

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**



**Employment
Development
Department**

State of California

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
Accessibility 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	
INITIAL PERFORMANCE INFORMATION			
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 			

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)
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07. Mail Address 792 Loughborough Drive	City, State Merced, CA	08. ZIP 95348
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09. Main Phone (209) 384-2164	10. Main E-Mail	11. Web Site Address
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12. Administrative Contact Name Michael Perce	13. Administrative Contact Title Administrator	14. Administrative Contact E-Mail
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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) ()
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19. Accreditation <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	20. Accrediting Body Bureau of Private Postsecondary and Vocational Education (BPPVE)
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21. HEA Eligible (Pell Grant) <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No	22. Financial Aid Available <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No	23. Online Registration Available <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No
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24. Institution Type <input type="checkbox"/> 1-Public <input checked="" type="checkbox"/> 2-For-Profit <input type="checkbox"/> 3-Non-Profit Religious <input type="checkbox"/> 4-Non-Profit Public Benefit <input type="checkbox"/> 5-Mutual <input type="checkbox"/> 6-Other	25. Provider Type <input type="checkbox"/> 1-University <input type="checkbox"/> 2-College <input type="checkbox"/> 3-Faith Based Organization <input type="checkbox"/> 4-Community Based Organization (CBO) <input checked="" type="checkbox"/> 5-Vocational <input type="checkbox"/> 6-Postsecondary <input type="checkbox"/> 7-ROC/P <input type="checkbox"/> 8-Other	Additional Services 26. Job Placement Assistance <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 27. Career Assessment <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 28. Career Counseling <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 29. Tutorial Services <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 30. ESL Courses <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 31. GED Assistance <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 32. On-Site Childcare <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 33. Other <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No
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