Program Description page according to the instructions in [Table 8 Fields for Provider Program](#) and click **Save/Continue**. The Program is added and the Provider Programs page displays.
 - a. If “Do you wish to apply for WIA Approval?” is **Yes**, the program displays in the local area Pending Initial Programs queue.
 - i. The program displays to the public (and in ServiceLink) as a non-WIA-approved program, until approved by the local area coordinator and the state administrator.
 - b. If “Do you wish to apply for WIA Approval?” is **No**, the program does not display in the local area Pending Initial Programs queue.
 - i. The program displays to the public (and in ServiceLink) as a non-WIA-approved program.



*The Program Description page requires assignment of both a CIP code and an O*NET code. In many cases, the CIP and O*NET have an obvious correlation, but in other cases, the program may prepare the student for several occupations. For example, 520402 Executive Assistant/Executive Secretary prepares the student for 43-6014.00 Secretaries and Administrative Assistants Except Legal, Medial, and Executive, 434171.00 Receptionists and Information Clerks, and 43-9061.00 Office Clerks, General. The CIP crosswalk at www.onetonline.org/crosswalk is helpful for finding O*NET codes for CIP codes.*

| Table 8 Fields for Provider Program | |
|--|---|
| Field | Valid Entries |
| WIA Approved | Display only; displays the status of the program. |
| Do you wish to apply for WIA Approval? | Select Yes or No . |
| Last Updated | Display only; displays date of last update to the program, not the status. The date of state administrator approval displays on the Provider Programs page. Displays after the page is saved. |
| This individual program of training services is: (Check all that apply.) | Checkboxes; check all that apply. Options are: Single Course/Class; Training Program of Multi-Courses; Non-traditional for Women. |
| Local WIB Number | Display only; displays after the page is saved. The Local WIB Number is generated from the zip code on the program. |
| Program Name or Single Course/Class Title | Text box; enter the name of the program or course. |
| Program Synopsis | Text box; enter a synopsis of the program. |

| Table 8 Fields for Provider Program | |
|---|--|
| Field | Valid Entries |
| Curriculum Competency Based | Text box; if the curriculum is competency-based, describe the competencies. |
| Prerequisites | Text box; enter or list the prerequisites. |
| Total Credit/Curriculum Hours | Text box; enter the number of credit or curriculum hours. |
| Total Number of Training Weeks | Text box; enter the number of weeks needed to complete the program/course. |
| Training Location | Text box; enter the street address of the training location. |
| County | Drop-down; select the county where the training is located. |
| Zip Code | Text box; enter the zip code where the training is located. |
| Program Length | Drop-down; select the program length. The program length indicates the type of periods for the training. For example, if the training is offered by the Semester, but takes two semesters to complete, select Semester. The total length of the training is indicated by Total Credit/Curriculum Hours and/or Total Number of Training Weeks. Options are Quarter; Semester; Trimester; and Other. |
| Type of Attainment | Text box; enter the type of attainment: diploma; certificate; etc. |
| Type of Financial Aid Offered | Text box; enter the type of financial aid for which this program is eligible. |
| Refund Policy | Text box; enter a description of the provider’s refund policy for this program. |
| Program Cost Items | |
| In-State/District Tuition | Text box; enter the cost. |
| [Description] | Text box; enter a description of the cost. If district, name the district. |
| Out-of-State/District Tuition | Text box; enter the cost. |
| [Description] | Text box; enter a description of the cost. If district, name the district. |
| Registration Fee | Text box; enter the cost. |
| [Description] | Text box; enter a description of the cost. If the fee is due for each semester and the program is more than one semester, describe. |
| Books (Estimated) | Text box; enter the cost. |
| [Description] | Text box; enter a description of the cost. If the cost for books is for one semester, and the program is more than one semester, describe. |
| Supplies/Materials/Hand Tools (Not Included in Tuition) | Text box; enter the cost. |
| [Description] | Text box; enter a description of the cost. List the supplies, materials, and hand tools required and the student’s estimated cost. If the cost is for one semester, and the program is more than one semester, describe. Include all costs: art supplies for art classes; fuel charges for truck driving; etc. |

