



TRAINING SUPPLEMENT

Name of Facility: _____

1. What type of training do you provide? _____

2. Are educators licensed? Yes No Certified? Yes No

3. The total number of students trained during the last three years are:

20__ ____; 20__ ____; 20__ ____ Projected next 12 months _____

4. Do you staff any of the students to facilities during the training period? Yes No

If yes, please explain _____

5. Do you offer any kind of "Co-Op" program? Yes No

If yes, please explain _____

6. Do you provide job placement after the training is completed? Yes No

Permanent Yes No Temporary Yes No

6. Do you certify the students upon completion? Yes No

7. Do you have any additional operations other than the training facility? Yes No

If yes, please explain _____

I **DECLARE** that the information contained in this supplement is true and that no material facts have been suppressed or misstated.

I **UNDERSTAND** that an incorrect or incomplete response could void my coverage.

Signature of Applicant

Date

