



STATE OF WASHINGTON

Workforce Training and Education Coordinating Board

128 – 10<sup>th</sup> Avenue, S.W. ♦ PO Box 43105 ♦ Olympia, WA 98504-3105

Phone: (360) 709-4600 ♦ Fax: (360) 586-5862 ♦ Web: [www.wtb.wa.gov](http://www.wtb.wa.gov) ♦ Email:

[kamala.andrews@wtb.wa.gov](mailto:kamala.andrews@wtb.wa.gov)

The Workforce Training and Education Coordinating Board regulates postsecondary institutions that offer non-degree, vocational training programs in Washington (Chapter 28C.10 RCW). In order for us to make a preliminary determination about whether your institution's educational activities require a license, please complete, sign and email a scanned copy of this questionnaire to our agency at [kamala.andrews@wtb.wa.gov](mailto:kamala.andrews@wtb.wa.gov).

---

Section 1: General Information

Institution Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

Name of person that is the main point of contact for the school:

Name of person completing questionnaire:

For what occupational field or industry or area of employment is the education and training designed for? \_\_\_\_\_

**\*Include a school/course catalog and/or other marketing or promotional advertising literature.**

Please provide the School owner's name, mailing address and phone number.

Please list the vocational education and training programs/courses being offered to Washington residents? Include the duration or time period for completion of each program/course (days, weeks, and months)? Is an educational diploma or certificate conferred upon successful completion of the training?

Please provide the names of all agencies currently certifying, accrediting, and/or approving the school/institution.

Please describe the method of delivery of the educational and training program/courses being offered (i.e. classroom, correspondence, online, intern/externship, lab, practicum); and location(s) education and training is provided. \_\_\_\_\_

If the educational program requires an intern/externship or field training component, please provide a list of all training sites and location and contact information for each training site/facility.

---

Section 2: Institutions located in Washington state (out of state schools skip to section 3)

1. Are you a bona fide trade, business, professional or fraternal organization sponsoring educational programs primarily for your membership?  
Yes  No
  
2. Are all your educational programs taken for recreational or personal interest in nature (not vocational or occupational based)?  
Yes  No
  
3. Do you offer educational programs on a no fee basis (do not charge tuition or fees)?  
Yes  No
  
5. Are all of your education programs degree granting programs?  
Yes  No
  
6. Are all of your education courses approved to meet the continuing education requirements for licensing one or more of the following occupations: public accountant, registered nurse, nurse practitioner, licensed practical nurse, insurance adjuster, title insurance agent, or adjuster?  
Yes  No
  
7. Are all of your education programs three calendar days (24 hours) or less?  
Yes  No

If you answered **Yes** to any of the questions in Section 2, you may be eligible for an exemption. Attached for your reference are the statutory exemption criteria. If you feel you meet any of the exemption criteria, please cite the exemption and provide a written statement, along with supporting documentation in support of the exempt status. Your request will be reviewed and a determination issued.

*I certify that all information submitted in this document is true and accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Section 3: Institutions located outside of Washington State

1. Does the institution currently have or intend to have a physical presence in Washington, which can include a branch campus, administrative office, or use of a Washington-based address and/or telephone number?

Yes  No

2. Does the institution currently conduct or intend to conduct local advertisement and recruitment in the state that would specifically target Washington residents, such as ads in local media and/or a recruiting agent based in the state?

Yes  No

3. Do any of the non-degree programs offered by the institution include a component that requires the student to complete an internship, externship, clinical training, practicum, etc. at a location in Washington?

Yes  No

4. Are your distance education courses offered by a third party vendor under contract with your institution? If so, please explain.

Yes  No

---

---

---

If you answered **No** to all of the questions in Section 3, you may be eligible for an exemption. A program representative will contact you to make a final determination.

*I certify that all information submitted in this document is true and accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address