

**TO: Workforce Investment Board**

**DATE: 5/11/06**

**FROM: WIB Staff**

**For Action**

**For Information**

**For Discussion**

**SUBJECT: Eligible Training Provider List (ETPL) Addition**

**PROPOSED MOTION(S): Approve Central Valley Massage Institute, Massage Therapy Training for addition to the State ETPL.**

**DISCUSSION: The Workforce Investment Board approved an ETPL policy on June 20, 2000. The Workforce Investment Act (WIA) requires that training providers who wish to access WIA funds must submit applications to be placed on the state training list. Providers must meet all local and state criteria; agree to provide approved training to WIA-enrolled participants; supply required client data for long-term follow-up, and they must agree to abide by all WIA-required regulations and/or laws.**

**The application from Central Valley Massage Institute for its Massage Therapy Training is complete, and meets the requirements for inclusion in the ETPL. The program is registered by the Bureau for Private Post-Secondary and Vocational Educational (BPPVE). Length of the program is 500 hours. Cost of the program is \$6,015.00.**

**ATTACHMENT(S):  
Application**

01. Provider Code (FEIN)  
560928477  
02. CIP Code  
51.2501

Program Code

03. Signature Code

04. Agency Code

05. Date Received by EDD

06. Local Program Code

# WORKFORCE INVESTMENT ACT TRAINING PROGRAM APPLICATION

Provider Name  
**Central Valley Massage Institute**

07. Program Name  
Massage Therapist Certification

08. Program Description  
A program that prepares individuals to provide relief and improved health and well-being to clients through the application of manual techniques for manipulating skin, muscles, and connective tissues.

09. Training Site Address  
792 Loughborough Drive

City, State  
Merced, CA

10. ZIP  
95348

11. County  
Merced

12. Listed On Other State's ETPL  
 1-Yes  
 2-No

13. ADA Compliant  
 1-Yes  
 2-No

14. Total Hours Of Instruction  
500

15. Credits

16. Non-Credit  
 1-Yes  
 2-No

17. Credit Time  
 1-Semester  
 2-Quarter

Total Program Cost  
18. Tuition \$6000.00  
19. Fees \$15.00 (STRF)  
20. Expenses \$  
Total \$6015.00

21. Mode Of Delivery  
 1-Classroom  
 2-Internet  
 3-Correspondence  
 4-Broadcast  
 5-Computer Based Instruction

When Program Is Offered  
22. Days  1-Yes  2-No  
23. Evenings  1-Yes  2-No  
24. Weekends  1-Yes  2-No

25. Frequency of Offering  
 1-Weekly  
 2-Monthly  
 3-Quarter  
 4-Semester  
 5-Other

26. BPPVE Approval Status  
 1-Approved  
 2-Temporary Approval  
 3-Registered  
 4-Exempt  
 9-Not Applicable

27. BPPVE Approval Expiration Date  
3/19/07

28. Other BPPVE Approved Programs  
 1-Yes  
 2-No

29. Registered Apprenticeship  
 1-Yes  
 2-No

30. Registered Date

Other List Criteria:  
31. CDE Approved  1-Yes  2-No  
32. COCCC Approved  1-Yes  2-No  
33. Proven Effectiveness *No longer used*  
34. Employer Support *No longer used*  
35. Industry Authorized *No longer used*

36. Continuing Education Units (CEU)

37. CEU Granting Institution

38. Resources Required  
 1-Yes  
 2-No

39. Program Goal  
 1-Skill Attainment  
 2-Certificate  
 3-Registration  
 4-License  
 5-Associate Degree  
 6-Baccalaureate Degree  
 7-Other


40. Credentialing Body

41. Projected Hourly Wage After Program Completion  
\$15.52

42. Prerequisites  
High school diploma or equivalent, must be 18 years of age or older.

43. Skills Sets  
Somatic bodywork including Swedish Massage athletic Massage, Prenatal Massage, Chair Massage, Shiatsu, and Pain Management Techniques.

# WIA Training Program Application (continued)

44. Curriculum		45. Relevant Occupations (Soc/O*Net Code)	
Course Code	Course Title	Code	Title
31-9011.00	Massage Therapy	31-9011.00	Certified Massage Therapist
		46. Relevant Occupation Recommendation	
		Soc/O*Net Category	Description
<b>Accessibility</b> 47. On-Site Parking <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 48. Public Transportation <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 49. Disabled Student Access <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 50. Sign Language <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 51. Other Languages <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 52. Other <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No		53. Target Audience Adults (age 18 and up)	
		54. Average Class Size 10-20	
		55. Equipment to be Used Massage Table & Massage Chair	
<b>INITIAL PERFORMANCE INFORMATION</b>			
56. Period Begin Date	57. Period End Date	58. Participant Universe	59. Average Hourly Wage at Placement
60. Program Completion Rate	61. Entered Employment Rate	62. Skill/Credential Attainment Rate	63. Retention Rate
I certify that the information submitted on this application is true and correct. I also agree to supply the required performance information and seed data on all students in order to calculate performance measures for subsequent eligibility determination. In addition, all performance outcome data shall be made available upon request for audit purposes.			
64. Printed Name of Provider Representative		65. Title	66. Date
Michael Perce		Administrator	3/29/06
Signature 			



**Employment  
Development  
Department**

State of California

# WORKFORCE INVESTMENT ACT TRAINING PROVIDER APPLICATION

01. Provider Code (FEIN)

560928477

For Internal Office Use Only

02. Subgrantee Code

03. Agency Code

04. Local Provider Code

05. Provider Name

Central Valley Massage Institute

06. Legal Name (if Different)

07. Mail Address

792 Loughborough Drive

City, State

Mered, CA

08. ZIP

95348

09. Main Phone

(209) 384-2164

10. Main E-Mail

11. Web Site Address

12. Administrative Contact Name

Michael Perce

13. Administrative Contact Title

Administrator

14. Administrative Contact E-Mail

15. Administrative Contact Phone

(209) 756-1316

16. Administrative Contact Fax

(209) 384-2177

17. Admissions Phone (if different)

(209) 384-2100

18. Financial Aid Phone (if different)

( )

19. Accreditation

1-Yes

2-No

20. Accrediting Body

Bureau of Private Postsecondary and Vocational Education (BPPVE)

21. HEA Eligible (Pell Grant)

1-Yes

2-No

22. Financial Aid Available

1-Yes

2-No

23. Online Registration Available

1-Yes

2-No

24. Institution Type

1-Public

2-For-Profit

3-Non-Profit Religious

4-Non-Profit Public Benefit

5-Mutual

6-Other

25. Provider Type

1-University

2-College

3-Faith Based Organization

4-Community Based Organization (CBO)

5-Vocational

6-Postsecondary

7-ROC/P

8-Other

Additional Services

26. Job Placement Assistance  1-Yes  2-No

27. Career Assessment  1-Yes  2-No

28. Career Counseling  1-Yes  2-No

29. Tutorial Services  1-Yes  2-No

30. ESL Courses  1-Yes  2-No

31. GED Assistance  1-Yes  2-No

32. On-Site Childcare  1-Yes  2-No

33. Other  1-Yes  2-No

ETPL EPVA