

AMERICA'S JOB LINK ALLIANCE-TECHNICAL SUPPORT

ProviderLink User Guide

Self-Service Training Providers

America's JobLink Version 12.3

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Service of the Kansas Department of Commerce

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Introduction

ProviderLink provides functionality for training providers to apply for inclusion on the statewide Workforce Investment Act Eligible Training Provider (ETP) List. By creating an account, training providers can enter and edit information about their training institution and the programs they offer. Providers apply online, and Local Area and State ETP Administrators review and approve ETP applications online.

Providers display to the public on America’s JobLink (AJL) following review and approval by state administrators. If the provider is applying for inclusion on the WIA ETP List, the provider and program information is reviewed first by Local Area ETP Administrators, and then by State ETP Administrators. If approved, the provider and program display as WIA-Approved.

The purpose of this guide is to assist ProviderLink users. For information on WIA ETP eligibility and the application process, contact your Local Area ETP Administrator.

Basics

1. Required fields in ProviderLink are marked with an asterisk. Failure to complete all required fields will result in a submission error. You will not be allowed to proceed until all required fields have been completed.
2. Submission errors display in red text. If you attempt to save information that does not pass edit checks, a red text submission error message displays and the fields in error are marked with a red circle with a red x inside. For example, if you attempt to save a page with a date field entered as 1/1/10 (instead of the correct mm/dd/yyyy format), a submission error generates and marks the date field with a red circle. To proceed to the next page, correct the entry.

Creating an Account

Create Account and Associate with Existing Provider

Your user account must be associated with a training provider. If your training provider has a record in ProviderLink, and you would like to add or update information, follow these steps:

1. Locate and have available your training institution’s Federal Employer Identification Number (FEIN).
2. Go to America’s JobLink. Point to **Resources > Training Provider > Training Provider Registration** in the main menu on the left side of the page. Click **Training Provider Registration**.
3. The New User Registration page displays. Follow the instructions and complete the fields on the New User Registration page. See [Figure 1 New User Registration](#).

New User Registration

* indicates a required field

For security reasons, your account must be approved before you are allowed to update provider information. This validation is usually accomplished within 24 hours; however, please wait for 72 hours before making inquiries. If you provided an e-mail address, you will receive an e-mail notification that your account has been approved.

Please enter a Username and Password
Job Link requires users to create strong passwords by using a combination of letters, number and the following special characters !@#%&^*()+={};?/.,\~-

| | |
|---------------------------------|--------------------------|
| * Username (6 to 10 characters) | <input type="text"/> |
| * Password (8 to 20 characters) | <input type="password"/> |
| * Repeat Password | <input type="password"/> |

You must be associated with a training provider. Will you be adding a new provider or do you want to search for an existing provider?

| | |
|---|----------|
| * Add new provider or search for existing provider? | |
| <input type="radio"/> | New |
| <input checked="" type="radio"/> | Existing |

Contact Information:

| | |
|---------------------------------------|---|
| * First Name | <input type="text"/> |
| Middle Initial | <input type="text"/> |
| * Last Name | <input type="text"/> |
| Phone Number: | <input type="text" value="000-000-0000"/> Ext. <input type="text" value="*"/> |
| Email Address: | <input type="text"/> |
| <input type="button" value="Submit"/> | <input type="button" value="Clear"/> |

Figure 1 New User Registration

- a. To associate your user account with an existing AJL training provider, click **Existing** in the “Add new provider or search for existing provider?” field. Click **Submit**. The Existing Training Provider Search page displays. See [Figure 2 Existing Provider Search](#).

Existing Provider Search

Enter the Federal ID Tax Number of the provider.

* indicates a required field

| | |
|---------------------------------------|----------------------|
| * FEIN: | <input type="text"/> |
| <input type="button" value="Search"/> | |

Figure 2 Existing Provider Search

4. Enter the FEIN and click **Search** to search for the existing training provider. The Existing Provider Search [Results] page displays. See [Figure 3 Existing Provider Search Results](#).

Existing Provider Search

Multiple providers were found with the same Federal ID Tax Number. Choose the correct one.

| | |
|---------------------------|---------------|
| Absolute Home Health Care | 785-362-6101- |
|---------------------------|---------------|

Figure 3 Existing Provider Search Results

5. Training providers with the FEIN you entered display with the provider name as a link. Click the name of the appropriate provider. The General Training Provider Information page displays. See [Figure 4 Existing Provider General Information](#).

General Training Provider Information

If this is the correct provider, click on the 'Associate' button to associate your account with this training provider.

