



STATE OF WASHINGTON
Workforce Training and Education Coordinating Board
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Email: anthony.collins@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 anthony.collins@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? _____

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

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

Please list the vocational education and training programs/courses being offered to Washington residents? *Please provide additional pages if needed.*

Program name: _____

Program objective: _____

Program length (hours, days, weeks, and months): _____

Type of award upon successful completion of the training: Diploma Certificate

Other _____

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 or less?

Yes No

If you answered **Yes** to any of the questions in Section 2, you may be eligible for an exemption. Please refer to RCW 28C.10.030 for a list of 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