

EWT Internal Training Information

Employer applying for EWT award: _____

Name, title and contact information of employer's representative completing this form:

1. Internal subject matter expert information

The name of the internal subject matter expert selected to deliver the training to employees (Note, any training company/organization that only trains employees for one company that is the same as or affiliated with the employer making application, will be considered an internal subject matter expert):

Phone #: _____ Fax #: _____ Email address: _____

Business address:

City: _____ State: _____ Zip: _____

Experience in delivering this training specifically or training in general:

Is this internal subject matter expert's time devoted exclusively (100% of time) to training? Yes No

2. Training information

Training will be delivered (check the appropriate box):

<input type="checkbox"/> On site, at my company
<input type="checkbox"/> In Polk Works Mobile Training Unit
<input type="checkbox"/> Other, please explain:

Type of Training / name of course:

Was the training curriculum that will be used developed internally or purchased from a third party vendor (check one)? Please attach the curriculum outline to this form.

When will this training be delivered? (Please include the hours/day, days each week, total hours of training, start and end dates, etc.)

Will the employees be "on the clock" during the training? Yes No

3. Training that does not have a "yes" checked in response to one of these questions (3A, 3B or 3C) cannot be approved to be included in this EWT award.

3A. Will you be using an industry recognized curriculum or a recognized skill standard curriculum that will lead to a certificate/credential for the employees who successfully complete your training? Yes No

3B. Does your curriculum lead to a nationally recognized certification / credential? Yes No

3C. If providing soft skills training only, does your curriculum lead to some type of certification or a completion credential? Yes No

Signature of the employer's authorized representative:

Date:

Please duplicate this form as needed to provide a form for each type of training.