This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	917/16
Name of Institution	New Horizons Computer Learning Center of Cedar Rapids
Address	1850 Boyson Rd. , Hiawatha, IA 52233
Telephone Number	319-294-9035 Fax
Location of Training Facility	1850 Boyson Rd. , Hiawatha, IA 52233
Name of Chief Executive Officer	Derek Wright
Program Contact Information	Mexis Hunburger
Telephone Number	517-349.955 XZ444 Email Address arxis, armourgenou mhomber aring com
Is your organization a post-second Act. (NAA)? Yes No	dary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a) - PROGRAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying, including:
A. Program Name	Security IT Associate
B. A <u>brief</u> program description	Students enrolled in the Security IT Associate program will utilize security concepts, tools, and pro
	react to various security incidents regarding network security, compliance, operational vulnerability
	control identity management. Graduates will know how to provide IT assistance to people and orga
	using computer software and equipment.
C. Length of Program	
68-0779 (07-15)	1

D. What is the method of delivery?	
☐ Computer-Based CD-Rom ☐ Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Study (Correspondence)
Web-Based (Internet) URL Address	
PROGRAM COSTS:	
1a. Tuition (per credit hour)	\$33.59
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1453
3. Fees, including laboratory, student rentals, deposits	NIA
4. Miscellaneous charges	NIA
5. Average cost per year for program	NIA
6. Total cost to complete this program	\$7500
Please use additional pages if necessary.	
Post-Secondary Educational Institution registered u Registered under the National Apprenticeship Act (I	
L	certify that I am the of the training
Jamie Fiely	President
Name	Title tion contained in this application is true and correct. All supporting documentation is true and factual.
institution named nerein and further certify that the informa	
Signature If you are a Training Institution applying for program certific Non-RWIB approved applications received directly from Tr	cation, <u>applications must be forwarded to Regional Workforce Investment Board for consideration.</u> aining Institutions to the address below will not be processed and with no further notification.
	FOR RWIB USE ONLY
Date Received by RWIB	Date Approved by RWIB
Application Date	Date RWIB Submitted to IWD
	Region #:
Authorized RWIB Signature	
The RWIB-approved form must be sent	to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309

All other applicants m	ust complete the	e following information and Part III - Part VI:
1. Date Institution wa	s founded:	January 1, 1997
2. Number of years t	the insititution ha	as been in continuous operation: 19
3. Is the institution ac	countable to a p	policy or governmental board?
If so, what board?	•	Please attach a member list.
4. Does each progra	m lead to a deg	ree or certification? Please Explain: Each Program leads to a certificate of completion
		PART III - FINANCIAL INFORMATION
Is the institution fi intitution's most re	nancially sound ecent auditor's r	and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the
		tate and out-of-state tuition, if applicable.
3, Does the institution	on have a refund completion?	d policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at
Please state your refund policy:	The refund at the point	is based on the precise number of course time hours the student has paid for, but not yet used tof termination, up to the 60% completion mark, after which no refund is due.
Describe your facili *The number of bui *Handicap accessil	ildings bility	*Availability of suitable training equipment *Compliance with fire, building and safety codes, including off-campus locations or other sites
Please provide a d		PART V - ORGANIZATION OF THE TRAINING INSTITUTION ch of the following:
*The number of pe *Current number o *Class size to instr *School Calendar *Availability of Tral	rsons employed f students enroll ructor ratio nscripts	H led
P. 1. Program comple A program com	etion rate for all	IITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM individuals participating in the applicable program conducted by the training provider. on who has:
a. obtained a certib. received creditc. received a passd. finished the req	for completing the sing grade in the	he program; or e program; or
Which criteria liste	ed above (a) - (c	d) do you use to define a completer? 🗵 (a) 🔟 (b) 🔲 (c) 🔟 (d)
*how the informa	ition was obtaine e of all student's	ho obtained unsubsidized employment. The training provider must specify: ed s data was collected
3 Average hourly	v wages of all st	udents who obtained unsubsidized employment for this program: 2UU

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Investment Act (WIA) of 1998, Public Law 105-220, Department of Labor, Employment and Training Administration, 20 CFR Parts 652-671. Approval as an Eligible WIA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

INSTRUCTIONS: After completing and signing the application form below, Training providers should submit it to their regional Workforce Development office. Addresses for regional Workforce Development offices can be found at http://www.iwd.state.ia.us/wia/regioninfo.html.

