Upper Shore Workforce Investment Board

PO Box 8, Wye Mills, MD 21679
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www.uswib.org

Training Vendor Pre-Award Survey

The Training Vendor Pre Award Survey is used to authenticate a training vendor and training program prior to establishing Individual Training Accounts on behalf of Upper Shore Scholarship Office participants.

BASIC INFORMATION

Training Provider Name   Employer Identification Number

Type of Entity:

Entity Accreditation

Street Address   City   State   Zip Code

Website Address of Training Program

CONTACT PERSON

Contact Person: Contact Person   Contact Person Email:
                         Telephone:

Is the Contact Person and/or the Entity Debarred by the Maryland Board of Public Works?

https://bpw.maryland.gov/Pages/debarments.aspx

☐YES   ☐NO   If "**Yes**" Individual Training Accounts and/or other training will not take place with the entity.

TRAINING INFORMATION

Name of Program	Date that Training Program was established

Classification of Instructional Program (CIP) Code	O*NET Standard Occupation Classification Code(s)

Is the training listed on an Eligible Training Provider List? ☐ YES   ☐ NO

Qualifications required of training staff:

Skills Gained in Training Program:

Credentials Awarded by Training Program:

Type of licensing graduates are prepared for:

Is there a Work Based Learning Component? ☐ YES   ☐ NO | Notes/Comments:

Are Career Services Provided?   ☐ YES   ☐ NO | Notes/Comments:

How is the training delivered? ☐ In-Person/Face-To-Face   ☐ Online   ☐ Hybrid   ☐ Other

PROGRAM COST

Total Tuition	Fees

Books	Supplies	Other Costs

Is federal financial aid available? ☐ YES   ☐ NO | If yes, what federal financial aid is available

PROGRAM DURATION AND REQUIREMENTS

Total credit Hours	Total Clock Hours	Number of weeks to complete training	Scheduled length of training

Is there an entry or placement test? ☐YES ☐NO   If yes, what is the name of the test?

Is there a required **reading** level? ☐YES ☐NO

Is there a required **math** level?   ☐YES ☐NO

Other admission requirements (high school diploma, minimum age, etc.):

EQUAL OPPORTUNITY

Does the training vendor have Equal Opportunity taglines on website, promotional material, etc?

☐ YES   ☐ NO   **Notes/Comments:**

PERFORMANCE DATA

Does the vendor have outcome data? ☐ YES   ☐ NO   **Notes/Comments**:

Skills Gained?

Completion percentage?

Credential Percentage?

Number employed?

RECOMMENDATION FOR AWARD:

STAFF MEMBER COMPLETING PRE AWARD SURVEY:

DATE: