

**State of Iowa**  
**Iowa Workforce Development**  
**Workforce Center Administration**  
**150 Des Moines Street**  
**Des Moines, IA 50309**

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>.

**PART I - GENERAL INFORMATION**

Date Of Application May 25, 2016

Name of Institution Kirkwood Community College - Continuing Education

Address 6301 Kirkwood Blvd SW, Cedar Rapids, IA 52404

Telephone Number 319-398-5411 Fax \_\_\_\_\_

Location of Training Facility main campus or regional center (Hawatha)

Name of Chief Executive Officer Kim Becicka

Program Contact Information Laura Daman

Telephone Number 319-398-5626 Email Address laura.daman@kirkwood.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name Histology Assistant Program

B. A brief program description This course will introduce students to the professional requirements of a Histology Assistant. Histology Assistants typically work in hospitals, clinics & labs assisting histologists and pathologists to prepare and analyze tissue specimens from patients in order to diagnose and treat disease

C. Length of Program 96-hrs. Total Credit Hours Required \_\_\_\_\_

Classroom  Computer-Based CD-Rom  Distance (TV/Satellite/Cable)  Self-Study (Correspondence)

Web-Based (Internet) URL Address \_\_\_\_\_

**PROGRAM COSTS:**

1a. Tuition (per credit hour) Non-credit > \$1,999.00 includes textbooks

1b. Tuition (Out-of-State, per credit hour) \_\_\_\_\_

2. Supplies, including tools, uniforms, etc. Included

3. Fees, including laboratory, student rentals, deposits Included

4. Miscellaneous charges \_\_\_\_\_

5. Average cost per year for program \_\_\_\_\_

6. Total cost to complete this program \$1,999.00

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I \_\_\_\_\_ certify that I am the \_\_\_\_\_ of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

\_\_\_\_\_  
Signature Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training 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

**Histology Assistant Program**

This 96-hour program will introduce students to the professional requirements of a Histology Assistant. Histology Assistants typically work in hospitals, clinics and laboratories assisting histologists and pathologists to prepare and analyze tissue specimens from patients in order to diagnose and treat diseases. This program will review human anatomy emphasizing the recognition, composition and function of organ systems including skeletal, nervous, circulatory, endocrine and reproductive system tissues. Students will also review histotechniques such as tissue processing and an introduction to basic theories and practices of histotechnology including laboratory safety, fixation, routine staining and operation and maintenance of lab equipment.

**Special Notice:** Due to the complex nature of Histology, classroom labs consist of microscope and slide reviews of generic samples only. Additionally, there is no outside externship rotation or national or state certification objective as part of this program. Most Histology professional certifications require one to two years of practical work experience.

Textbooks are included in the cost of the course.

Mondays and Wednesdays

September 19– December 12, 2016

6:00pm – 9:30pm

Saturdays (10/8; 11/5 & 12/3)

9:00am – 3:00pm

Tuition: \$1,999

Linn County Regional Center, room 402

Instructor: tbd

**CHHO-5625 83550**

# Kirkwood

COMMUNITY COLLEGE

## Histology Assistant Program – KCC

Tuition - \$1,999; Total Hours - 96

Monday	September 19	6:00pm - 9:30pm
Wednesday	September 21	6:00pm - 9:30pm
Monday	September 26	6:00pm - 9:30pm
Wednesday	September 28	6:00pm - 9:30pm
Monday	October 3	6:00pm - 9:30pm
Wednesday	October 5	6:00pm - 9:30pm
Saturday	October 8	9:00am - 3:00pm
Monday	October 10	6:00pm - 9:30pm
Wednesday	October 12	6:00pm - 9:30pm
Monday	October 17	6:00pm - 9:30pm
Wednesday	October 19	6:00pm - 9:30pm
Monday	October 24	6:00pm - 9:30pm
Wednesday	October 26	6:00pm - 9:30pm
Monday	October 31	6:00pm - 9:30pm
Wednesday	November 2	6:00pm - 9:30pm
Saturday	November 5	9:00am - 3:00pm
Monday	November 7	6:00pm - 9:30pm
Wednesday	November 9	6:00pm - 9:30pm
Monday	November 14	6:00pm - 9:30pm
Wednesday	November 16	6:00pm - 9:30pm
<b>NO CLASS</b>	<b>November 21</b>	<b>NO CLASS</b>
<b>NO CLASS</b>	<b>November 23</b>	<b>NO CLASS</b>
Monday	November 28	6:00pm - 9:30pm
Wednesday	November 30	6:00pm - 9:30pm
Saturday	December 3	9:00am - 3:00pm
Monday	December 5	6:00pm - 9:30pm
Wednesday	December 7	6:00pm - 9:30pm
Monday	December 12	6:00pm - 9:30pm

( / )

Careers and Occupations List (/article\_directory/Careers\_and\_Occupations\_List.html) /  
 Medical and Health Professions (/article\_directory/q\_p/page/Medical and Health  
 Professions/q\_p/Careers\_and\_Occupations\_List.html)  
 / Histology Assistant: Job Description...

## Histology Assistant: Job Description & Career Info

Histology assistants work directly with patients, histologists, pathologists and other medical staff to obtain and test tissue samples. Continue reading to learn more about formal training options, skill sets, employment outlook and earnings potential for histology assistants.

Show me popular schools

### Career Definition for Histology Assistants

Histology assistants help histologists and pathologists obtain and analyze tissue specimens from patients in order to diagnose and treat diseases. They usually work in hospitals, doctor offices and laboratories. According to the American Association of Medical Assistants, histology assistants help with clinical and laboratory procedures, in addition to entering data and other clerical tasks.

<b>Education</b>	Vocational certificate or associate's degree
<b>Job Skills</b>	Recordkeeping, organization skills, teamwork, interpersonal skills, communication skills
<b>Median Salary*</b>	\$30,590 (2015)
<b>Career Outlook*</b>	23% (2014-2024)

Source: \*U.S. Bureau of Labor Statistics

### Required Education

Histology assistants usually have a 1-year vocational certificate or an associate degree in medical assisting. Core coursework typically covers topics in laboratory and diagnostic techniques, anatomy, physiology and pharmaceuticals, as well as the business and administrative aspects of medicine. Histology assistants can become certified medical assistants by taking an exam and completing an internship. Although the credential is optional, it can serve as proof of competency to potential employers.

### Skills Required

Histology assistants frequently work directly with patients, pathologists, insurance providers and other medical staff, which requires the ability to communicate in a pleasant, knowledgeable and tactful manner. Histology assistants should also have excellent organizational and office skills, including those associated with filing, computer data entry and recordkeeping.

## Employment and Earnings Outlook

The U.S. Bureau of Labor Statistics (BLS) reports that the number of job openings for medical assistants in general will grow by 23% nationwide from 2014 to 2024, or much faster than the average for all occupations. Histology assistants and other medical assistants are expected to be in great demand as health care facilities increasingly seek workers who can perform both clinical and administrative duties. As of May 2015, medical assistants earned median salaries of \$30,590, according to the BLS.

## Alternate Career Options

### Perfect School Search

#### What subject are you interested in?

Medical and Health Professions

Clinical Laboratory Science Professions

Histologic Technician

#### What degree level are you looking for?

Select your preferred degree level

#### Where do you want to attend class?

Show me all schools

Find Schools

## 10 Popular Schools

<sup>1</sup> **[Kaplan University](/directory/school/Kaplan_University.html)**  
**[\(/directory/school/Kaplan\\_University.html\)](/directory/school/Kaplan_University.html)**



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**PART I - GENERAL INFORMATION**

Date Of Application 6.15.16

Name of Institution Kirkwood Community College

Address 6301 Kirkwood Blvd. SW, Cedar Rapids, IA 52404

Telephone Number 319-398-1022 Fax \_\_\_\_\_

Location of Training Facility 6301 Kirkwood Blvd. SW Cedar Rapids, IA 52404

Name of Chief Executive Officer Kim Beicka

Program Contact Information Laura Baman

Telephone Number 319-398-1022 Email Address \_\_\_\_\_

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name 90 Hour Food Service Certificate Program

B. A brief program description See attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Length of Program 90 hours Total Credit Hours Required \_\_\_\_\_

D. 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:**

1a. Tuition (per credit hour) \$965

1b. Tuition (Out-of-State, per credit hour) — (same)

2. Supplies, including tools, uniforms, etc. \$536 (books)

3. Fees, including laboratory, student rentals, deposits —

4. Miscellaneous charges —

5. Average cost per year for program —

6. Total cost to complete this program \$1501

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

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Post-Secondary Educational Institution registered under HEA  
 Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, Kim Beeicka certify that I am the Vice President of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

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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



## **90 Hour Food Service Certificate Program (Online)**

This 90-hour online food service program is geared to food service supervisors. Classes include: Food Management, Safety and Sanitation, Food Preparation, Modified Diets, Meal Service and 24 Hour Food Production. Completion of the 90 Hour Food Service program and two years' experience in the field, enables one to be eligible to sit for the Certified Dietary Managers State Exam. Books are required for the following classes: Modified Diets: Iowa Simplified Diet Manual ISBN 978-0813811963. Food Service Safety and Sanitation: ServSafe 6<sup>th</sup> edition ISBN 978-0133908398.

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### PART I - GENERAL INFORMATION

Date Of Application 5/19/16

Name of Institution New Horizons Computer Learning Center of Cedar Rapids

Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

### PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Healthcare IT Technician Professional

B. A brief program description This program of instruction prepares students for mid- level to executive-level jobs such as Web Administrators, Computer Technicians, and Information Systems Analysts in the medical and health fields. Building off of the courses provided in the associate program, the Healthcare IT Technician Professional program offers an additional four courses to further students' knowledge surrounding the IT field in today's healthcare system. Five industry certification exams are also offered as part of this professional program track. Students will learn how to implement, deploy, and support healthcare IT systems in U.S. medical and health service industries such as hospitals, clinics, managed care organizations, public health agencies, and other similar organizations. Students will also learn how to organization and manage health information data by ensuring its quality, accuracy, accessibility, and security in both paper and electronic systems.

C. Length of Program 511.5 Contact Hours Total Credit Hours Required \_\_\_\_\_

Classroom  Computer-Based CD-Rom  Distance (TV/Satellite/Cable)  Self-Study (Correspondence)

Web-Based (Internet) URL Address \_\_\_\_\_

**PROGRAM COSTS:**

1a. Tuition (per credit hour)	\$21.72
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$4,300
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

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- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I Jamie Field certify that I am the President of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Jamie Field Signature 5/2/14 Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training 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 _____
Authorized RWIB Signature _____	Region #: _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, 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 institution has been in continuous operation: 19
3. Is the institution accountable to a policy or governmental board?  Yes  No
- If so, what board? \_\_\_\_\_ Please attach a member list.
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 the institution'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 used, at the point of termination, up to the 75% 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?  (a)  (b)  (c)  (d)

2. 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: \$26.77

**State of Iowa  
Iowa Workforce Development  
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### PART I - GENERAL INFORMATION

Date Of Application 5/19/10

Name of Institution New Horizons Computer Learning Center of Cedar Rapids

Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

### PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Healthcare IT Technician Associate

B. A brief program description This program of instruction prepares students for entry to mid- level jobs such as Computer Support Specialists and Health Information Technicians in the medical and health fields. Healthcare IT Technicians are responsible for the organization and management of health information data by ensuring its quality, accuracy, accessibility, and security in both paper and electronic systems. In this program, students will learn how to implement, deploy, and support healthcare IT systems for U.S. medical and health service industries such as hospitals, clinics, managed care organizations, public health agencies, and other similar organizations.

C. Length of Program 209 Contact Hours Total Credit Hours Required \_\_\_\_\_

D. 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:**

1a. Tuition (per credit hour)	\$29.18
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,400
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

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- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, JAMIE FEIN certify that I am the President of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] Date 5/9/16  
Signature Date

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**PART IV - FACILITIES**

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

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- \*Availability of suitable training equipment
- \*Handicap accessibility
- \*Compliance with fire, building and safety codes, including off-campus locations or other sites

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\*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: N/A

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Date Of Application	<u>5/9/2016</u>		
Name of Institution	<u>New Horizons Computer Learning Center of Cedar Rapids</u>		
Address	<u>1850 Boyson Road, Hiawatha, IA 52233</u>		
Telephone Number	<u>319-294-9035</u>	Fax	<u>N/A</u>
Location of Training Facility	<u>1850 Boyson Road, Hiawatha, IA 52233</u>		
Name of Chief Executive Officer	<u>Derek Wright</u>		
Program Contact Information	<u>Alexis Amburgey</u>		
Telephone Number	<u>512-349-9555x2444</u>	Email Address	<u>alexis.amburgey@nhworkforcedevelopment.com</u>
Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

### PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name	<u>Business Administration Associate</u>		
B. A <u>brief</u> program description	<u>Secretaries and Administrative Assistants perform routine clerical and administrative duties such as organizing files, drafting messages, scheduling appointments, and supporting other staff. In this program, students will learn these duties as well as additional skills such as record keeping, time management, business etiquette, planning and maintaining facilities, and how to utilize Microsoft Office products.</u>		
C. Length of Program	<u>269.5 Contact Hours</u>	Total Credit Hours Required	<u>1</u>



D. 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:**

1a. Tuition (per credit hour)	\$24.45
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$910
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, JAMIE FIELM certify that I am the President of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] Signature Date 5/9/16

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training 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 _____
Authorized RWIB Signature _____	Region #: _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, 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 institution has been in continuous operation: 19
3. Is the institution accountable to a policy or governmental board?  Yes  No
- If so, what board? \_\_\_\_\_ Please attach a member list.
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 the institution'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 used, at the point of termination, up to the 75% 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?  (a)  (b)  (c)  (d)

2. 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: \$18.06

**State of Iowa**  
**Iowa Workforce Development**  
**Workforce Center Administration**  
**150 Des Moines Street**  
**Des Moines, IA 50309**

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>.