| Table 8 Fields for Provider Program | |
|--|---|
| Field | Valid Entries |
| Testing/Exam Fees | Text box; enter the cost. |
| [Description] | Text box; enter a description of the cost. Indicate when the testing fees are due: before or after the training, and to whom they are paid. For example, network administrator certification exams are administered by a third party and the student is required to pay the third party to take the exam. |
| Other | Text box; enter the cost. |
| [Description] | Text box; enter a description of the cost. List and describe any other costs. If the cost for books is for one semester, and the program is more than one semester, describe. |
| Curriculum | |
| Certified | Select Yes or No . If the curriculum is certified by an accrediting entity or national standardization program, select Yes . |
| Authorizing Entity | Text box; required if Certified is Yes . Enter the name and/or description of the entity. |
| Occupations | |
| Program Type Title | Display only; displays the CIP title after the CIP is selected. |
| Program Type | Text box. Use the CIP Lookup button to search for and select the CIP. The CIP should be provided by the training provider. |
| Occupation Title (O*NET SOC) Title | Display only; displays the O*NET title after the O*NET is selected. |
| Occupation Title (O*NET SOC) | Text box. Use the O*NET button to search for and select an occupation for which this program prepares the student. |
| Hourly Wage 1 | Enter the hourly wage for an entry-level employee in this occupation. |
| Required Certification 1 | Enter a description of any certifications required to enter employment in this occupation. |
| Occupation Title (O*NET SOC) Title | Display only; displays the O*NET title after the O*NET is selected. |
| Occupation Title (O*NET SOC) | Text box. Use the O*NET button to search for and select an occupation for which this program prepares the student. |
| Hourly Wage 2 | Enter the hourly wage for an entry-level employee in this occupation. |
| Required Certification 2 | Enter a description of any certifications required to enter employment in this occupation. |

AJL ProviderLink User Guide – Local Areas

Program Description – American Institute of Baking

Baking Science & Technology

* indicates a required field

Describe each individual program that the training provider would like to have certified.

| | |
|--|---|
| WIA Approved: | State Removed |
| | <p>* This individual program of training services is: (check all that apply)</p> <p><input checked="" type="checkbox"/> Single Course/Class</p> <p><input type="checkbox"/> Training Program of Multi-Courses</p> <p><input type="checkbox"/> Non-traditional for Women</p> |
| Local WIB Number | 2 |
| * Program Name or Single Course/Class Title: | Baking Science & Technology |
| | <p>* Program Synopsis: (5000 character max.)</p> <p>Four hours of lecture on function of ingredients, science production mgt. each morning followed by 4 hours of shop work in bread, cake, science or production mgt.</p> <p>Check spelling</p> |
| Curriculum Competency Based: | yes |
| Prerequisites: | High School Diploma or GED |
| * Total Credit/ Curriculum Hours: | 760 |
| Total Number of Training Weeks: | 16 |
| * Training Location: | Manhattan |
| * County | Riley |
| * Zip Code | 66612 - 0000 |
| Program Length: | Other |
| * Type of Attainment: | Certificate |
| * Type of Financial Aid Offered: | Scholarships |
| Refund Policy: | N/A |

Program Cost Items

Add to the Program description by completing the Program Costs listed below. When finished, click Save.

| Program Cost Item | Cost/Description |
|--------------------------------|--|
| In-State/District Tuition: | 7,200.00 |
| | |
| Out-of-State/District Tuition: | 0.00 |
| | |
| Registration Fee: | 45.00 |
| | |
| Books (Estimated): | 0.00 |
| | |
| | Supplies/Materials/Hand Tools (not included in tuition): |
| | 200.00 |
| | |
| Testing/Exam Fees: | 0.00 |
| | |
| Graduation Fees: | 0.00 |
| | |
| Other: | 0.00 |
| | |

Curriculum

If Certified is checked 'yes', then Authorizing Entity must be entered.

