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Workforce Solutions for North Central Pennsylvania ETPL Performance Measures Documentation

Service Application ID:

Training Course/Program Name:

Reporting Period:

Contact Name*: _____ Title: _____

Training Provider Name: _____

Training Provider Address: _____

Training Provider Phone: _____

Email Contact: _____

I attest that I truthfully chose the following option in CWDS for the training course indicated above:

The Training Course/Program had no reportable exits during the reporting period.

For one or more of the following reasons (check all that apply):

- 1. Course/program of study has recently been developed and has never been offered to the general public.
- 2. Course/program of study has been offered for less than twelve (12) months.
- 3. Course/program of study is a two (2) or more year program and has not had its first graduating class.
- 4. The content of the course/program of study is revised more than twenty-five (25) percent and I understand that the new curriculum may be compared to the previous course before approval will be considered.
- 5. Course/program of study has been submitted as "Trade Only."
- 6. Course/program of study is a registered apprenticeship.
- 7. There were no adult students scheduled to complete this course/program within the required reporting period.

I also understand that reportable exits include all program participants, regardless of funding source.

Signature*

Date

*Contact name and signature must match AND be a contact on the program application in CWDS.