### PART I - GENERAL INFORMATION

Date Of Application 5/19/16

Name of Institution New Horizons Computer Learning Center of Cedar Rapids

Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

### PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Business Administration Professional

B. A brief program description This program of instruction prepares students for mid-level to executive-level jobs as Business Analysts and Office and Project Managers. Building off of the courses provided in the associate program, the Business Administration Professional program offers an additional four courses to further expand students' knowledge on business operations and project management. Six industry certifications are also offered as part of this professional program track. Students will learn business analyses, logistics, automation, workflow, and ways to improve company efficiency and revenue

C. Length of Program 473 Contact Hours Total Credit Hours Required \_\_\_\_\_

D. 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:**

1a. Tuition (per credit hour)	\$32.89
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$3,940
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, JAMIE FIEN \_\_\_\_\_, certify that I am the President \_\_\_\_\_ of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] \_\_\_\_\_, Date 5/9/16 \_\_\_\_\_  
Signature Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

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Authorized RWIB Signature _____	Region #: _____
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4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certificate of Completion.

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1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution'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 used, at the point of termination, up to the 75% 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?  (a)  (b)  (c)  (d)

2. 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: \$27.85

**State of Iowa**  
**Iowa Workforce Development**  
**Workforce Center Administration**  
**150 Des Moines Street**  
**Des Moines, IA 50309**

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### PART I - GENERAL INFORMATION

Date Of Application 5/19/16

Name of Institution New Horizons Computer Learning Center of Cedar Rapids

Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

### PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Database Administrator Associate

B. A brief program description Database Administrators (DBAs) use specialized software to store and organize data, such as financial information and shipping records, and then present data according to user needs. Database Administrators also ensure that business data is accurate, available and secure. Students who select this program will learn how to create and maintain different types of databases as well as how to manage and interpret data.

C. Length of Program 226 Contact Hours Total Credit Hours Required \_\_\_\_\_

D. 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:**

1a. Tuition (per credit hour)	\$29.14
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$915
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, Jamie Field certify that I am the President of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] Date 5/9/16  
Signature Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training 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 _____	
<small>The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, Des Moines, IA 50309</small>	

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 institution has been in continuous operation: 19
3. Is the institution accountable to a policy or governmental board?  Yes  No
- If so, what board? \_\_\_\_\_ Please attach a member list.
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 the institution'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 used, at the point of termination, up to the 75% 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?  (a)  (b)  (c)  (d)

2. 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: N/A



**State of Iowa**  
**Iowa Workforce Development**  
**Workforce Center Administration**  
**150 Des Moines Street**  
**Des Moines, IA 50309**

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**PART I - GENERAL INFORMATION**

Date Of Application 5/9/16

Name of Institution New Horizons Computer Learning Center of Cedar Rapids

Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name Database Administrator Professional

B. A brief program description This program of instruction prepares students for mid-level to executive-level jobs such as Data Warehousing Specialists and Database Analysts. Building off of the courses provided in the associate program, the professional program offers two additional courses to help further students' knowledge surrounding databases. Four industry certifications are also offered as part of this professional track. Students will learn how to design, implement, and operate comprehensive data warehouse systems as well as how to use specialized software to store and organize data according to user needs.

C. Length of Program 462 Contact Hours Total Credit Hours Required \_\_\_\_\_

Classroom    Computer-Based CD-Rom    Distance (TV/Satellite/Cable)    Self-Study (Correspondence)

Web-Based (Internet) URL Address \_\_\_\_\_

**PROGRAM COSTS:**

1a. Tuition (per credit hour)	\$35.35
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$3,165
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, JAMIE FILIN certify that I am the President of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] Signature      5/9/10 Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

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All other applicants must complete the following information and Part III - Part VI:

- 1. Date Institution was founded: January 1, 1997

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- 2. Number of years the insitution has been in continuous operation: 19

---

- 3. Is the institution accountable to a policy or governmental board?  Yes  No  
 If so, what board? \_\_\_\_\_ Please attach a member list.

---

- 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 the intitution's most recent auditor's report.
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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 75% 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?  (a)  (b)  (c)  (d)

2. 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: \$32.08

**State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309**

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Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name Medical Office Administration Program

B. A brief program description Medical Office Administrators manage health information data by ensuring its quality, accuracy, accessibility, and security. Various classifications systems are used to code and categorize patient information for insurance reimbursement purposes. Medical and Health services managers plan, direct, or coordinate medical and health services in hospitals, clinics, managed care organizations, public health agencies, or similar organizations.

C. Length of Program 242 Contact Hours Total Credit Hours Required \_\_\_\_\_

D. 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:**

1a. Tuition (per credit hour)	\$23.97
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,700
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, JAMIE FLYNN certify that I am the PRESIDENT of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] Signature 5/9/14 Date

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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 institution has been in continuous operation: 19

---

3. Is the institution accountable to a policy or governmental board?  Yes  No  
 If so, what board? \_\_\_\_\_ Please attach a member list.

---

4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certificate of Completion.

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**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 the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
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**PART IV - FACILITIES**

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

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**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
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**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.  
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2. 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: \$16.00

State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309

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>.

**PART I - GENERAL INFORMATION**

Date Of Application 5/19/16

Name of Institution New Horizons Computer Learning Center of Cedar Rapids

Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name Network Systems Administrator Associate

B. A brief program description This program of instruction prepares students for entry to mid- level jobs as network and computer systems administrators. Students will learn how to oversee performance of computer systems, maintain system functioning; answer customer inquiries, and install and perform minor system repairs. Network and Computer Systems Administrators are responsible for the day-to-day operation of an organization's computer networks and communication systems by installing, supporting and managing the networks and systems.

