



Training Facility Instructions for Completing the METP Request for Training (DWD-PO-606B) Individual Certification and Training Agreement section



The Training Facility is responsible for completing the numbered fields, unless already completed by the METP Representative. We understand that the information you provide is an estimation based on the client's unique situation. If there are changes to the information entered on the DWD-PO-606B form, amendments can be made.

- 1) Trainee's Name** – Enter the client's name. This will be completed by the Job Center.
- 2) APID** – Enter the client's APID. This will be completed by the Job Center.
- 3) Trainee's Street Address, City, State, Zip Code** – Enter the client's address including, street, city, state, and zip code. This will be completed by the Job Center.

Missouri Department of Economic Development
Missouri Division of Workforce Development
Missouri Employment & Training Program
METP Request for Training

INITIAL AMENDED TERMINATION

EXPLANATION FOR AMENDMENT

TRAINEE INFORMATION

1 TRAINEE'S NAME (Last, First, Middle)		2 APID	DCN	
3 TRAINEE'S STREET ADDRESS		CITY	STATE	ZIP CODE
I authorize the (training facility name) _____ to release information or records about my training program and grades to the Missouri Division of Workforce Development (DWD) / Missouri Job Center(s)				
X _____ TRAINEE'S SIGNATURE			_____ DATE	

- 4) Training Facility Name** – Enter the name of the Training Facility.
- 5) Training Facility Street Address, City, State, Zip Code** – Enter the Training Facility's address including, street, city, state, and zip code.
- 6) Title of Training Course** – Enter the complete name of the training course the client is interested in attending.
 - Please be sure to also attach a copy of any course / curriculum information that describes the training program.
- 7) Purpose(s) of Training** – Based on the training program selected, please mark the appropriate field(s) that best describe the type(s) of training component(s).

INDIVIDUAL CERTIFICATION AND TRAINING AGREEMENT

(This portion is to be completed by the training facility)

4 TRAINING FACILITY NAME			
5 TRAINING FACILITY'S STREET ADDRESS		CITY	STATE ZIP CODE
6 TITLE OF TRAINING COURSE (Attach course/curriculum information describing training.)		7 PURPOSE(S) OF TRAINING: <input type="checkbox"/> Remediation Training <input type="checkbox"/> Prerequisite Training <input type="checkbox"/> Skills Training	

- 8) **Associate Degree** – If the training program selected will lead to an Associate Degree, please check this field.
- 9) **Training Beginning Date** – Enter the anticipated start date of the training course.
- 10) **Training Ending Date** – Enter the anticipated end date of the training course.
- 11) **Daily Class Scheduled From / To** – Enter the anticipated daily start and end time of the training program.
- 12) **Part-Time/Full-Time Student** – Mark the appropriate box to show if the client will be participating in full-time or part-time training.
- 13) **Online** – If the client will attend any of portion of the training program online, please check this field.
- 14) **Number of Hours Per Week** – Enter the approximate number of training hours scheduled per week.
- 15) **Total Instruction Hours** – Enter the number of anticipated instruction hours to be received as a result of the training program.
- 16) **Tuition & Fees** – Enter the estimated costs of tuition and fees for the entire training program.
- 17) **Books & Expendable Supplies** – Enter the estimated costs of books and supplies for the entire training program. If available, include an itemized list.
- 18) **Other** – Enter the estimated costs of tools, equipment, uniforms, etc. for the entire training program. If available, include an itemized list. Do not include costs for meals and lodging.
- 19) ***Itemize OTHER costs here** – If applicable, enter an itemized list of costs associated with the ‘Other’ line item. If necessary, additional items can be listed on a separate piece of paper.
- 20) **Total** – Enter the sum of all costs for “Tuition & Fees”, “Books & Supplies”, and “Other”.
- 21) **Holiday and Vacation Schedule** – Enter the anticipated holiday schedule (such as days off for Christmas, Easter, Labor Day, etc.) and vacation schedule (such as time off between semesters or summer weeks) or attach the Training Facility’s holiday / vacation schedule.

ASSOCIATE'S DEGREE <input type="checkbox"/> (If training will lead to an Associate's Degree, please mark this field.)	TRAINING BEGINNING DATE	TRAINING ENDING DATE	DAILY CLASS SCHEDULE FROM _____ TO _____		
<input type="checkbox"/> Part-time Student <input type="checkbox"/> Full-time Student <input type="checkbox"/> Online	(If any portion of this training will be attended online, please mark this field.)		NUMBER HOURS PER WEEK	TOTAL INSTRUCTION HOURS	# OF WEEKS
COSTS OF PROPOSED TRAINING a. Tuition & Fees \$ _____ b. Books & Expendable Supplies \$ _____ c. OTHER (Must be itemized at the right; tools, equipment, uniforms, etc.) \$ _____ d. Total \$ _____			Itemize OTHER costs here: _____ _____ _____		
HOLIDAY AND VACATION SCHEDULE			(Please list or attach any anticipated holidays scheduled during the student's training program.)		