Is the proposed curriculum currently certified by an accrediting agency or similar national standardization program? If yes, enter the name of the agency or authorizing entity.

| | |
|---------------------|---|
| | <p>Certified:</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| Authorizing Entity: | Board of Regents |

Occupations

Please provide the specific name of one or two occupations that this training program will prepare an individual to do. Include the minimum entry level wage for the occupation and indicate the certification, licensing and credentials by boards or other approval required prior to employment.

| | | |
|------------------------------------|---|-----------------------------|
| Program Type Title | Baking and Pastry Arts/Baker/Pastry Chef. | |
| * Program Type | 120501 | CIP Lookup |
| Occupation Title (O*Net-SOC) Title | Bakers | |
| * Occupation Title (O*Net-SOC) | 51-3011.00 | ONET Lookup |
| Hourly Wage 1 | 0.00 | |
| Required Certification 1 | | |
| Occupation Title (O*Net-SOC) | | ONET Lookup |
| Hourly Wage 2 | | |
| Required Certification 2 | | |

Figure 14 Program Description Page

Add Program Performance

1. Navigate to the General Training Provider Information page according to the instructions for [Provider Search](#) to put the provider in context.
2. Click the **Provider Menu** link in the Control Panel to display the Provider Menu for the provider in context.
3. Click the **Programs** link on the Provider Menu to display the Provider Programs page.
4. On the Provider Programs page, click the **Performance** link for the appropriate program. The Program Performance page displays.
5. Complete the fields on the Program Performance page according to the instructions in [Table 9 Fields for Program Performance](#) and click **Save/Continue**. The Performance information is added and the Provider Programs page displays.

AJL ProviderLink User Guide – Local Areas

Program Performance - American Institute of Baking

Any program that is covered by the Higher Education Act (HEA) or is a registered apprenticeship program is not required to submit the following performance data information for initial eligibility. However, it is encouraged.

All programs must complete the following performance data to be considered for renewal (subsequent eligibility).

Any providers requiring assistance acquiring statistical performance information on program participants for the Employed and Average Wage measures may request assistance for UI wage matching. If interested in this assistance, please contact the Local Area contact for instructions.

Enter either raw numbers or percentages, not both.

Baking Science & Technology

Program Performance For All Students

| | |
|---------------------|---|
| Begin Date | <input type="text" value="01/01/2002"/> |
| End Date | <input type="text" value="01/04/2003"/> |
| Number Participated | <input type="text" value="146"/> |
| Number Completed | <input type="text" value="0"/> |

Completed 100%
Percent

| | |
|---|--------------------------------|
| Number Employed After Leaving The Program | <input type="text" value="0"/> |
|---|--------------------------------|

Employed 100%
Percent

| | |
|-------------------------------|------------------------------------|
| Avg Hourly Wage At Placement: | <input type="text" value="14.42"/> |
|-------------------------------|------------------------------------|

Do not enter the percentages if Completed and Employed values are entered.

| | |
|-------------------|----------------------------------|
| Completed Percent | <input type="text" value="100"/> |
| Employed Percent | <input type="text" value="100"/> |

WIA Participant Performance

To be filled in by Local Area Staff

| | |
|------------|---|
| Begin Date | <input type="text" value="mm/dd/yyyy"/> |
| End Date | <input type="text" value="mm/dd/yyyy"/> |
| Completed | <input type="text" value="0"/> |
| Employed | <input type="text" value="0"/> |

Employed 0%
Percent

| | |
|------------------|--------------------------------|
| Employed > 6 Mo. | <input type="text" value="0"/> |
|------------------|--------------------------------|

Employed > 6 Mo. 0%
Percent

| | |
|--------------------------|-----------------------------------|
| Avg Hourly Wage > 6 Mo.: | <input type="text" value="0.00"/> |
| Attained More Skills: | <input type="text" value="0"/> |

Attained More Skills 0%
Percent

Do not enter the percentages if Employed, Employed > 6 mo., and Attained More Skills values are entered.

| | |
|-------------------------------|----------------------|
| Employed Percent | <input type="text"/> |
| Employed > 6 Mo. Percent | <input type="text"/> |
| Attained More Skills Percent: | <input type="text"/> |