C. Length of Program 165 Contact Hours Total Credit Hours Required \_\_\_\_\_

Classroom     Computer-Based CD-Rom     Distance (TV/Satellite/Cable)     Self-Study (Correspondence)

Web-Based (Internet) URL Address \_\_\_\_\_

**PROGRAM COSTS:**

1a. Tuition (per credit hour)	\$37.57
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,300.00
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, JAMIE FLEIN certify that I am the PRESIDENT of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] Signature Date 5/9/16

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training 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 _____
Authorized RWIB Signature _____	Region #: _____

The RWIB-approved form must be sent to: Michaela Rotert, Iowa Workforce Development, 150 Des Moines Street, 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 institution has been in continuous operation: 19
3. Is the institution accountable to a policy or governmental board?  Yes  No
- If so, what board? \_\_\_\_\_ Please attach a member list.
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 the institution'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 used, at the point of termination, up to the 75% 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?  (a)  (b)  (c)  (d)

2. 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: \$19.22

**State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309**

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Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

### PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Network Systems Administrator Professional

B. A brief program description This program of instruction prepares students for mid to executive-level jobs as Network and Computer Systems Administrators. Building off of the courses provided in the associate program, the Network System Administrator Professional program offers an additional four courses to further students' knowledge surrounding different systems. Six industry certification exams are also offered as part of this professional program track. Students will learn how to oversee performance of computer systems, maintain system functioning, perform data backups, troubleshoot, and ensure network security.

C. Length of Program 539 Contact Hours Total Credit Hours Required \_\_\_\_\_

D. 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:**

1a. Tuition (per credit hour)	\$26.99
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$4950.00
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, Jamie Fein certify that I am the President of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] \_\_\_\_\_ Date 5/2/14

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

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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 must complete the following information and Part III - Part VI:

1. Date Institution was founded: January 1, 1997
2. Number of years the institution has been in continuous operation: 19
3. Is the institution accountable to a policy or governmental board?  Yes  No
- If so, what board? \_\_\_\_\_ Please attach a member list.
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 the institution'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 used, at the point of termination, up to the 75% 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

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2. 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: \$24.49

State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309

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**PART I - GENERAL INFORMATION**

Date Of Application 5/9/16

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Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name Security IT Associate

B. A brief program description Security IT Associates apply security concepts, tools, and procedures to react to security incidents regarding network security, compliance, operational vulnerability, and access control identity management. Students will learn how to provide help and advice to people and organizations using computer software and equipment.

C. Length of Program 187 Contact Hours Total Credit Hours Required \_\_\_\_\_

D. 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:**

1a. Tuition (per credit hour)	\$40.11
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,450.00
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

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- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, JAMIE FEIN certify that I am the President of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] Signature 5/9/14 Date

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Application Date \_\_\_\_\_ Date RWIB Submitted to IWD \_\_\_\_\_

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Authorized RWIB Signature \_\_\_\_\_

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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 institution has been in continuous operation: 19
3. Is the institution accountable to a policy or governmental board?  Yes  No
- If so, what board? \_\_\_\_\_ Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certificate of Completion.

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2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
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### 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
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- c. received a passing grade in the program; or
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Which criteria listed above (a) - (d) do you use to define a completer?  (a)  (b)  (c)  (d)

2. 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: \$ 21.44

State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
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Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name Security IT Professional

B. A brief program description This program of instruction prepares students for mid- level to executive-level jobs as Security Analysts. Building off of the courses provided in the associate program, the Security IT Professional program offers an additional five classes to help further students' knowledge of security systems. Six industry certification exams are also offered within this track. Students will learn to develop and apply security concepts, tools, and procedures to react to security incidents regarding network security, compliance, operational vulnerability, and access control identity management.

C. Length of Program 561 Contact Hours Total Credit Hours Required \_\_\_\_\_



D. 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:**

1a. Tuition (per credit hour)	\$24.64
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$5,675
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
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**CERTIFICATION**

I, JAMIE FEIN certify that I am the President of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] Signature Date 5/9/10

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1. Date Institution was founded: January 1, 1997

2. Number of years the insitution has been in continuous operation: 19

3. Is the institution accountable to a policy or governmental board?  Yes  No

If so, what board? \_\_\_\_\_ Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certificate of Completion.

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2. 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: \$ 24.71

**State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309**

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Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name Software Solutions Developer Associate

B. A brief program description Software developers design, develop, test and enhance the computer programs we use every day—including but not limited to business applications, operating systems, video games, network control systems and social networks. In this program, students will learn how to create, back up, test and modify web applications in addition to many other tasks surrounding software development. Students who choose the associate track are prepared for entry to mid- level jobs as software developers, computer systems analysts, and web developers.

C. Length of Program 209 Contact Hours Total Credit Hours Required \_\_\_\_\_

Classroom  Computer-Based CD-Rom  Distance (TV/Satellite/Cable)  Self-Study (Correspondence)

Web-Based (Internet) URL Address \_\_\_\_\_

**PROGRAM COSTS:**

1a. Tuition (per credit hour)	\$29.42
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$1,350
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$7,500
6. Total cost to complete this program	\$7,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, Jamie Flynn Name, certify that I am the President Title of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature: [Signature] Date: 5/9/16

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

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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

- 1. Date Institution was founded: January 1, 1997

---

- 2. Number of years the insitution has been in continuous operation: 19

---

- 3. Is the institution accountable to a policy or governmental board?  Yes  No  
 If so, what board? \_\_\_\_\_ Please attach a member list.

---

- 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 the 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 used, at the point of termination, up to the 75% 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?  (a)  (b)  (c)  (d)

- 2. 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: N/A

**State of Iowa**  
**Iowa Workforce Development**  
**Workforce Center Administration**  
**150 Des Moines Street**  
**Des Moines, IA 50309**

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>.

**PART I - GENERAL INFORMATION**

Date Of Application 5/11/16

Name of Institution New Horizons Computer Learning Center of Cedar Rapids

Address 1850 Boyson Road, Hiawatha, IA 52233

Telephone Number 319-294-9035 Fax N/A

Location of Training Facility 1850 Boyson Road, Hiawatha, IA 52233

Name of Chief Executive Officer Derek Wright

Program Contact Information Alexis Amburgey

Telephone Number 512-349-9555x2444 Email Address alexis.amburgey@nhworkforcedevelopment.com

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)?  Yes  No

**PART II (a) - PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name Software Solutions Developer Professional

B. A brief program description This program of instruction prepares students for mid to executive-level jobs such as Software Developers, Software Engineers, and Applications Developers. Building off of the courses in the associate program, the Software Solution Developer Professional program offers an additional four courses to further students' knowledge of software development. Additionally, four industry certifications are offered as part of this professional track. Students will learn how to design, develop, test and enhance the computer programs we use every day—including but not limited to business applications, operating systems, video games, network control systems and social networks.