Detailed training provider information is listed below.

| | |
|---------------------|--|
| Provider: | Absolute Home Health Care |
| Address: | 104 W. 5th St. Suite #1 |
| City: | Holton |
| State: | KS |
| Zip: | 66436 |
| Phone: | (785) 362-6101 - Ext. |
| Fax: | (785) 362-6100 |
| Provider Type: | Private Corporation |
| Web Site Address: | www.ahhcks.com |
| Admissions Contact: | Sue Olson |
| Admissions E-Mail: | sue@ahhcks.com |

Institution Type

| Type: | Public | Private | Non-Profit | Sectarian |
|---------------------------|--------|---------|------------|-----------|
| Registered Apprenticeship | No | Yes | No | No |
| Other: Home Health Agency | No | Yes | No | No |

Figure 4 Existing Provider General Information

6. Review the information on the General Training Provider Information page to confirm that this is the provider record with which you want to associate your account. Click **Associate**. The General Training Provider Information page refreshes with additional information. See [Figure 5 Existing Provider General Information - Account Associated](#).
 - i. If the record that displays is not the correct record, click **Exit**.

General Training Provider Information

Your account has been associated with Absolute Home Health Care in Holton, KS.
 If this is not the correct provider, contact your Local Area administrator or the Kansas JobLink Help Desk at ajla@ajla.net.

For security reasons, your account must be approved before you are allowed to update provider information. This validation is usually accomplished within 24 hours; however, please wait for 72 hours before making inquiries. If you provided an e-mail address, you will receive an e-mail notification that your account has been approved.

Detailed training provider information is listed below.

| | |
|---------------------|--|
| Provider: | Absolute Home Health Care |
| Address: | 104 W. 5th St. Suite #1 |
| City: | Holton |
| State: | KS |
| Zip: | 66436 |
| Phone: | (785) 362-6101 - Ext. |
| Fax: | (785) 362-6100 |
| Provider Type: | Private Corporation |
| Web Site Address: | www.ahhcks.com |
| Admissions Contact: | Sue Olson |
| Admissions E-Mail: | sue@ahhcks.com |

Institution Type

| | | | | |
|---------------------------|--------|---------|------------|-----------|
| Type: | Public | Private | Non-Profit | Sectarian |
| Registered Apprenticeship | No | Yes | No | No |
| Other: Home Health Agency | No | Yes | No | No |

[Exit](#)

Figure 5 Existing Provider General Information - Account Associated

7. Clicking **Associate** associates your account with the training provider. The General Training Provider Information page refreshes with a message at the top indicating that your account has been associated with the provider record along with information about the account approval process. Click **Exit**. The America’s JobLink home page displays.

8. After your account has been approved, you can log in using the username and password established when you created your account. You will have access to the provider and program information for the associated training provider.

Create Account, Add Provider, and Add Program

The steps to create an account, add a new provider, and add a program are designed as one flow. After you create your account, ProviderLink will immediately prompt you to add your provider information. After you add the provider information, ProviderLink will then prompt you to add a program.

After adding a program, you can make no further changes or additions until your account is approved. The initial approval of your account is NOT approval for the WIA ETP List; it is approval for access to the system. This validation is usually accomplished within 24 hours; however, please wait 72 hours before making inquiries. If you provide an e-mail address, you will receive an e-mail notification that your account has been approved. After your account is approved, you can add additional programs and make edits as needed.

Locate and have available the training institution's FEIN, basic identifying information, contact person and his/her basic identifying information, and details about at least one training program.

1. Go to America's JobLink. Point to **Resources > Training Provider > Training Provider Registration** on the main menu on the left side of the page. Click **Training Provider Registration**.
2. The New User Registration page displays. (See [Figure 1 New User Registration](#).)
3. Complete the fields on the New User Registration page.



*Make sure to select **New** in the "Add new provider or search for existing provider?" field.*

4. Click **Submit** at the bottom of the page.



The account creation process is complete. You are now creating the new training provider.

5. The Provider Details page displays. Complete the Provider Details page according to the instructions in [Table 1 Fields for Training Provider Details](#) and click **Save/Continue**.
6. The ETP Application EO Assurances page displays. Carefully review the information on this page. If your training institution assures compliance, select **Yes** and click **Submit**. The Eligibility page displays.
 - a. If your training institution cannot assure compliance, click **No** to terminate the application process and return to the AJL Home page. Compliance is required.
7. The Eligibility page displays. Complete the Eligibility page according to the instructions in [Table 2 Fields for \[Provider\] Eligibility](#) and click **Save/Continue**.
8. The Debarment page displays. Complete the Debarment page according to the instructions in [Table 3 Fields for Debarment](#) and click **Save/Continue**.