Figure 15 Program Performance

| Table 9 Fields for Program Performance | |
|---|--|
| Field | Valid Entries |
| Program Performance For All Students | |
| Begin Date | Enter the begin date of the performance period in the mm/dd/yyyy format. |
| End Date | Enter the end date of the performance period in the mm/dd/yyyy format. |
| Number Participated | Enter the number of students who participated in the program. |
| Number Completed | Enter the number of students who completed the program. |
| Completed Percent | Display only; Completed Percent is calculated from Number Participated and Number Completed. |
| Number Employed After Leaving the Program | Enter the number employed after leaving the program. |
| Employed Percent | Display only; Employed Percent is calculated from Number Participated and Number Employed. |
| Average Hourly Wage at Placement | Enter the average hourly wage for those entering employment. |
| Completed Percent | Enter Completed Percent. Do not enter Completed Percent if Number Participated and Number Completed are entered. |
| Employed Percent | Enter Employed Percent. Do not enter Employed Percent if Number Participated and Number Employed are entered. |
| WIA Participant Performance | |
| Begin Date | Enter the begin date of the performance period in the mm/dd/yyyy format. |
| End Date | Enter the end date of the performance period in the mm/dd/yyyy format. |
| Completed | Enter the number of participants who completed the program. |
| Employed | Enter the number of participants who entered employment following participation in the program. |
| Employed Percent | Display only; Employed Percent is calculated from Completed and Employed. |
| Employed > 6 Months | Enter the number of participants who entered employment following participation in the program and were employed for more than six months. |
| Employed > 6 Months Percent | Display only; Employed > 6 Months Percent is calculated from Employed and Employed > 6 Months. |
| Average Hourly Wage > 6 Months | Enter the average hourly wage for participants employed more than six months. |
| Attained More Skills | Enter the number of participants who attained more skills. |
| Attained More Skills Percent | Display only; Attained More Skills Percent is calculated from Completed and Attained More Skills. |
| Employed Percent | Enter Employed Percent. Do not enter Employed Percent if Completed and Employed values are entered. |

| Table 9 Fields for Program Performance | |
|--|---|
| Field | Valid Entries |
| Employed > 6 Months Percent | Enter Employed > 6 Months Percent. Do not enter Employed > 6 Months Percent if Employed and Employer > 6 Months values are entered. |
| Attained More Skills Percent | Enter Attained More Skills Percent. Do not enter Attained More Skills Percent if Completed and Attained More Skills values are entered. |

Approve or Deny Pending Programs

When programs are pending local area review, they display in the pending queues on the Approval Menu. Click the appropriate link on the Approval Menu to access the programs in the queue, either Pending Initial Programs or Pending Subsequent Programs.

Programs display to local areas first. Following local area review, they then display to the state administrator.

The Performance page displays after the Program page during the approval process. If Performance is required, you cannot proceed without adding performance. If Performance is not required, you can proceed without filling out any of the fields on the Performance page. Whether or not performance data is required is a setting in AJL. Each state can determine the setting.



*If the a program is denied, time limitations for re-application apply. Make sure that denial is the correct action before clicking the **Deny** button. For example, if information is missing from the record, the training provider can be contacted to determine if additional information is available, depending on state policy and procedure. In this case, click the **Return to List** button to keep the provider in the pending queue. If the provider is denied at this point, any programs added will be set to Non-WIA. If the provider is denied by mistake, the status of the provider and the status of all programs must be reset to re-initiate the initial approval process.*

The following example is for Pending Initial Programs. The navigation for Pending Subsequent Programs is the same as for Pending Initial Programs.

1. Click the **Pending Initial Programs** link on the Approval Menu. The Pending Initial Programs page displays.
 - a. The Pending Initial Programs page has two columns: Provider Name and Program Name.
2. Click a link in the Program Name column. The Program Description page displays. Review the information. Click the **Save/Return** button. The Program Performance page displays.
 - a. Performance may not be required for initial eligibility.
 - b. Performance may not be required for subsequent eligibility depending on state policy and procedure.
3. Review the information on the Program Performance page. Click the **Save/Continue**

button. The Local Area Status Review page displays.