C. Length of Program 533.5 Contact Hours Total Credit Hours Required \_\_\_\_\_

D. 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:**

1a. Tuition (per credit hour)	\$29.66
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	\$3,675
3. Fees, including laboratory, student rentals, deposits	N/A
4. Miscellaneous charges	N/A
5. Average cost per year for program	\$19,500
6. Total cost to complete this program	\$19,500

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I, JAMIE HEIN certify that I am the PROVIDER of the training  
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

[Signature] Date 5/9/16  
Signature Date

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

<b>FOR RWIB USE ONLY</b>	
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 must complete the following information and Part III - Part VI:

1. Date Institution was founded: January 1, 1997
2. Number of years the institution has been in continuous operation: 19
3. Is the institution accountable to a policy or governmental board?  Yes  No
- If so, what board? \_\_\_\_\_ Please attach a member list.
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 the institution'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 used, at the point of termination, up to the 75% 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?  (a)  (b)  (c)  (d)

2. 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: \$33.06



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>.

#### PART I - GENERAL INFORMATION

Date of Application: **04/27/2016**

Name of Institution: **The Ding King Training Institute, Inc.**

Address: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Location of Training Facility: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Telephone Number: **800-304-3464** Fax: **1-714-754-0080**

Name of Chief Executive Officer: **Todd Sudeck**

Program Contact Information: School Director – **Michelle Scher**

Telephone Number   **951-252-7676**   Email Address   **michelle@dingking.com**  

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

#### PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: **Paintless Dent Repair 40**

B. A brief program description:

**PDR is a highly skilled process in which minor dings and dents are removed from an automobile's exterior without creating the costly and time consuming need for traditional body shop repairs. The PDR process involves the use of custom designed dent removal tools that are applied to the inside, skin of a vehicle's sheet metal. To begin the repair process a dent technician gains access to the inside skin of the metal via an automobile's windows, headlights or other access point. A fluorescent light is then used to magnify the damaged area. The technician then drags the tip of the dent removal tool with leverage, over the damaged area in a fluid, pumping motion. In less than an hour, dings and dents become "massaged out" without any damage to the paint.**

C. Length of Program: **40 hrs.** Total Credit Hours Required: **Certificate Earned after completing 40 hrs.**

D. 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:**

- 1a. Tuition (per credit hour) **\$4430.00 (\$110.75 hr)**
- 1b. Tuition (Out-of-State, per credit hour) **same**
2. Supplies, including tools, uniforms, etc. **\$1495.00**
3. Fees, including laboratory, student rentals, deposits: **Registration fee \$75**
4. Miscellaneous charges: \_\_\_\_\_
5. Average cost per year for program **N/A**
6. Total cost to complete this program **\$6000.00**

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA  
 Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I Michelle Scher certify that I am the School Director  
 Name Title

of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training 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 must complete the following information and Part III - Part VI:

1. Date Institution was founded: **December 1993**
2. Number of years the institution has been in continuous operation: **23 years**
3. Is the institution accountable to a policy or governmental board? Yes **No**

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: **Each program, upon completion of course hours and curriculum 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 the institution's most recent auditor's report.

**The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.**

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and Equipment	Total Cost
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1,425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

**20% deposit is required to book your class and date, balance to be paid on first day of class.**

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: **SEE ATTACHED**

**PART IV - FACILITIES**

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

**SEE ATTACHED**

\*The number of buildings \*Availability of suitable training equipment

**SEE ATTACHED**

\*Handicap accessibility \*Compliance with fire, building and safety codes, including off-campus locations or other sites

**YES, business/occupancy license attached**

**PART V - ORGANIZATION OF THE TRAINING INSTITUTION**

Please provide a description of each of the following:

\*The number of persons employed: **13**

\*Current number of students enrolled: **12**

\*Class size to instructor ratio: **3 to 1**

\*School Calendar: **SEE ATTACHED**

\*Availability of Transcripts: **All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.**

**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? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: **90%**

\*how the information was obtained: **With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.**

**So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.**

\*what percentage of all students' data was collected: employment data collected- **95%**

\*what year is being used: **2015**

3. Average hourly wages of all students who obtained unsubsidized employment for this program: **\$60 hr.**

68-0779 (07-15)

State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309

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>.

#### PART I - GENERAL INFORMATION

Date of Application: **04/27/2016**

Name of Institution: **The Ding King Training Institute, Inc.**

Address: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Location of Training Facility: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Telephone Number: **800-304-3464** Fax: **1-714-754-0080**

Name of Chief Executive Officer: **Todd Sudeck**

Program Contact Information: School Director – **Michelle Scher**

Telephone Number   **951-252-7676**   Email Address   **michelle@dingking.com**  

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

#### PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: **Paintless Dent Repair 80**

B. A brief program description:

**PDR is a highly skilled process in which minor dings and dents are removed from an automobile's exterior without creating the costly and time consuming need for traditional body shop repairs. The PDR process involves the use of custom designed dent removal tools that are applied to the inside, skin of a vehicle's sheet metal. To begin the repair process a dent technician gains access to the inside skin of the metal via an automobile's windows, headlights or other access point. A fluorescent light is then used to magnify the damaged area. The technician then drags the tip of the dent removal tool with leverage, over the damaged area in a fluid, pumping motion. In less than an hour, dings and dents become "massaged out" without any damage to the paint.**

C. Length of Program: **80 hrs.** Total Credit Hours Required: **Certificate Earned after completing 80 hrs.**

D. What is the method of delivery?

Classroom **X** Computer-Based CD-Rom Distance (TV/Satellite/Cable)  
Self-Study (Correspondence)

Web-Based (Internet) URL Address

**PROGRAM COSTS:**

- 1a. Tuition (per credit hour) **\$5930.00 (\$74.13 hr)**
- 1b. Tuition (Out-of-State, per credit hour) **Same**
- 2. Supplies, including tools, uniforms, etc. **\$1995.00**
- 3. Fees, including laboratory, student rentals, deposits: **Registration fee \$75**
- 4. Miscellaneous charges:
- 5. Average cost per year for program **N/A**
- 6. Total cost to complete this program **\$8000.00**

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I **Michelle Scher** certify that I am the **School Director**  
 Name Title  
 of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training 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 must complete the following information and Part III - Part VI:

1. Date Institution was founded: **December 1993**
2. Number of years the institution has been in continuous operation: **23 years**
3. Is the institution accountable to a policy or governmental board? Yes **No**

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: **Each program, upon completion of course hours and curriculum 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 the institution's most recent auditor's report.

**The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.**

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and Equipment	Total Cost
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

**20% deposit is required to book your class and date, balance to be paid on first day of class.**

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: **SEE ATTACHED**

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

**SEE ATTACHED**

\*The number of buildings \*Availability of suitable training equipment

**SEE ATTACHED**

\*Handicap accessibility \*Compliance with fire, building and safety codes, including off-campus locations or other sites

**YES, business/occupancy license attached**

#### PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

\*The number of persons employed: **13**

\*Current number of students enrolled: **12**

\*Class size to instructor ratio: **3 to 1**

\*School Calendar: **SEE ATTACHED**

\*Availability of Transcripts: **All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.**

#### 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? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: **89%**

\*how the information was obtained: **With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.**

**So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.**

\*what percentage of all students' data was collected: employment data collected- **95%**

\*what year is being used: **2015**

3. Average hourly wages of all students who obtained unsubsidized employment for this program: **\$60 hr.**



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>.

