



Training Program Information

Part One: Training Provider Information

Date:	Contact 1 Name:
Name:	Contact 1 Email:
Address :	Contact 1 Phone:
	Contact 2 Name:
Website:	Contact 2 Email:
	Contact 2 Phone:

Part Two: Training Program Information

Name:			
CIP Code: -	SOC Code:		
Credential Earned:			
Career Cluster:	Career Pathway:		
Clock Hours:	Duration Weeks:	Completion Rate: %	Pell Grant Eligible:
Credit Hours:	Duration Months:	Placement Rate: %	

Part Three: Detailed Cost Information

Per Credit Programs		Consumables	
Cost Credit/Hr: \$	Total Credits / Hrs:	Tech / Lab: \$	Tuition:
Books: \$	Software: \$	Supplies: \$	Materials:
Application: \$	Parking: \$	Insurance: \$	Other Fees:
Certifications: \$			Total Cost:

Part Four: Industry Certifications

Name of Certification	Accrediting Organization

Part Five: Job Titles Available After Completion

Job Title	Entry Level Wage / Hour
	\$
	\$
	\$
	\$
	\$