

TO: Executive Committee

DATE: 8/07/06

FROM: WIB Staff

For Action

For Information

For Discussion

SUBJECT: Eligible Training Provider List (ETPL) Addition

PROPOSED MOTION(S): Approve Essential Health Massage Institute, Massage Therapy Training for addition to the State ETPL. Forward application to the Workforce Investment Board (WIB) for full approval.

DISCUSSION: The WIB 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 Essential Health 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 12 weeks/250 hours. Cost of the program is \$4,215.00.

**ATTACHMENT(S):
Provider Application, Program Application**



**Employment
Development
Department**

State of California

01. Provider Code (FEIN)
614560709

02. CIP Code
51.2501

For Internal Office Use Only

Program Code

03. Subgrantee Code

04. Agency Code

05. Date Received By LWIB

06. Local Program Code

WORKFORCE INVESTMENT ACT TRAINING PROGRAM APPLICATION

Provider Name

Essential Health Massage Institute

07. Program Name
Swedish Massage

08. Program Description
Massage Therapy Training

09. Training Site Address
1190 W. Olive Ave.
Ste.D

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
250 hours

15. Credits
17 units

16. Non-Credit
 1-Yes
 2-No

17. Credit Time
 1-Semester
 2-Quarter

Total Program Cost
18. Tuition \$ 4,200.
19. Fees \$ 15. str
20. Expenses \$
Total \$ 4215.

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
01-09-07

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)
17 units

37. CEU Granting Institution
n/a

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
n/a

41. Projected Hourly Wage After Program Completion
\$ 20.00

42. Prerequisites
18 years of age & high school diploma or equivalent to..

43. Skills Sets Training & Technical Support in: Accupressure, Shiatsu
Chair, Infant, Sports and Lymphatic massage. Plus 100 hours of
handson application, 20hrs Path., 30hrs Physio., 60hrs Anat., 40hrs
prerequisite 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		Certified Mssg. 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 (18yrs. & up)	
		54. Average Class Size 4-20 (capacity 32)	
		55. Equipment to be Used classroom desks&chairs, Mssg. Tables	

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 Kimberly Trulli	65. Title Director/Inst.	66. Date 06-21-06
Signature <i>Kimberly Trulli, Director C.M.T. 6-21-06</i>		

ETPL EPGA