#### PART I - GENERAL INFORMATION

Date of Application: **04/27/2016**

Name of Institution: **The Ding King Training Institute, Inc.**

Address: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Location of Training Facility: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Telephone Number: **800-304-3464** Fax: **1-714-754-0080**

Name of Chief Executive Officer: **Todd Sudeck**

Program Contact Information: School Director – **Michelle Scher**

Telephone Number   **951-252-7676**   Email Address   **michelle@dingking.com**  

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

#### PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: **Paintless Dent Repair 120**

B. A brief program description:

**PDR is a highly skilled process in which minor dings and dents are removed from an automobile's exterior without creating the costly and time consuming need for traditional body shop repairs. The PDR process involves the use of custom designed dent removal tools that are applied to the inside, skin of a vehicle's sheet metal. To begin the repair process a dent technician gains access to the inside skin of the metal via an automobile's windows, headlights or other access point. A fluorescent light is then used to magnify the damaged area. The technician then drags the tip of the dent removal tool with leverage, over the damaged area in a fluid, pumping motion. In less than an hour, dings and dents become "massaged out" without any damage to the paint.**

C. Length of Program: **120 hrs.** Total Credit Hours Required: **Certificate Earned after completing 120 hrs.**

D. What is the method of delivery?

Classroom **X** Computer-Based CD-Rom Distance (TV/Satellite/Cable)  
Self-Study (Correspondence)

Web-Based (Internet) URL Address

**PROGRAM COSTS:**

- 1a. Tuition (per credit hour) **\$7930.00 (\$66.08 hr)**
- 1b. Tuition (Out-of-State, per credit hour) **Same**
- 2. Supplies, including tools, uniforms, etc. **\$1995.00**
- 3. Fees, including laboratory, student rentals, deposits: **Registration fee \$75**
- 4. Miscellaneous charges:
- 5. Average cost per year for program **N/A**
- 6. Total cost to complete this program **\$10,000.00**

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I Michelle Scher certify that I am the School Director  
Name Title

of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**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 must complete the following information and Part III - Part VI:

- 1. Date Institution was founded: **December 1993**
- 2. Number of years the institution has been in continuous operation: **23 years**
- 3. Is the institution accountable to a policy or governmental board? Yes **No**

If so, what board?

Please attach a member list.

- 4. Does each program lead to a degree or certification? Please Explain: **Each program, upon completion of course hours and curriculum 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 the institution’s most recent auditor's report.

**The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General’s Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.**

- 2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and Equipment	Total Cost
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

**20% deposit is required to book your class and date, balance to be paid on first day of class.**

- 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: **SEE ATTACHED**

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

**SEE ATTACHED**

\*The number of buildings \*Availability of suitable training equipment

**SEE ATTACHED**

\*Handicap accessibility \*Compliance with fire, building and safety codes, including off-campus locations or other sites

**YES, business/occupancy license attached**

#### PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

\*The number of persons employed: **13**

\*Current number of students enrolled: **12**

\*Class size to instructor ratio: **3 to 1**

\*School Calendar: **SEE ATTACHED**

\*Availability of Transcripts: **All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.**

#### 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? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 100%

\*how the information was obtained: **With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.**

**So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.**

\*what percentage of all students' data was collected: employment data collected- 100%

\*what year is being used: **2015**

3. Average hourly wages of all students who obtained unsubsidized employment for this program: **\$60 hr.**

State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309

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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>.

### PART I - GENERAL INFORMATION

Date of Application: **04/27/2016**

Name of Institution: **The Ding King Training Institute, Inc.**

Address: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Location of Training Facility: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Telephone Number: **800-304-3464** Fax: **1-714-754-0080**

Name of Chief Executive Officer: **Todd Sudeck**

Program Contact Information: School Director – **Michelle Scher**

Telephone Number **951-252-7676** Email Address **michelle@dingking.com**

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

### PART II (a) – PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: **Smart Paint Repair 40**

B. A brief program description:

The SMART Paint Repair system is a complete comprehensive package offering the tools and equipment needed for all types of paint repairs, including rock chips and scratches, bumper scuffs, tears and gouges, rust spots, clear coat damage, and overall repairs to solids, metallic and pearlescent finishes using both foreign and domestic paints. This system comes complete with everything you'll need with the option to function on either a fixed or mobile basis.

The Ding King SMART Systems allow for complete paint restoration and repair; from simple paint chip and scratch repair to complete panel re-spraying and bumper repair. Repairs are completed quickly and are kept to the damaged area only, allowing you to complete more work in less time. The results are not only faster repairs, but more profit in your pocket

Our SMART Repair System allows you to perform repairs in all types of climate conditions; hot or cold weather.....we will customize your chemical and equipment package to accommodate your specific needs. Additionally, all DK SMART Paint Repair Systems are AQMD Legal and utilizes only VOC Compliant paint chemicals. Besides being environmentally friendly, it allows you to produce finished repairs that will surpass your most finicky customer. This system is easy to use, simple to mix and deliver fast-drying high-performance finishes, making every job look like new.

C. Length of Program: **40 hrs.** Total Credit Hours Required: **Certificate Earned after completing 40 hrs.**

D. What is the method of delivery?

Classroom **X**                                      Computer-Based CD-Rom                                      Distance (TV/Satellite/Cable)  
Self-Study (Correspondence)

Web-Based (Internet) URL Address

**PROGRAM COSTS:**

- 1a. Tuition (per credit hour) **\$3925.00 (\$98.13 hr)**
- 1b. Tuition (Out-of-State, per credit hour) **Same**
- 2. Supplies, including tools, uniforms, etc. **\$8000.00**
- 3. Fees, including laboratory, student rentals, deposits: **Registration fee \$75**
- 4. Miscellaneous charges:
- 5. Average cost per year for program **N/A**
- 6. Total cost to complete this program **\$12,000.00**

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I Michelle Scher certify that I am the School Director  
Name Title

of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Authorized RWIB Signature \_\_\_\_\_

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1. Date Institution was founded: **December 1993**
2. Number of years the institution has been in continuous operation: **23 years**
3. Is the institution accountable to a policy or governmental board? Yes **No**

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: **Each program, upon completion of course hours and curriculum 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 the institution's most recent auditor's report.

