



# Application for Provider Status

Please type or print your answers. If you need more space, you may attach additional sheets.

**Please tell us how to contact your school/business program:**

Provider Name \_\_\_\_\_ Address \_\_\_\_\_  
 Department \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_ Fax \_\_\_\_\_

When did your school/business/program begin operation? \_\_\_\_\_

What kind of school/business/program is it?  Adult Education  Business/Trade School  Community College 2 yr.  
 College/University 4 yr.  Other  
 Does your school/business/program offer?  Certification  Licensure  Degree If so, what type? \_\_\_\_\_

Is your institution or staff experienced with providing training for the steel industry or manufacturers? Yes  No

If yes, please list the companies and or unions you have worked with \_\_\_\_\_

## Please tell us about your school/business/program credentials:

\*Name of accrediting/licensing/certifying body recognizing your program: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of accreditation/licensure/certification \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 \*Bonding Agency \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Bonding Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you licensed by the state to do business?  Yes  No Do you carry liability insurance? Yes  No   
 Do you have tax exempt status?  Yes  No **\*ATTACH REQUIRED DOCUMENTATION**

Please forward your catalog including requirements for enrollment, tuition and fees, refund policy, required books and equipment, grading and standards of progress, term calendar and graduation requirements.

### Does your school/business/program agree that:

- The information you have provided accurately represents the current status of your school/business/program and its education/training/service?  Yes  No
- Your school/business/program will not use its participation in the Career Development Program for advertisement purposes?  Yes  No
- Your school/business/program will inform the Career Development Program of any change in status?  Yes  No
- Your school/business/program authorizes the Career Development Program to visit your institution?  Yes  No

\_\_\_\_\_ Print Name of Authorized Representative

\_\_\_\_\_ Title

\_\_\_\_\_ Signature

\_\_\_\_\_ Todays Date