*None of the fields on the Debarment page are required. If your institution is not on a debarment list, simply click the **Save/Continue** button without making any entries in any of the fields.*

9. The Institution Info page displays. Complete the Institution Info page according to the instructions in [Table 4 Fields for Institution Info](#) and click **Save/Continue**.



The new provider record is complete. You are now adding a program. After your user account is approved, you can return to the programs page and add more programs.

10. The Programs page displays. To add your first program now, follow the instructions in the [Add Programs](#) section, beginning with Step Number [3](#).

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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 | --International-- <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 | No |

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

Figure 6 Training Provider Details Page

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;

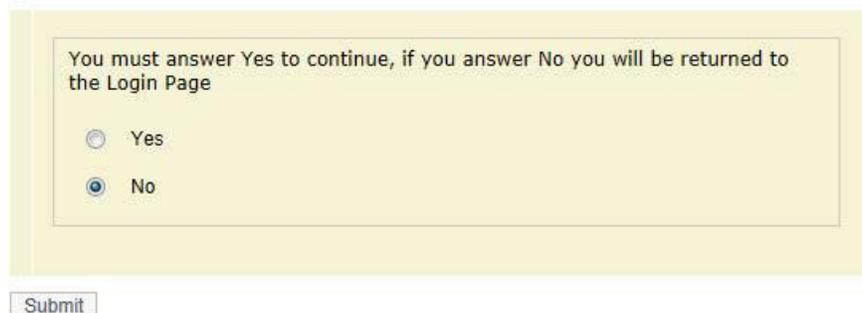
Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs;

The Kansas Act Against Discrimination;

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 7 Assurances Page

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Eligibility - Roberta's School of Baking

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)

Figure 8 Eligibility Page

Debarment - Roberta's School of Baking

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 9 Debarment Page

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Approving Organization/Agency Approval

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

Tuition and Financial Aid

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

Figure 10 Institution Info Page

| Table 1 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. Institution 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. P.O. boxes cannot be mapped. |
| 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. |
| 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 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. |

| Table 1 Fields for Training Provider Details | |
|---|--|
| Field | Valid Entries |
| 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 IDs 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 in which 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. |
| 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. |

| Table 1 Fields for Training Provider Details | |
|---|--|
| Field | Valid Entries |
| Institution/Organization Type | <p>Drop-down; select an option to indicate the type of institution. Options are:</p> <ul style="list-style-type: none"> 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 2 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 | |
| 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 3 Fields for Debarment | |
|--|--|
| Field | Valid Entries |
| 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. |

| Table 3 Fields for Debarment | |
|-------------------------------------|---|
| Field | Valid Entries |
| Date of Third Inclusion | Text box; enter the date of third inclusion in the mm/dd/yyyy format. |

| Table 4 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 . |
| 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. |

Provider Menu

ProviderLink uses a control panel and Provider Menu for navigation and access to functions. The Provider Menu is in the “desktop” format: a page with links for each option. The same options are also available in the control panel (main menu) on the left side of the page. See [Figure 11](#) and [Table 5](#).

Provider Menu - Roberta's School of Baking

Click on the links below to view and/or update the Eligible Training Provider sections.

| | |
|----------------------------------|------------------------|
| Provider Update | Manage Programs |
| Add/update provider information. | Manage Programs. |
| Programs | My Account |
| Program information. | My Account update. |

Figure 11 Provider Menu

| Table 5 Provider Menu | |
|------------------------------|--|
| Menu Link | Description |
| Provider Update | Displays the first page of the provider record, editable. Use this menu option to update the provider information. |
| Manage Programs | Displays a list of programs with columns for Program Name, WIA (Yes or No), and Date (Approval Date). Use this page to monitor eligibility expiration dates. |
| Programs | Displays a list programs with Edit and Delete links. Use this page to update program information, add new programs, or delete programs. |
| My Account | Displays the My Account page, editable. Use the page to keep your account information up-to-date. |

Provider Update

The Provider Update menu option provides functionality to update your provider record.

1. Click **Provider Update** on the Provider Menu. The editable Provider Details page displays.
2. 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.
3. Edit the information as necessary per the instructions and tables in the [Create Account, Add Provider, and Add Program](#) section.

Manage Programs

The Manage Programs menu option provides functionality for you to manage the status of your programs for the WIA Eligible Training Provider List. The Manage Programs page has three columns: Program Name, WIA, and Date. The column headings are sortable and reverse-sortable

by clicking the column heading. The arrow next to the column heading indicates how programs are sorted and the sort direction. To sort by another column, click the column heading. See [Figure 12 Manage Programs](#).

