

How to Become a WIOA Eligible Training Provider

To become a WIOA Eligible Training Provider, follow these steps:

- 1.) Please visit Illinois Workforce Development System (IWDS) to find your local areacontact and apply to that Local Workforce Innovation Board (LWIB). Follow this link <https://iwds.dceo.illinois.gov/iwds/iwdshome.html>

- 2.) Click on the “New Providers” button at the bottom.

Welcome to the Illinois Workforce Development System website!

If you are a Training Provider and have been issued an ID for the system, you can maintain your information by clicking the Existing Providers button.

If you are interested in submitting one or more training programs for approval but do not yet have an ID, click on the New Providers button. When you enter your ZIP code, the system will display the name and telephone number of the individual you need to contact for more information.

To search for human services, find information about WIOA-certified training programs, or to compare performance among training programs, click the Consumer Info button.



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- 3.) Enter the Zip Code of the Provider’s address to find the name of the LWIB and the name, address, telephone number and e-mail address of the point of contact at the LWIB. Please reach out to this person with any questions about the application process and/or request an application to submit to the LWIB for approval and inclusion on the State Eligible Training Provider List (ETPL).

Find My Local Workforce Investment Board

Please type the five-digit Zip code of the location where your training program is offered. If your program is offered at more than one location, type the Zip code of your headquarters or main location. Then click the "Find" button.

Zip Code: Find

To view a printable version of a blank training provider application, please click the button below.

[Training Provider Application](#)

[Return](#)

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- 4.) If you are a Registered Apprenticeship (RAP) seeking to be added to the Eligible Training Provider List, you will need to be prepared to provide the following information (Items with an * are mandatory):
- a. Occupation(s) included in the RAP
 - i. O*Net/SOC Code Associated with the Occupation(s)*
 - ii. Year the Program was Established*
 - b. Name and Address of the RAP Sponsor*
 - i. Primary Contact for Information/Website*
 - c. Name and Address of Related Technical Instruction Provider, and Location of Instruction, If Different from the Program Sponsor's Address*
 - d. Method and Length of Instruction: Competency-Based, Time-Based or Both (Hybrid)*
 - i. Hours*
 - ii. Weeks*
 - e. Number of Active Apprentices*
 - f. RAPIDs Number: USDOL Certificate of Registration RAP*
 - g. Program Description
 - h. Cost of the RAP
- 5.) For all other types of training providers, please be prepared to provide the following information as part of an application as a new training provider (Items with an * are mandatory):

a. Add Entity

- i. Entity Name*
- ii. Doing Business As Name
- iii. FEIN or SSN*
- iv. Agency Type*
- v. LWA (Local Workforce Area)*
- vi. Web Site
- vii. UI Account #
- viii. SIC Code
- ix. Audit/Accreditation Date
- x. Audit/Accreditation Body
- xi. In Business Since (*Year*)

For Agency Type, select from the following:

Association
 Business
 Community Based Organization
 Community College
 Faith Based Organization
 Foundation
 Government Entity
 Hospital/Nursing Home
 Illinois workNet Center
 JATC
 Labor Union
 Other
 Other School
 Proprietary School
 Public Secondary School
 Public/Private University/College
 Registered Apprenticeship
 Voc/Tech

b. Add Location

- i. Location Name*
 1. Corporate Office
- ii. Address Line 1*
- iii. Address Line 2
- iv. City* State*
- v. Zip* Zip +4
- vi. County*
- vii. Phone* Fax
- viii. TTD/TTY
- ix. Notes/Comments
- x. Is location accessible to persons with disabilities?

c. Add Contacts

- i. Salutation
- ii. First Name* MI
- iii. Last Name*
- iv. Suffix
- v. Title
- vi. Email
- vii. Address Line 1*
- viii. Address Line 2
- ix. City*
- x. State*
- xi. Zip Code*
- xii. County*
- xiii. Phone Number Extension
- xiv. Mobile Phone
- xv. Fax Number
- xvi. Primary Contact*
- xvii. Status

d. Training Program Initial Criteria

The following information is necessary for Initial Certification to be considered for approval as an eligible training provider to provide training programs funded through WIOA funding.

(For programs to be eligible, one of the following two criteria must be met.)

- i. Is the provider/program seeking WIOA certification currently approved or accredited under any existing process recognized by the State of Illinois?
If Yes, please identify all types of accreditation and approval that apply
 - North Central Association
 - Illinois Community College Board
 - Illinois State Board of Education
 - Other (specify)
- ii. Is the program for which WIOA certification is being sought recognized as meeting industry approved standards such as Pro Start for food service, A Plus for computers and ASE for auto mechanics?
If Yes, identify the standard(s)

- 6.) Also, all WIOA contracted recipients, providers, trainers, etc. are required to provide universal access, accessible facilities and programs to all WIOA funded programs and activities (i.e. aid, benefits, services and training).
- a. Providers will be required to provide assurance and certification that their agency fully complies with the nondiscrimination, equal opportunity and disability provisions of the Workforce Innovation and Opportunity Act (WIOA).
 - b. Providers will also need to ensure all facilities and programs are accessible to all people with disability.