Date Of Application	9/11/16
Name of Institution	New Horizons Computer Learning Center of Cedar Rapids
Address	1850 Boyson Rd. , Hiawatha, IA 52233
Telephone Number	319-294-9035 Fax
Location of Training Facility	1850 Boyson Rd. , Hiawatha, IA 52233
Name of Chief Executive Officer	Derek Wright
Program Contact Information	Mexis minorgen
Telephone Number	SIZEMILESS YTHIN Email Address ALLYIS AND VALUE ON THE PROPERTY OF THE PROPERT
Is your organization a post-secon Act. (NAA)?	dary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a) - PROGRAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying, including:
A. Program Name	Network Systems Administrator Professional
B. A <u>brief</u> program description	The Network System Administrator Professional program is designed to teach students the knowle skills required to work with various computer systems within a business environment. Graduates of program will know how to oversee the performance of computer systems, maintain system function
	data backups, troubleshoot, and ensure network security. They will also learn how to oversee the c
	operations of an organization's computer network and communication system by installing, support managing networks and systems.
C. Length of Program	540 clock hours Total Credit Hours Required 540 clock hours
68-0779 (07-15)	1

D. What is the method of delivery?			
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable)	Self-Study (Correspond	ence)
Web-Based (Internet) URL Address			
PROGRAM COSTS:			
1a. Tuition (per credit hour)	\$29.12		
1b. Tuition (Out-of-State, per credit hour)	MIM		
2. Supplies, including tools, uniforms, etc.	\$3775		
3. Fees, including laboratory, student rentals, deposits	NIA		,
4. Miscellaneous charges	NIA		
5. Average cost per year for program	NIM		
6. Total cost to complete this program	\$19500		
Please use additional pages if necessary.		IDER GENERAL INF	
If you are a post-secondary education institution eligible please place a checkmark next to the description that expiration of this initial certification, you will receive ins Post-Secondary Educational Institution registered Registered under the National Apprenticeship Act	structions regarding subsequer I under HEA	nt eligibility.	
CERTIFICATION	certify that I am the		of the training
l Jamie Fiely		President	·
Name		Title	ting decumentation is true and factual
institution named herein and further certify that the inform	nation contained in this applicati		ling documentation is true and raction.
SAH		anlle	
Signature /////		ate	and for consideration
If you are a Training institution applying for program cert Non-RWIB approved applications received directly from	ification, applications must be for Training Institutions to the addre	ess below will not be processed a	and with no further notification.
	FOR RWIB US	E ONLY	
Date Received by RWIB	Date	e Approved by RWIB	
Application Date	Dat	e RWIB Submitted to IWD	
	Re	gion #: -	
Authorized RWIB Signature			
The RWIB-approved form must be se	ent to: Michaela Rotert, Iowa Workfo	orce Development, 150 Des Moines S	Street, Des Moines, IA 50309

*		
All other applicants mu	st complete the following information and Part III - Part VI:	
1. Date Institution was	founded: January 1, 1997	
2. Number of years th	e insititution has been in continuous operation: 19	
3. Is the institution acc	ountable to a policy or governmental board?	
If so, what board?	Please attach a member	ist.
4. Does each program	lead to a degree or certification? Please Explain: Each Program leads to a certificate of completion	
	PART III - FINANCIAL INFORMATION	
Is the institution final intitution's most reconstruction.	ancially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and ent auditor's report.	the
2. Attach a schedule	of fees for in-state and out-of-state tuition, if applicable.	
3, Does the institution any time prior to co	have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues ampletion?	t
Please state your refund policy:	The refund is based on the precise number of course time hours the student has paid for, but not yet us at the point of termination, up to the 60% completion mark, after which no refund is due.	sed
_	PART IV - FACILITIES	
Describe your facility	. Provide narrative that describes at a minimum a description on each of the following:	
*The number of build *Handicap accessibil		
	PART V - ORGANIZATION OF THE TRAINING INSTITUTION	
Please provide a des	cription of each of the following:	
*The number of pers *Current number of s *Class size to instruc *School Calendar *Availability of Trans	cripts	
PA	RT VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM	
Program completi A program completi	on rate for all individuals participating in the applicable program conducted by the training provider. eter is a person who has:	
b. received credit for c. received a passin	ate, degree or diploma; or r completing the program; or g grade in the program; or red curriculum of the program	
Which criteria listed	above (a) - (d) do you use to define a completer? $\boxed{\times}$ (a) $\boxed{\searrow}$ (b) $$ (c) $\boxed{\searrow}$ (d)	
*how the information	of all student's data was collected	
3. Average hourly w	rages of all students who obtained unsubsidized employment for this program:	