- a. To return without approving or denying the program, click the **Return to List** button. The program will remain in the Pending Initial Programs queue.
4. This page has two sections: Local WIB/Administrative Entity (display only) and Local Review.
- a. The default for Status is Non-WIA. To approve, deny, or remove the program, select the appropriate status.
 - b. Be very careful not to skip this field. If the default Non-WIA is saved, the entire approval process is negated and begins again from scratch.
 - c. Enter comments and notes in the Comments box. AJLA-TS recommends adding comments for every status update.
 - i. The ETP List is a statewide list. Although local areas have the responsibility to determine training policies, programs should not be denied if they do not meet the local area policy but otherwise meet all eligibility requirements. Local areas are not required to use programs on the statewide ETP List if the program does not meet local area training policy.
 - d. Enter your name in the Name of Local ETP Official field. This is the name of the person who is updating the status.
 - e. Enter your title in the Title of Local ETP Official field. This is the title of the person who is updating the status.
 - f. Enter the Status Change Date in the mm/dd/yyyy format.
 - g. Click **Save/Continue**. The Pending Initial Programs page (queue) displays.

Pending Initial Programs (1 to 2 of 2)

Pending Initial Programs For Local Area 2

This is a list of initial programs that have not been approved.
Click on the **Program Name** link to view and approve the program.

| Provider Name | Program Name |
|----------------------|---|
| Barrons-Auxier, Inc. | APICS CPIM #1 Basics of Supply Chain Mgmt |
| FISHER/UNITECH 3DU | 3DU Education Pass - Premium |

[Provider Menu](#) [Approval Menu](#)

Figure 16 Pending Initial Programs

AJL ProviderLink User Guide – Local Areas

Local Area Status Review - Barrons-Auxier, Inc.

Enter Status Review Information For
APICS CPIM #1 Basics of Supply Chain Mgmt

* indicates a required field.

Local Workforce Investment Board / Administrative Entity

| | |
|----------------------------|---------------------------|
| Local WIB Number: | 2 |
| Board Name: | Heartland Works, Inc. |
| Administrator Name: | Sharon Beyer |
| Address: | 5020 SW 28th Street |
| City: | Topeka |
| State: | KS |
| Zip Code: | 66614-2348 |
| County: | 93 |
| Telephone Number: | 785-234-0500 |
| Fax Number: | 785-234-0552 |
| E-mail Address: | sbeyer@heartlandworks.org |
| Web Site Address: | www.heartlandworks.org |

Local Review

| | |
|--|---|
| | <p>* Status:</p> <p><input type="radio"/> Approve</p> <p><input type="radio"/> Deny</p> <p><input type="radio"/> Remove</p> <p><input checked="" type="radio"/> Non-WIA</p> |
| | <p>Comments: (1000 character max.)</p> <div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p> Check spelling</p> |
| Name of Local ETP Official: | <input type="text"/> |
| Title of Local ETP Official: | <input type="text"/> |
| Status Change Date: | <input type="text" value="mm/dd/yyyy"/> |
| <p><input type="button" value="Save/Continue"/> <input type="button" value="Return to List"/> <input type="button" value="Clear Changes"/></p> | |

Figure 15 Local Area Status Review Page

Remove or Deny Approved Programs

Removals: The flow in ProviderLink is designed for local areas to monitor eligibility dates and expirations and remove programs if eligibility has expired, and then for the state administrator to remove the program. Approved programs must be removed by the local area when eligibility expires and no application for subsequent eligibility has been received.

To monitor eligibility, go to the Approved Initial Programs and Approved Subsequent Programs queues. View the state approval date in the Appr Date (S/L) column. If the eligibility has expired, remove the program.

The Eligibility Expiration Notifications queue can also be used to monitor eligibility expirations. Programs display in the Eligibility Expiration Notifications queue forty-five days before eligibility expires. Eligibility expiration is determined by the state approval date.

Denials: Approved programs are denied only if the program does not comply with the training provider assurances. This is highly unlikely, but possible. The navigation is the same as for a removal.

Remove Expired Approved Program

The following example is for Approved Initial Programs. The navigation for Approved Subsequent Programs is the same as for Approved Initial Programs.