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2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and Equipment	Total Cost
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
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Alloy Wheel Repair	\$75	\$4,925	\$5,000

**20% deposit is required to book your class and date, balance to be paid on first day of class.**

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: **SEE ATTACHED**

**PART IV - FACILITIES**

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

**SEE ATTACHED**

\*The number of buildings \*Availability of suitable training equipment

**SEE ATTACHED**

\*Handicap accessibility \*Compliance with fire, building and safety codes, including off-campus locations or other sites  
**YES, business/occupancy license attached**

**PART V - ORGANIZATION OF THE TRAINING INSTITUTION**

Please provide a description of each of the following:

\*The number of persons employed: **13**

\*Current number of students enrolled: **12**

\*Class size to instructor ratio: **3 to 1**

\*School Calendar: **SEE ATTACHED**

\*Availability of Transcripts: **All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.**

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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:

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- 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? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: 80%

\*how the information was obtained: **With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.**

**So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.**

\*what percentage of all students' data was collected: employment data collected- 95%

\*what year is being used: **2015**

3. Average hourly wages of all students who obtained unsubsidized employment for this program: **\$60-75 hr.**



State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309

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Name of Institution: **The Ding King Training Institute, Inc.**

Address: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Location of Training Facility: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Telephone Number: **800-304-3464** Fax: **1-714-754-0080**

Name of Chief Executive Officer: **Todd Sudeck**

Program Contact Information: School Director – **Michelle Scher**

Telephone Number **951-252-7676** Email Address **michelle@dingking.com**

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

**PART II (a) – PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name: **Interior Repair**

B. A brief program description:

**The Interior Repair and Restoration System allows for repairing cloth, vinyl, leather, carpet and velour inside a vehicle. Cigarette burns, rips, tears and cracked dashes can easily be repaired with this system.**

**This program provides the necessary knowledge and skills to function the title of an Automobile-Interior Repairer. There are no prerequisites for this course. This program is designed to provide extensive hands-on training in the interior repair and restoration aspect of the Automobile-Body Repair field.**

C. Length of Program: **24 hrs.** Total Credit Hours Required: **Certificate Earned after completing 24 hrs.**

68-0779 (07-15) 1

D. 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:**

- 1a. Tuition (per credit hour) **\$1925.00 (\$80.21 hr)**
- 1b. Tuition (Out-of-State, per credit hour) **Same**
2. Supplies, including tools, uniforms, etc. **\$4000.00**
3. Fees, including laboratory, student rentals, deposits: **Registration fee \$75**
4. Miscellaneous charges: \_\_\_\_\_
5. Average cost per year for program **N/A**
6. Total cost to complete this program **\$6,000.00**

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA  
 Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I Michelle Scher certify that I am the School Director  
 Name Title

of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: **December 1993**
2. Number of years the institution has been in continuous operation: **23 years**
3. Is the institution accountable to a policy or governmental board? Yes **No**

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: **Each program, upon completion of course hours and curriculum 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 the institution's most recent auditor's report.

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2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and Equipment	Total Cost
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
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Paintless Dent Repair 40	\$75	\$5,925	\$6,000
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Window Tinting	\$75	\$3,425	\$3,500
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**20% deposit is required to book your class and date, balance to be paid on first day of class.**

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?

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\*Handicap accessibility \*Compliance with fire, building and safety codes, including off-campus locations or other sites  
**YES, business/occupancy license attached**

#### PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

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\*Class size to instructor ratio: **3 to 1**

\*School Calendar: **SEE ATTACHED**

\*Availability of Transcripts: **All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.**

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- 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? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: **80%**

\*how the information was obtained: **With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.**

**So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.**

\*what percentage of all students' data was collected: employment data collected- **95%**

\*what year is being used: **2015**

3. Average hourly wages of all students who obtained unsubsidized employment for this program: **\$35-45 hr.**

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Program Contact Information: School Director – **Michelle Scher**

Telephone Number **951-252-7676** Email Address **michelle@dingking.com**

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

### PART II (a) – PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name: **Alloy Wheel Repair**

B. **A brief program description:** The Alloy Wheel Repair system is a complete comprehensive package offering the tools and equipment needed for all types of wheel repairs, including minor chips and scratches, scuffs and gouges, rust spots and clear coat damage. This system comes complete with the option to function the system either in a fixed or mobile setting.

C. Length of Program: **16 hrs.** Total Credit Hours Required: **Certificate Earned after completing 16 hrs.**

D. What is the method of delivery?

Classroom **X** Computer-Based CD-Rom Distance (TV/Satellite/Cable)  
Self-Study (Correspondence)

Web-Based (Internet) URL Address

**PROGRAM COSTS:**

- 1a. Tuition (per credit hour) **\$1425.00 (\$89.06 hr)**
- 1b. Tuition (Out-of-State, per credit hour) **Same**
- 2. Supplies, including tools, uniforms, etc. **\$3500.00**
- 3. Fees, including laboratory, student rentals, deposits: **Registration fee \$75**
- 4. Miscellaneous charges:
- 5. Average cost per year for program **N/A**
- 6. Total cost to complete this program **\$3,500.00**

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

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- Post-Secondary Educational Institution registered under HEA
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**CERTIFICATION**

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If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: **Each program, upon completion of course hours and curriculum leads to a Certificate of Completion.**

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Alloy Wheel Repair	\$75	\$4,925	\$5,000

**20% deposit is required to book your class and date, balance to be paid on first day of class.**

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: **SEE ATTACHED**

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

**SEE ATTACHED**

\*The number of buildings \*Availability of suitable training equipment

**SEE ATTACHED**

\*Handicap accessibility \*Compliance with fire, building and safety codes, including off-campus locations or other sites

**YES, business/occupancy license attached**

#### PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

\*The number of persons employed: **13**

\*Current number of students enrolled: **12**

\*Class size to instructor ratio: **3 to 1**

\*School Calendar: **SEE ATTACHED**

\*Availability of Transcripts: **All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.**

#### 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? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: **100%**

\*how the information was obtained: **With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.**

**So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.**

\*what percentage of all students' data was collected: employment data collected- **100%**

\*what year is being used: **2015**

3. Average hourly wages of all students who obtained unsubsidized employment for this program: **\$45 hr.**



State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309

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>.