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Date Of Application	917/16
Name of Institution	New Horizons Computer Learning Center of Cedar Rapids
Address	1850 Boyson Rd. , Hiawatha, IA 52233
Telephone Number	319-294-9035 Fax
Location of Training Facility	1850 Boyson Rd. , Hiawatha, IA 52233
Name of Chief Executive Officer	Derek Wright
Program Contact Information	MILKIS MYMBUYAYAY
Telephone Number	512-3-41-9555 x 2444 Email Address ALX 15. ALM BUILDING COM
Is your organization a post-second Act. (NAA)? Yes No	dary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a) - PROGRAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying, including:
A. Program Name	Medical Office Administration
B. A <u>brief</u> program description	The Medical Office Administration program is designed to teach students the knowledge and skills
	ensure the quality, accuracy, and accessibility of health information data within various healthcare
	Graduates of this program will be able to manage, coordinate, and distribute information surrounding
	billing, patient records, and laws, ethics and regulations surrounding the healthcare industry.
C. Length of Program	324 clock hours Total Credit Hours Required 324 clock hours
68-0779 (07-15)	1

. What is the method of delivery?			
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable)	Self-Study (Correspondence)
Web-Based (Internet) URL Address			
PROGRAM COSTS:			
a. Tuition (per credit hour)	\$15.93		·
1b. Tuition (Out-of-State, per credit hour)	Aju		
2. Supplies, including tools, uniforms, etc.	\$2338		
B. Fees, including laboratory, student rentals, deposits	MIM		
4. Miscellaneous charges	NIA		
5. Average cost per year for program	NIM		
6. Total cost to complete this program	\$7500		
Please use additional pages if necessary.			
Post-Secondary Educational Institution registered Registered under the National Apprenticeship Ac	under HEA i (NAA)		
CERTIFICATION	certify that I am the		of the training
I Jamie Fiely		President	
Name	a la la dia amilia Man	Title	ocumentation is true and factual.
institution named herein and further certify that the inform	nation contained in this application		ooumonidation to the area seems
ATT		9/1/16	
Signature If you are a Training institution applying for program cerl Non-RWIB approved applications received directly from	Dat Datification, <u>applications must be forward</u> Training Institutions to the addres	warded to Regional Workforce Inves	tment Board for consideration. ith no further notification.
1	FOR RWIB USE		
Date Received by RWIB	Date i	Approved by RWIB	
Application Date	Date	RWIB Submitted to IWD	
	Regio	on #:	
Authorized RWIB Signature	Regio	on #: 	

All other applicants n	nust complete the	e following information and Part III - Part VI:	
1. Date Institution wa	as founded:	January 1, 1997	
2. Number of years	the insititution ha	s been in continuous operation: 19	
3. Is the institution ad	ccountable to a p	olicy or governmental board? ☐ Yes ☐ No	
If so, what board	?		Please attach a member list.
4. Does each progra	ım lead to a degr	ee or certification? Please Explain: Each Program leads to a c	certificate of completion
		PART III - FINANCIAL INFORMATION	
Is the institution finititution's most relation.	inancially sound ecent auditor's re	and able to satisfy potential liabilities arising from its participation? Pleas	e enclose a certified financial statement and the
2. Attach a schedule	e of fees for in-st	ate and out-of-state tuition, if applicable.	
3, Does the institution	on have a refund completion?	policy for the unused portion of tuition, fees, and other charges in the ev	vent the enrollee withdraws or discontinues at
Please state your refund policy:	The refund at the point	is based on the precise number of course time hours the of termination, up to the 60% completion mark, after which	student has paid for, but not yet used ch no refund is due.
Describe your facili	ty. Provide narra	PART IV - FACILITIES tive that describes at a minimum a description on each of the following:	
*The number of bui *Handicap accessil	-	*Availability of suitable training equipment *Compliance with fire, building and safety codes, including off-campt	us locations or other sites
	ı	PART V - ORGANIZATION OF THE TRAINING INS	STITUTION
Please provide a d	escription of eacl	n of the following:	
*The number of pe *Current number o *Class size to instr *School Calendar *Availability of Tran	f students enrolle uctor ratio nscripts		
1. Program comple	ART VI - INI etion rate for all in pleter is a person	TIAL PERFORMANCE INFORMATION REQUIRED andividuals participating in the applicable program conducted by the training who has:	O ON EACH PROGRAM ng provider.
a. obtained a certifulb. received creditc. received a passd. finished the req	for completing the ing grade in the	e program; or	
Which criteria liste	ed above (a) - (d)	do you use to define a completer? x (a) (b) (c) (d)	
*how the informat	tion was obtained of all student's d	o obtained unsubsidized employment. The training provider must specify I data was collected	y:
3 Average hourly	wages of all stud	dents who obtained unsubsidized employment for this program:	\$10.00