1. Click the **Approved Initial Programs** link on the Approval Menu. The Approved Initial Programs page displays.
 - a. The Approved Initial Programs page has three columns: Provider Name, Program Name, and Appr Date (S/L) [Approval Date State or Local]. The Appr Date (S/L) is the date of local area or state approval.
2. Click a link in the Program Name column. The Program Description page displays. Review the information. Click the Save/Return button. The Program Performance page displays.
3. Review the information on the Program Performance page, if needed. Click the **Save/Continue** button. The Local Area Status Review page displays.
 - a. To return without removing or denying the program, click the **Return to List** button. The program will remain in the Approved Initial Programs queue.
4. This page has two sections: Local WIB/Administrative Entity (display only) and Local Review. Complete this page as described in [Approve or Deny Pending Programs](#), except select **Remove** in the Status field.

AJL ProviderLink User Guide – Local Areas

Approved Initial Programs (1 to 22 of 22)

Approved Initial Programs For Local Area 2

This is a list of approved initial programs that have not yet reached their renewal date. Click on the **Program Name** to deny the program, or enter a full or partial provider name to search for a provider.

| Provider Name | Program Name | Appr Date (S/L) |
|---|--|------------------|
| Allen County Community College (II) | Pharmacy Technician Certification | 07/01/2010 State |
| Aviation Institute of Maintenance | Aviation Maintenance Technical Engineer | 09/21/2009 State |
| | Aviation Maintenance Technician | 09/21/2009 State |
| | Avionics Technician | 09/21/2009 State |
| Highland Community College Technical Center | Certified Medication Aide (CMA) | 05/06/2009 State |
| | Certified Nursing Aide | 05/06/2009 State |
| | Electrical Technology | 07/01/2010 State |
| | Industrial Welding Technology | 06/28/2010 State |
| Hillyard Technical Center | Construction Technology | 06/28/2010 State |
| | Electronic Technology | 06/28/2010 State |
| | Welding Technology | 06/28/2010 State |
| Manhattan Area Technical College | Phlebotomy | 02/09/2010 State |
| | Welding (Cert) | 06/28/2010 State |
| Neosho County Community College - Ottawa | Accounting - Associate Degree | 08/23/2010 State |
| | Accounting Certificate | 08/23/2010 State |
| | Medical Coding | 08/24/2009 State |
| Southeast Community College | Radiologic Technology Program | 02/24/2010 State |
| Tri County Technology Center | Construction Technology | 05/15/2007 State |
| Washburn Institute of Technology | Electricity/Heating and Air Conditioning | 06/28/2010 State |
| Washburn University | Respiratory Therapy | 03/10/2011 State |
| White Line CDL Training | Truck driver training | 11/08/2010 State |
| | truck driving school | 11/08/2010 State |

Provider Menu

Approval Menu

Figure 17 Approved Initial Programs

Deny Approved Program

If the provider is not in compliance with the assurances, and you need to remove all programs and the provider, request that the state administrator deny the provider. Denying the provider will set all programs to non-WIA status.

The following example is for Approved Initial Programs. The navigation for Approved Subsequent Programs is the same as for Approved Initial Programs.

1. Navigate to either the Approved Initial or Approved Subsequent Programs, as appropriate, to locate the program to deny.



If you don't know the status of the program, you can check both queues, or you can conduct a Provider Search and navigate to the Provider Programs page. The Provider Programs page displays the status. Once you determine the status, you can navigate to the appropriate queue.

- a. The Approved Programs pages have three columns: Provider Name, Program Name, and Appr Date (S/L) [Approval Date State or Local]. The Appr Date (S/L) is the date of local area or state approval.
2. Click a link in the Program Name column. The Program Description page displays. Review the information. Click the **Save/Return** button. The Program Performance page displays.
 - a. Performance may not be required for initial eligibility.
 - b. Performance may not be required for subsequent eligibility depending on state policy and procedure.
3. Review the information on the Program Performance page. Click the **Save/Continue** button. The Local Area Status Review page displays.
 - a. To return without approving or denying the program, click the **Return to List** button. The program will remain in the Approved Initial Programs queue.
4. This page has two sections: Local WIB/Administrative Entity (display only) and Local Review. Complete this page as described in [Approve or Deny Pending Programs](#), except select **Deny** in the Status field.

Self-Service User Accounts

Local areas can view pending, approved, and denied self-service user accounts. The accounts are managed by the state administrator.