**PART I - GENERAL INFORMATION**

Date of Application: **04/27/2016**

Name of Institution: **The Ding King Training Institute, Inc.**

Address: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Location of Training Facility: **3100 Airway Ave. Suite 141 Costa Mesa, Ca. 92626**

Telephone Number: **800-304-3464** Fax: **1-714-754-0080**

Name of Chief Executive Officer: **Todd Sudeck**

Program Contact Information: School Director – **Michelle Scher**

Telephone Number **951-252-7676** Email Address **michelle@dingking.com**

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

**PART II (a) – PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

A. Program Name: **Windshield Repair**

B. A brief program description: **The Alloy Wheel Repair system is a complete comprehensive package offering the tools and equipment needed for all types of wheel repairs, including minor chips and scratches, scuffs and gouges, rust spots and clear coat damage. This system comes complete with the option to function the system either in a fixed or mobile setting.**

C. Length of Program: **8.5 hrs.** Total Credit Hours Required: **Certificate Earned after completing 8.5 hrs.**

D. 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:**

- 1a. Tuition (per credit hour) **\$425.00 (\$50.00 hr)**
- 1b. Tuition (Out-of-State, per credit hour) **Same**
- 2. Supplies, including tools, uniforms, etc. **\$1000.00**
- 3. Fees, including laboratory, student rentals, deposits: **Registration fee \$75**
- 4. Miscellaneous charges: \_\_\_\_\_
- 5. Average cost per year for program **N/A**
- 6. Total cost to complete this program **\$1,500.00**

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I Michelle Scher certify that I am the School Director  
Name Title

of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training 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 must complete the following information and Part III - Part VI:

1. Date Institution was founded: **December 1993**
2. Number of years the institution has been in continuous operation: **23 years**
3. Is the institution accountable to a policy or governmental board? Yes **No**

If so, what board?

Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: **Each program, upon completion of course hours and curriculum 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 the institution's most recent auditor's report.

**The Ding King has been in business since 1993 and successfully trained thousands of students who now own and operate their own PDR businesses as well as those who have acquired or were placed with existing companies, over the past two decades. We have never had any issues satisfying potential liabilities arising from participation and we are currently and have been approved by the State of California as a State Licensed School for 17 years, as well as the Federal Government working with the Department of Veterans Affairs for Vocational Rehabilitation. We also are registered with our State Attorney General's Office and hold a small business opportunity license with them. Our training programs are short term lasting in duration a maximum of 4 weeks in length; therefore there is limited exposure to any liabilities.**

2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.

Course Title	Registration Fee	Tuition and Equipment	Total Cost
Paintless Dent Repair 120	\$75	\$9,925	\$10,000
Paintless Dent Repair 80	\$75	\$7,925	\$8,000
Paintless Dent Repair 40	\$75	\$5,925	\$6,000
Windshield Repair	\$75	\$1,425	\$1,500
Window Tinting	\$75	\$3,425	\$3,500
Interior Repair	\$75	\$5,925	\$6,000
Odor Removal	\$75	\$625	\$700
Auto Detailing	\$75	\$3,425	\$3,500
Chip King	\$75	\$4,425	\$5,500
Smart Paint Repair	\$75	\$11,925	\$12,000
Alloy Wheel Repair	\$75	\$4,925	\$5,000

**20% deposit is required to book your class and date, balance to be paid on first day of class.**

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: **SEE ATTACHED**

**PART IV - FACILITIES**

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

**SEE ATTACHED**

\*The number of buildings \*Availability of suitable training equipment

**SEE ATTACHED**

\*Handicap accessibility \*Compliance with fire, building and safety codes, including off-campus locations or other sites

**YES, business/occupancy license attached**

**PART V - ORGANIZATION OF THE TRAINING INSTITUTION**

Please provide a description of each of the following:

\*The number of persons employed: **13**

\*Current number of students enrolled: **12**

\*Class size to instructor ratio: **3 to 1**

\*School Calendar: **SEE ATTACHED**

\*Availability of Transcripts: **All transcripts are available 15 days after graduation. Upon request a copy will be made available within 48 hours. To all governing bodies; On-site original transcripts are available immediately.**

**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? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: **73%**

\*how the information was obtained: **With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.**

**So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.**

\*what percentage of all students' data was collected: employment data collected- **80%**

\*what year is being used: **2015**

3. Average hourly wages of all students who obtained unsubsidized employment for this program: **\$35 hr.**

68-0779 (07-15)

State of Iowa  
Iowa Workforce Development  
Workforce Center Administration  
150 Des Moines Street  
Des Moines, IA 50309

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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>.

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Name of Chief Executive Officer: **Todd Sudeck**

Program Contact Information: School Director – **Michelle Scher**

Telephone Number **951-252-7676** Email Address **michelle@dingking.com**

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

**PART II (a) – PROGRAM INFORMATION**

Please provide a brief description of each program for which you are applying, including:

Program Name: **Odor Removal**

A brief program description: **The Odor Removal System eliminates unwanted odors from the inside of a vehicle. It's not a cover-up, but a true odor-oxidizing agent that wipes out odors permanently, leaving the interior of the vehicle smelling like new.**

**This program provides the necessary knowledge and skills to function the title of an Automobile-Body Repairer. There are no prerequisites for this course. This program is designed to provide extensive hands-on training in the odor removal aspect of the Automobile-Body Repair field.**

C. Length of Program: **4 hrs.** Total Credit Hours Required: **Certificate Earned after completing 4 hrs.**

68-0779 (07-15) 1

D. What is the method of delivery?

Classroom **X** Computer-Based CD-Rom Distance (TV/Satellite/Cable)  
Self-Study (Correspondence)

Web-Based (Internet) URL Address

**PROGRAM COSTS:**

- 1a. Tuition (per credit hour) **\$100.00 (\$25.00 hr)**
- 1b. Tuition (Out-of-State, per credit hour) **same**
- 2. Supplies, including tools, uniforms, etc. **\$525.00**
- 3. Fees, including laboratory, student rentals, deposits: **Registration fee \$75**
- 4. Miscellaneous charges:
- 5. Average cost per year for program **N/A**
- 6. Total cost to complete this program **\$700.00**

Please use additional pages if necessary.

**PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION**

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

**CERTIFICATION**

I Michelle Scher certify that I am the School Director  
Name Title

of the training institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are a Training Institution applying for program certification, applications must be forwarded to Regional Workforce Investment Board for consideration. Non-RWIB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

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Authorized RWIB Signature \_\_\_\_\_

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All other applicants must complete the following information and Part III - Part VI:

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2. Number of years the institution has been in continuous operation: **23 years**
3. Is the institution accountable to a policy or governmental board? Yes **No**

If so, what board?

Please attach a member list.

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**YES, business/occupancy license attached**

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Which criteria listed above (a) - (d) do you use to define a completer? **D. One must complete the entire curriculum of the program to be a completer and receive a certificate.**

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify: **75%**

\*how the information was obtained: **With this type of training, most (approx. 80%) students come to us with a business plan that is well on the way, a current business owner-who is adding these services to their business, or are sent by a company to learn specific trades so they can incorporate to their business and in turn be given a promotion and raise.**

**So, the collecting of our student employment information is done at enrollment, at graduation and with follow-up to our students and employers themselves.**

\*what percentage of all students' data was collected: employment data collected- **85%**

\*what year is being used: **2015**

3. Average hourly wages of all students who obtained unsubsidized employment for this program: **\$35 hr.**