

MARYLAND HIGHER EDUCATION COMMISSION
Academic Affairs
Career and Workforce Education

Training Provider Questionnaire (“TPQ”)

THIS IS NOT AN APPLICATION TO OPERATE A PRIVATE CAREER SCHOOL.

The purpose of this **QUESTIONNAIRE** is to assist MHEC in making a determination about whether your organization:

- (a) will need to submit a New School Application to become a Private Career School,
- (b) is allowed an exemption, or
- (c) is not regulated by MHEC.*

**Please note that even if you are not regulated by MHEC, you may need to comply with the rules and regulations of another government agency or a professional organization or accrediting body. It is your responsibility to ensure that your organization complies with applicable laws and guidelines.*

Complete this **QUESTIONNAIRE** for **each** unique training program you plan to offer. Please double check for accuracy.

Once this **QUESTIONNAIRE** has been reviewed by an analyst, you will receive a determination letter within 2-4 weeks. Thank you in advance for your patience.

PART I
POINT OF CONTACT

| | | | |
|---|-----------|------------|----|
| Contact Person: | | | |
| Salutation (e.g., Mr., Ms., etc.) _____ | | | |
| | Last Name | First Name | MI |
| Relationship to organization offering training: | | | |
| Email Address (Double check for accuracy): | | | |
| Mailing Address (Fill out completely and accurately.) | | | |
| Name of Business | | | |
| Street Address | | | |
| City | State | Zip Code | |

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CURRENTLY-OPERATING TRAINING INFORMATION

| | | |
|--|-------|----------|
| Mailing Address for the Organization (Fill out completely and accurately.) | | |
| Name of Business | | |
| Street Address | | |
| City | State | Zip Code |

TRAINING STATUS

| | | |
|---|------------------------------|-----------------------------|
| Are you currently offering this training in Maryland? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you intend to offer this training in Maryland? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

BUSINESS INFORMATION

| | |
|--|---|
| What is the name of your proposed business or organization? | |
| What is the name of the proposed school, if different from the business/organization? | |
| Is your business/school already registered with the Maryland State Department of Assessments & Taxation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this business a: | <input type="checkbox"/> For-Profit or <input type="checkbox"/> Nonprofit? |
| | Religious organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Identify the business type: | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership or Limited Partnership <input type="checkbox"/> LLC (Limited Liability Corporation) <input type="checkbox"/> Corporation |

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| | |
|---|-------------------------------|
| What is the proposed location of your training? | City _____ State _____ |
| How many total training programs do you intend to offer? | |
| What are the training programs that you intend to offer? | |
| Does your business or will your business offer other services? If yes, please describe. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |
| Do you currently operate this training program in any state other than Maryland? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> City _____ If yes, please provide a location and a web address. State _____ <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | |
| Do you have approval or certification from any other government agency or industry group? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |
| <i>Please list the name of the agency/entity:</i> | |
| Are you currently seeking or planning to seek approval/certification from another government agency or industry group? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |
| <i>Please list the name of the agency/entity:</i> | |
| Is the intent to use this regulatory determination as part of the eligible training provider list (ETPL) application for the Workforce Innovation and Opportunity Act (WIOA)? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |
| Are you seeking approval for students to use VA benefits (GI Bill, etc.) to attend any of the proposed training programs? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |

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PART II

TRAINING DESCRIPTION

| | |
|--|--|
| Program Name | |
| Provide a brief description of the topics/subjects covered. | |
| Is there a cost for training? (tuition, fees, books, supplies, kits, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the level of award that graduates earn upon successful completion of the program? <i>Check all that apply.</i> <input type="checkbox"/> Certificate or Diploma <input type="checkbox"/> Industry Certification Identify the certification(s): _____ <input type="checkbox"/> Licensure (State or National) Identify the licensure(s): _____ <input type="checkbox"/> Other Identify the credential earned: _____ | |
| Do you intend to offer this training as continuing education or CEU's? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| List the occupations for which graduates will qualify. <i>Each occupational title should be 5 words or less.</i> | |
| Does the business offer job placement assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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TRAINING DELIVERY

| | |
|---|---|
| <p>How long does the training last?</p> | <p>Total number of clock hours: _____</p> <p><u>Schedules</u> Number of weeks: _____ Total number of clock hours: _____</p> <p>Number of weeks: _____ Total number of clock hours: _____</p> |
| <p>How is the training delivered? <i>Check all that apply.</i></p> | <p><input type="checkbox"/> Classroom Instruction Only <input type="checkbox"/> Online Instruction <u>ONLY</u> <input type="checkbox"/> Both classroom and online instruction <input type="checkbox"/> Another method of instruction:</p> <p style="text-align: right;"><i>Please describe in detail.</i></p> |

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| TRAINING PURPOSE | |
|---|--|
| Are you training only one student at a time (tutoring) or one student per location? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you training your own EXISTING EMPLOYEES ? <i>Students must be hired before training starts.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can anyone from the general public apply? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What are the minimum admissions requirements? | |
| <p>Is this training restricted to current professionals in a specific occupation as a means to offer refresher training or continuing education instruction?</p> <p><i>“Continuing education” means training that maintains occupational competence, licensure, or certification.</i></p> <p>If yes, please explain how the student population would be deemed “current professionals”. What qualifies them as “current professionals”?</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this training only offered to those enrolled in a REGISTERED APPRENTICESHIP through the Maryland Department of Labor? <i>If so, provide approval documentation.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the training considered sectarian instruction only designed for and aimed at persons who hold or seek to learn particular religious faiths or beliefs, and does it serve as an education program for RELIGIOUS VOCATIONS ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this training delivered to those whose sole purpose is to learn the particular RELIGIOUS FAITHS OR BELIEFS of a church or religious organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|--|
| IS THERE ANYTHING ELSE RELEVANT THAT YOU WOULD LIKE US TO KNOW ABOUT THE PURPOSE OF YOUR PROPOSED TRAINING? |
| |

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ADDITIONAL ENCLOSURES

Please enclose the following items.

- ❖ Copies of **SAMPLE DRAFT** advertisements or promotional materials used to market your training or to recruit students. Businesses are **not** allowed to advertise as schools, institutes, academies, or conservatories without prior approval.
- ❖ Copies of bulletins, school catalogs, student handbooks, enrollment agreements, or other materials provided to prospective and enrolled students.

Before signing this affidavit, please double check all details for accuracy and completeness.

AFFIDAVIT

This is to affirm that the information provided above and in the enclosed documents is true and correct. I understand and acknowledge that this is not an application to operate a private career school.

Printed/ Typed Name



Signature

Date

RETAIN A COPY FOR YOUR RECORDS

Please email a completed, signed Training Provider Questionnaire as one attachment to pcs.mhec@maryland.gov.

Please do not mail or fax Training Provider Questionnaires to our office.