



ITA/ATA TRAINING RESEARCH FORM

TO BE COMPLETED BY CAREER NAVIGATOR

Career Navigator: _____ Career Center: _____

Customer Name: _____ Customer WIOA App ID # _____

Training Provider Name: _____

Training Program Name: _____

Activity Code Program ID: _____

Total Cost of Training: _____

TO BE COMPLETED BY CUSTOMER BY CONTACTING TRAINING PROVIDER

1. What are the pre-requisites for this training program?

2. What does the cost of the training include? (Example: tuition, registration fees, books, etc.) Will I need to pay for anything out of pocket, that is not included?

3. Does the training provider offer financial aid to offset any costs one may incur? (i.e., if the training costs exceeds the ITA/ATA maximum, uniforms, state/national exam licensure fees, etc.)

4. Is the training offered in person, online or hybrid?

5. If training is offered online (self-paced), are there resources available for me to receive the help I need to successfully complete my courses? (i.e., access to professor, TA, etc.)

6. How long does it take to complete the training program? On average, what is the time commitment required on a weekly basis to complete the training within the expected time frame.

7. Upon completion, you will receive a:

- Certificate License Both

Please list 3 possible start and end dates for this program:

1. Start Date _____ 2. Start Date _____ 3. Start Date _____
End Date _____ End Date _____ End Date _____

NOTE: The first listed start date must be *at least two weeks* in advance from the time this form is submitted to your career navigator.

Customer Signature Date

Career Navigator Date Form Was Reviewed