For example, if you have multiple programs but want to work with programs that are not WIA approved, click the WIA column heading. “Yes” or “No” in this column indicates WIA Approved YES or WIA Approved NO. If you want to work with programs for which eligibility will soon expire, click the Date column to sort the programs by approval date.

Clicking the **Yes** or **No** link in the WIA column displays the editable Program Description page.

1. If the program has “No” in the WIA column and the Date column is blank, the program is a new program that has not been reviewed for WIA eligibility.
2. If the program has “No” in the WIA column and a date in the Date column, the program is either Denied or Remove. If the program is Denied, the local and state ETP administrators denied the program because it did not meet the minimum eligibility requirements. If the program is Removed, the local and state ETP administrators removed the program from the ETP list because the eligibility expired. The date in the date column is the status change date: the date the program was denied or removed.
3. If the program has “Yes” in the WIA column and a date in the Date column, the program is approved. The date is the date the program was approved. Eligibility expires one year from the approval date.
4. To view the status of the program, click a **Yes** or **No** link in the WIA column. The Program Description page displays with the non-editable status description.

Manage Programs - Roberta's School of Baking

To edit an existing program, click the Yes or No link next to the name of the program you wish to edit.

| ↓ Program Name | WIA | Date |
|-----------------|-----|------|
| Baking Basics | No | |
| Cake Decorating | No | |

[Return To Menu](#)

Figure 12 Manage Programs

Program Description - Roberta's School of Baking

Cake Decorating

* indicates a required field

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

| | |
|---------------|--|
| WIA Approved: | |
|---------------|--|

Figure 13 Program Status NEW (Partial)

Program Description - Roberta's School of Baking

Baking Basics

* indicates a required field

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

| | |
|---------------|------------------|
| WIA Approved: | Locally Approved |
|---------------|------------------|

Figure 14 Program Status APPROVED (Partial)

Programs

View/Edit/Delete Programs

1. Click **Programs** on the Provider Menu. The Provider Programs page displays. Each program displays with the following links: **Edit** and **Delete**.
 - a. Click **Edit** to display the editable Program Details page. Edit information, as needed, according to [Table 6 Fields for Provider Program](#).
 - i. Click **Save/Return** to save the information and return to the Provider Programs page.
 - ii. Click **Return to List** to return to the Provider Programs page without saving.
 - b. Click **Delete** to delete the program. The Program Delete page displays to confirm the deletion.
 - i. Click **Delete** to delete the program.
 - ii. Click **Cancel** to return to the Provider Programs page without deleting the program.

Provider Programs - Roberta's School of Baking

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

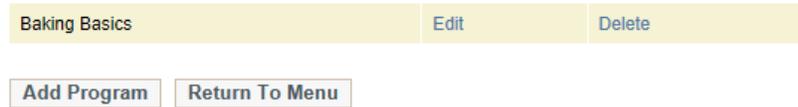


Figure 15 Provider Programs

Add Programs

1. Click **Programs** on the Provider Menu to display the Provider Programs page.
2. Click **Add Program**. The Program Description page displays. See [Figure 16 Program Description Page](#).
3. Complete the fields on the Program Description page according to the instructions in [Table 6 Fields for Provider Program](#) and click **Save/Continue**. The Program Performance page displays.



*Any program that is covered by the Higher Education Act (HEA) or is a registered apprenticeship program is not required to complete the Program Performance page for initial eligibility; however, it is encouraged. All programs must complete the Program Performance page to be considered for renewal (subsequent eligibility). If you do not wish to complete the Program Performance page, simply click the **Save/Continue** button without making any entries in any of the fields.*

4. Complete the Program Performance For All Students section of Program Description page according to the instructions in [Table 7 Fields for Program Performance](#). Enter only raw numbers OR percentages, not both. The WIA Participant Performance section is display only and will be filled in by Local Area Staff. Click **Save/Return**. The Program is added and the Provider Programs page displays.

AJL ProviderLink User Guide – Self-Service Providers

Program Description - Roberta's School of Baking

* Indicates a required field

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

| | |
|--|---|
| WIA Approved: | New program not yet approved |
| | Do you wish to apply for WIA Approval? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA |
| | * This individual program of training services is: (check all that apply) <input type="checkbox"/> Single Course/Class <input type="checkbox"/> Training Program of Multi-Courses <input type="checkbox"/> Non-traditional for Women |
| * Program Name or Single Course/Class Title: | <input type="text"/> |
| | * Program Synopsis: (5000 character max.) <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> ABC Check spelling |
| Curriculum Competency Based: | <input type="text"/> |
| Prerequisites: | <input type="text"/> |
| * Total Credit/ Curriculum Hours: | <input type="text"/> |
| Total Number of Training Weeks: | <input type="text"/> |
| * Training Location: | <input type="text"/> |
| * County | <input type="text"/> |
| * Zip Code | <input type="text"/> 00000 - <input type="text"/> 0000 |
| Program Length: | <input type="text"/> |
| * Type of Attainment: | <input type="text"/> |
| * Type of Financial Aid Offered: | <input type="text"/> |
| Refund Policy: | <input type="text"/> |

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: | <input type="text"/> 0.00 |
| | <input type="text"/> |
| Out-of-State/District Tuition: | <input type="text"/> 0.00 |
| | <input type="text"/> |
| Registration Fee: | <input type="text"/> 0.00 |
| | <input type="text"/> |
| Books (Estimated): | <input type="text"/> 0.00 |
| | <input type="text"/> |
| | Supplies/Materials/Hand Tools (not included in tuition): |
| | <input type="text"/> 0.00 |
| | <input type="text"/> |
| Testing/Exam Fees: | <input type="text"/> 0.00 |
| | <input type="text"/> |
| Graduation Fees: | <input type="text"/> 0.00 |
| | <input type="text"/> |
| Other: | <input type="text"/> 0.00 |
| | <input type="text"/> |

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.

| | |
|---------------------|--|
| | Certified: <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Authorizing Entity: | <input type="text"/> |

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 | <input type="text"/> | <input type="button" value="CIP Lookup"/> |
| * Occupation Title (O*Net-SOC) | <input type="text"/> | <input type="button" value="ONET Lookup"/> |
| Hourly Wage 1 | <input type="text"/> 0.00 | |
| Required Certification 1 | <input type="text"/> | |
| Occupation Title (O*Net-SOC) | <input type="text"/> | <input type="button" value="ONET Lookup"/> |
| Hourly Wage 2 | <input type="text"/> | |
| Required Certification 2 | <input type="text"/> | |

Figure 16 Program Description Page

AJL ProviderLink User Guide – Self-Service Providers

Program Performance - Roberta's School 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 Basics

Program Performance For All Students

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

Completed 0%
Percent

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

Employed 0%
Percent

| | |
|-------------------------------|-----------------------------------|
| Avg Hourly Wage At Placement: | <input type="text" value="0.00"/> |
|-------------------------------|-----------------------------------|

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

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

WIA Participant Performance

To be filled in by Local Area Staff

| | |
|-------------------|--|
| Begin Date | |
| End Date | |
| Completed | |
| Employed | |

Employed 0%
Percent

| | |
|----------------------------|--|
| Employed > 6 Mo. | |
|----------------------------|--|

Employed > 6 Mo.
Percent

| | |
|------------------------------------|------|
| Avg Hourly Wage > 6 Mo.: | 0.00 |
| Attained More Skills: | |

Attained More Skills
Percent:

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

| | |
|--------------------------------------|--|
| Employed Percent | |
| Employed > 6 Mo. Percent | |
| Attained More Skills Percent: | |

Figure 17 Program Performance

| Table 6 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. |
| 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. |

| Table 6 Fields for Provider Program | |
|---|--|
| Field | Valid Entries |
| [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. |
| 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. |

| Table 6 Fields for Provider Program | |
|--|--|
| Field | Valid Entries |
| 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. |

| Table 7 Fields for Program Performance | |
|---|--|
| Menu Link | Description |
| Program Performance For All Students | |
| Begin Date | Text box. Enter the program begin date in mm/dd/yyyy format. |
| End Date | Text box. Enter the program end date in mm/dd/yyyy format. |
| Number Participated | Text box. Enter the number of students who participated in the program. |
| Number Completed | Text box. Enter the number of students who completed the program. |
| Completed Percent | Display only; displays after the number participated and number completed have been entered. |
| Number Employed After Leaving The Program | Text box. Enter the number of students who entered employment after leaving the program. |
| Percent Employed | Display only; displays after the number completed and number employed after leaving the program have been entered. |
| Avg Hourly Wage At Placement | Text box. Enter the average hourly wage students earned at placement. |
| Completed Percent | Text box. Do not enter a percentage if raw numbers were entered in the Number Participated and Number Completed fields. |
| Employed Percent | Text box. Do not enter a percentage if raw numbers were entered in the Number Completed and/or Number Participated and the Number Employed After Leaving The Program fields. |