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Date Of Application	917116
Name of Institution	New Horizons Computer Learning Center of Cedar Rapids
Address	1850 Boyson Rd. , Hiawatha, IA 52233
Telephone Number	319-294-9035 Fax
Location of Training Facility	1850 Boyson Rd. , Hiawatha, IA 52233
Name of Chief Executive Officer	Derek Wright
Program Contact Information	MICKIS AMBURGUM
Telephone Number	50 249-9355 7444 Email Address Nhompy (New Nhompy)
Is your organization a post-second Act. (NAA)? Yes No	dary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship
	PART II (a) - PROGRAM INFORMATION
Please provide a brief description	of <u>each</u> program for which you are applying, including:
A. Program Name	Database Administrator Professional
B. A <u>brief</u> program description	The Database Administrator Professional program is designed to teach students the skills required
	implement, and operate computer database systems. Students will learn how to utilize specialized
	store and organize data according to user needs as well as how to operate comprehensive data w
	systems.
C. Length of Program	432 clock hours Total Credit Hours Required 432 clock hours
68-0779 (07-15)	1

D. What is the method of delivery?		
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable) Self-Stu	dy (Correspondence)
Web-Based (Internet) URL Address		
PROGRAM COSTS:		
1a. Tuition (per credit hour)	\$38.18	
1b. Tuition (Out-of-State, per credit hour)	NIM	
2. Supplies, including tools, uniforms, etc.	\$3003	
3. Fees, including laboratory, student rentals, deposits	NH	
4. Miscellaneous charges	PIU	
5. Average cost per year for program	NA	
6. Total cost to complete this program	\$19500	
Please use additional pages if necessary.		
expiration of this initial certification, you will receive instruction. Post-Secondary Educational Institution registered under the National Apprenticeship Act (nder HEA	
CERTIFICATION	certify that I am the	of the training
Jamie Fiely	Pres	ident
Name	the state of the state and testion in true and con	Title
institution named herein and further certify that the informa		
		116
Signature If you are a Training Institution applying for program certific Non-RWIB approved applications received directly from Training Institution applications.	Date cation, applications must be forwarded to Regional in the address below will not be address below will not	onal Workforce Investment Board for consideration. be processed and with no further notification.
	FOR RWIB USE ONLY	
Date Received by RWIB	Date Approved by R	WIB
Application Date	Date RWIB Submitte	ed to IWD
	Region #:	
Authorized RWIB Signature		
The RWIB-approved form must be sent	to: Michaela Rotert, lowa Workforce Development, ′	150 Des Moines Street, Des Moines, IA 50309

*	
All other applicants m	ust complete the following information and Part III - Part VI:
1. Date Institution wa	s founded: January 1, 1997
2. Number of years	he insititution has been in continuous operation: 19
3. Is the institution ac	countable to a policy or governmental board?
If so, what board?	Please attach a member list.
4. Does each progra	m lead to a degree or certification? Please Explain: Each Program leads to a certificate of completion
Is the institution finitution's most reference	PART III - FINANCIAL INFORMATION nancially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the ecent auditor's report.
2. Attach a schedule	e of fees for in-state and out-of-state tuition, if applicable.
	on have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at
Please state your refund policy:	The refund is based on the precise number of course time hours the student has paid for, but not yet used at the point of termination, up to the 60% completion mark, after which no refund is due.
*The number of bu	
*Handicap accessi	PART V - ORGANIZATION OF THE TRAINING INSTITUTION
Please provide a d	escription of each of the following:
*The number of pe *Current number of *Class size to insti *School Calendar *Availability of Tra	f students enrolled uctor ratio
1. Program compl	ART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM etion rate for all individuals participating in the applicable program conducted by the training provider. pleter is a person who has:
b. received credit	ficate, degree or diploma; or for completing the program; or sing grade in the program; or uired curriculum of the program
Which criteria list	ed above (a) - (d) do you use to define a completer? 🔯 (a) 💢 (b) 🔲 (c) 👿 (d)
*how the information	all individuals who obtained unsubsidized employment. The training provider must specify: tion was obtained e of all student's data was collected ng used
2 Average hour	wages of all students who obtained unsubsidized employment for this program:

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Name of Institution	New Horizons Computer Learning Center of Cedar Rapids				
Address	1850 Boyson Rd. , Hiawatha, IA 52233				
Telephone Number	319-294-9035 Fax				
Location of Training Facility	1850 Boyson Rd. , Hiawatha, IA 52233				
Name of Chief Executive Officer	Derek Wright				
Program Contact Information	MILKIS AMBUYOYU)				
Telephone Number	SIZ-347-9555 x Z4414 Email Address MEANS. AWISOVAJENJOO NO COMPUSE Y LEANNING COM				
ls your organization a post-second Act. (NAA)? Yes No	dary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship				
	PART II (a) - PROGRAM INFORMATION				
Please provide a brief description	n of <u>each</u> program for which you are applying, including:				
A. Program Name	Business Administration Associate				
B. A <u>brief</u> program description	The Business Administration Associate program is a comprehensive course designed to teach stud				
	skills and knowledge necessary to successfully perform administrative duties in office and business				
	environments. Graduates of this program will be able to draft messages, organize files, maintain ac				
	records, and utilize Microsoft Office products. Students will also learn effective time management a				
	etiquette skills.				
C. Length of Program	216 clock hours Total Credit Hours Required 216 clock hours				
68-0779 (07-15)	1				

D. What is the method of delivery?			G
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable)	Self-Study (Correspondence)
Web-Based (Internet) URL Address			
PROGRAM COSTS:			
1a. Tuition (per credit hour)	\$29.66		
1b. Tuition (Out-of-State, per credit hour)	NIM		
2. Supplies, including tools, uniforms, etc.	\$1093		
3. Fees, including laboratory, student rentals, deposits	NIA		
4. Miscellaneous charges	Na		
5. Average cost per year for program			
6. Total cost to complete this program	\$7500		
Please use additional pages if necessary.		IDER GENERAL INFOR	
If you are a post-secondary education institution eligit please place a checkmark next to the description that expiration of this initial certification, you will receive in Post-Secondary Educational Institution registered Registered under the National Apprenticeship Ac	structions regarding subsequend d under HEA	t eligibility.	
CERTIFICATION	W. H. H. and the		of the training
l Jamie Fiely	certify that I am the	President	
Nama		Title	documentation is true and factual.
institution named herein and further certify that the infor	mation contained in this application		
Stoll		9/11/16	
Signature If you are a Training institution applying for program ce Non-RWIB approved applications received directly from	n n n n n n n n n n n n n n n n n n n	ate <u>rwarded to Regional Workforce Inves</u> ess below will not be processed and v	stment Board for consideration. with no further notification.
	FOR RWIB US		
Date Received by RWIB	Date	e Approved by RWIB	
Application Date	Dat	e RWIB Submitted to IWD	
	Reş	gion #:	
Authorized RWIB Signature			
The RWIB-approved form must be	sent to: Michaela Rotert, Iowa Workfo	orce Development, 150 Des Moines Stree	t, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:
1. Date Institution was founded: January 1, 1997
2. Number of years the insititution has been in continuous operation: 19
3. Is the institution accountable to a policy or governmental board? Yes X No
If so, what board? Please attach a member lis
4. Does each program lead to a degree or certification? Please Explain: Each Program leads to a certificate of completion
PART III - FINANCIAL INFORMATION 1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and trintitution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?
Please state your refund policy: The refund is based on the precise number of course time hours the student has paid for, but not yet use at the point of termination, up to the 60% completion mark, after which no refund is due.
PART IV - FACILITIES Describe your facility. Provide narrative that describes at a minimum a description on each of the following: *The number of buildings *Handicap accessibility *Availability of suitable training equipment *Compliance with fire, building and safety codes, including off-campus locations or other sites
PART V - ORGANIZATION OF THE TRAINING INSTITUTION
Please provide a description of each of the following:
*The number of persons employed *Current number of students enrolled *Class size to instructor ratio *School Calendar *Availability of Transcripts
PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
 a. obtained a certificate, degree or diploma; or b. received credit for completing the program; or c. received a passing grade in the program; or d. finished the required curriculum of the program
Which criteria listed above (a) - (d) do you use to define a completer?
 Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: *how the information was obtained *what percentage of all student's data was collected *what year is being used
3. Average hourly wages of all students who obtained unsubsidized employment for this program:

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Name of Institution	New Horizons Computer Learning Center of Cedar Rapids				
Address	1850 Boyson Rd. , Hiawatha, IA 52233				
Telephone Number	319-294-9035 Fax				
Location of Training Facility	1850 Boyson Rd. , Hiawatha, IA 52233				
Name of Chief Executive Officer	Derek Wright				
Program Contact Information	Alexis Amburgery				
Telephone Number	517.349-9555 X2444 Email Address NUCOMPULE YILLAY MIND LOW				
Is your organization a post-second Act. (NAA)? Yes No	dary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship				
	PART II (a) - PROGRAM INFORMATION				
Please provide a brief description	of <u>each</u> program for which you are applying, including:				
A. Program Name	Business Administration Professional				
B. A <u>brief</u> program description	The Business Administration Professional program is designed to teach students the knowledge ar				
	associated with business operations and project management within a business environment. Stud				
	learn business analyses, logistics, automation, workflow, and how to improve company efficiency a				
	•				
C. Length of Program	450 clock hours Total Credit Hours Required 450 clock hours				
68-0779 (07-15)	1				

D. What is the method of delivery?			
Classroom Computer-Based CD-Rom	Distance (TV/Satellite/Cable)	Self-Study (Correspon	dence)
Web-Based (Internet) URL Address			
PROGRAM COSTS:			
1a. Tuition (per credit hour)	\$35.36		
1b. Tuition (Out-of-State, per credit hour)	NIA		
2. Supplies, including tools, uniforms, etc.	\$3585		
3. Fees, including laboratory, student rentals, deposits	NA		
4. Miscellaneous charges	NA		
5. Average cost per year for program	NIA		
6. Total cost to complete this program	\$19500		
Please use additional pages if necessary.			
expiration of this initial certification, you will receive instruction. Post-Secondary Educational Institution registered to Registered under the National Apprenticeship Act (CERTIFICATION	ınder HEA		
	certify that I am the		of the training
Jamie Fiely		President	_
Name institution named herein and further certify that the informa	tion contained in this application	Title	ting documentation is true and factual
institution named nerein and dathericertity that the information	tion contained in this applicant		ang documentation is true and labadia.
		9/1/10	
Signature		ate	nucetment Reard for consideration
If you are a Training Institution applying for program certific Non-RWIB approved applications received directly from Tr	aining Institutions to the addre	warded to Regional Worklorde in ss below will not be processed a	and with no further notification.
	FOR RWIB USE	ONLY	
Date Received by RWIB	Date	Approved by RWIB	
Application Date	Date	RWIB Submitted to IWD	
	Regi	ion #:	
Authorized RWIB Signature			
The RWIB-approved form must be sent	to: Michaela Rotert, Iowa Workfor	ce Development, 150 Des Moines St	creet, Des Moines, IA 50309

All other applicants must complete the following information and Part III - Part VI:
1. Date Institution was founded: January 1, 1997
2. Number of years the insititution has been in continuous operation: 19
3. Is the institution accountable to a policy or governmental board?
If so, what board? Please attach a member I
4. Does each program lead to a degree or certification? Please Explain: Each Program leads to a certificate of completion
PART III - FINANCIAL INFORMATION 1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and to intitution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3, Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?
Please state your refund policy: The refund is based on the precise number of course time hours the student has paid for, but not yet us at the point of termination, up to the 60% completion mark, after which no refund is due.
PART IV - FACILITIES Describe your facility. Provide narrative that describes at a minimum a description on each of the following: *The number of buildings *Availability of suitable training equipment
*Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites
PART V - ORGANIZATION OF THE TRAINING INSTITUTION Please provide a description of each of the following:
*The number of persons employed *Current number of students enrolled *Class size to instructor ratio *School Calendar *Availability of Transcripts
PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM 1. Program completion rate for all individuals participating in the applicable program conducted by the training provider. A program completer is a person who has:
 a. obtained a certificate, degree or diploma; or b. received credit for completing the program; or c. received a passing grade in the program; or d. finished the required curriculum of the program
Which criteria listed above (a) - (d) do you use to define a completer? \times (a) $\boxed{\ \ \ }$ (b) $\boxed{\ \ \ \ \ }$ (d)
 Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: *how the information was obtained *what percentage of all student's data was collected *what year is being used
3. Average hourly wages of all students who obtained unsubsidized employment for this program: