

# ELIGIBLE TRAINING PROVIDER (ETP) APPLICATION FORM

## SECTION 1 -- APPLICANT INFORMATION & CERTIFICATION:

County(ies) applying for:  Hawaii County  Kauai County  Maui County  
(a.k.a. local workforce investment board):  City & County of Honolulu (island of Oahu)

Legal Name of Business: Kepani & Kolea, LLC  
DBA (if applicable): West Kauai Nurse Aide Training Program

Street address: 4371 Puu Lani Pl Kalaheo, HI 96741

Mailing address: PO Box 326 Kalaheo, HI 96741

Website address: hawaiinatraining.com

Phone including area code: 808-346-1916 Fax: \_\_\_\_\_

Federal Tax ID #: 47-4355036

State Tax ID #: W00945742-01

Type of Business entity:  
(please check one)

Non-profit corporation  
For-profit corporation  
Limited Liability Corporation

Sole Proprietor  
Partnership  
Public agency

Contact person for this application:

Name: Iris Y Erickson, RN  
Phone: 808-346-1916

Title: Owner  
E-mail: isyen29@gmail.com

### CERTIFICATION BY APPLICANT

I hereby attest that I am authorized to act on behalf of this organization and have reviewed the application and have knowledge of the content and the information contained herein. I declare that the information provided and each statement, monetary amount and supporting documentation included is true and correct to the best of my knowledge and belief. I also hereby attest that this organization and its instructors currently hold all licenses, certificates, permits and accreditations required under applicable federal, state and county laws, ordinances, codes and rules, required to provide the training services described herein. This organization is also in good standing with the Hawaii State Department of Commerce and Consumer Affairs. I understand that any noncompliance and/or misrepresentations, including but not limited to, those contained in all amendments to our course offerings that we initiate hereafter, may result in the termination of this organization from participation in the Eligible Training Provider program for a period of 12 months. I understand that this organization will be held liable for repayment of all funds received via the ETP program for any period of noncompliance. I understand that these are construed to provide remedies and penalties that supplement, but do not supplant, other civil and criminal remedies and penalties. I understand that the ETP program is per the Workforce Investment Act of 1998.

AGREE:

DECLINE:

Iris Y Erickson  
Signature

Iris Y Erickson  
Print Name

07/08/15  
Date

**What type of training organization are you?**

- Check-mark any that apply & append attachment as specified.
- Applications that are missing attachments cannot be processed.

Post-secondary, degree-granting school accredited by an accreditation body recognized by the U.S. Department of Education (US DOE)

Name of accrediting body: \_\_\_\_\_

*Attach copy of your current accreditation & clearly label it "Attachment – Accreditation/Licensure/Registration" at the top*

Pilot or aviation training school approved by the Federal Aviation Administration (FAA).

*Attach copy of your current FAA licensure & clearly label it "Attachment – Accreditation/Licensure/Registration" at the top*

Massage, cosmetology or real estate school registered as a school with the appropriate board under the Hawaii State Department of Commerce and Consumer Affairs (DCCA)

*Attach copy of your current DCCA registration & clearly label it "Attachment -- Accreditation/Licensure/Registration" at the top*

Distance Learning program that is fully accredited by a recognized accrediting body

Name of accrediting body: \_\_\_\_\_

*Attach copy of your current accreditation & clearly label it "Attachment – Accreditation/Licensure/Registration" at the top*

Private training school, other than those listed above.

If you are licensed by the Hawaii State Department of Education (DOE),  
*Attach copy of your current DOE license & clearly label it "Attachment – Accreditation/Licensure/Registration" at the top*

**OR**

If you are exempt from DOE requirements,  
***Please check exemption that applies below and ATTACH documentation that substantiates your exemption:***

schools maintained or classes conducted by employees for their own employees where no fee or tuition is charged;

- courses of instruction given by a fraternal society, benevolent order, or professional organization to its members and which are not operated for profit;
- flying schools qualified under the Federal Aviation Administration (FAA);
- classes conducted for less than five students at one time and the same time;
- classes or courses of instruction which are conducted for twenty or less class sessions during any twelve month period;
- a vocational, hobby, recreational or health classes or courses;
- courses of instruction on religious subjects given under the auspices of a religious organization; or
- schools registered by the Hawaii State Department of Commerce and Consumer Affairs [Eff 12/7/87; comp 3/5/01] (Auth: HRS Section 302A-1112, 302A-427) (Imp: HRS Section 302A-1112, 302A-101, 302A-424, 302A-425)

**All non-governmental/private sector applicants must attach the following to the application** (Applications that are missing these attachments cannot be processed):

***Certificate of Current Tax Clearance (which was issued within the past 6 months)***

*Attach to your application & clearly label it "Attachment – Tax Clearance" at the top*

***Certificate of Liability Insurance***

*Attach to your application & clearly label it "Attachment – Liability Insurance" at the top*

*Note: Should your application be approved, you will be responsible for ensuring that this certificate of liability insurance for the amount of at least \$2 million names the State of Hawaii Department of Labor & Industrial Relations (DLIR), and all the following counties in the State of Hawaii-- the City & County of Honolulu, the County of Maui, the County of Hawaii as well as the County of Kauai – as additional insured.*

**DOE licensed organizations only – please attach a copy of your DOE license**

**SECTION 2 – LEARNING ENVIRONMENT, MATERIALS & MANAGEMENT:**

Do you certify that your training is carried out in a physical space approved by building code(s) to be used for commercial usage such as described in your application?

Yes                       No                       N/A as we are solely a web-based organization.

Do you certify that all of your learning materials and equipment for the ETP training program you are seeking approval for are at least the same as those afforded to the general public?

Yes                       No

Do you understand that the number of participants referred to any ETP approved organization to attend any particular training course cannot be predetermined or guaranteed?

Yes                       No

Do you certify that your organization is in compliance with the following laws:

1. The Hawaii Revised Statutes, Chapter 328K or its successor provision which prohibits smoking in public places?
2. Laws governing the treatment of persons with disabilities, including the American with Disabilities Act (ADA) and the Rehabilitation Act?
3. All laws governing non-discrimination?

Yes                       No

Do you certify that your organization has student grievance procedures that are in compliance with the licenses and accreditations you currently hold?

Yes                       No

***Please attach your student grievance procedures & clearly label it as "Attachment – Student Grievance Procedures" at the top***

How many complaints about the program from Workforce Investment Act (WIA) participants have been filed with your organization within the last two (2) years? \_\_\_\_\_

Not applicable – this organization is a first-time applicant

How were they resolved?

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Do you certify that certificates/credentials are awarded only to WIA participants who have earned them via coursework requirements and grading system as are expected of all your students?

Yes

No

Do you certify that the state, county and federal government, through any authorized representative, are allowed at any time to provide information to participants and the public about training courses and other services offered by your organization?

Yes

No

### SECTION 3 -- MATRIX OF COURSES & COURSE CATALOG:

#### LONG-TERM TRAINING APPLICANTS ONLY:

(Short-term provider applicants, please go to page 6)

DEFINITION: "Long Term Training" is defined as a program consisting of a course or courses that upon successful completion, leads to:

- A certificate, an associate degree, baccalaureate degree, or
- The skills or competencies needed for a specific job or jobs, an occupation, occupational group, or generally, for many types of jobs or occupations, as recognized by employers and determined prior to training. (Note: The Long-Term Training Provider is responsible for maintaining records documenting that the skills or competencies were needed as recognized by employers.)

There are three types of long-term training programs:

- Type 1: Individual course with duration of 61 hours or more that does not meet Type 2 below. However, if the LWIB determines that a course with duration of 61 hours or more is pre-vocational in nature, the LWIB may classify the course as short-term training. (See definition for short-term training.)
- Type 2: A course from a group of courses that is intended to lead a participant to a post-secondary degree from an accredited institution; or
- Type 3: Individual course with a duration of fewer than 61 hours that does not meet Type 2 above, is intended to result in an industry-recognized certification required for a job or group of jobs, and is approved by the LWIB as a course that qualifies as long-term training. Examples of such certification that may be approved by the LWIB are Certified Nurse's Aide and Commercial Driver's License. The LWIB also has the discretion to determine if an individual course with a duration of fewer than 61 hours that does not meet Type 2

above and that is not necessarily intended to result in an industry-recognized certification should be considered to be long-term training (the program is the name of the course).

Do you certify that your program meets the definition of a long-term training provider as described above?

Yes

No

Do you understand that the performance standards (Exhibit A) as calculated by the Hawaii State Department of Labor and Industrial Relations will be used to calculate subsequent eligibility and should your organization fail to meet these performance standards, do you understand that your organization will be removed from the State ETP list for 12 months?

Yes

No

**SHORT-TERM TRAINING APPLICANTS ONLY:**

DEFINITION: "Short-term training" is defined as a course or courses that:

- Provides occupational skills that are pre-vocational in nature in areas such as, but not limited to, computer literacy;
- Has a duration of fewer than 61 hours; and
- Does not meet the criteria for long-term training.

Do you certify that your program meets the definition of a short-term training provider as described above?

Yes

No

**COURSES – ALL APPLICANTS:**

- *You must attach your "Course Catalog" to this application and be sure it is clearly labeled "Course Catalog" on the front cover.*
- *If your course catalog is internet-based, then please print it and attach it to this application. Please be sure it is clearly labeled "Course Catalog – internet based" on the front page.*

Do you certify that only your courses which are approved for the ETP program will be offered to WIA participants?

yes

No

Do you understand that any changes you wish to make to your course offerings must first be reviewed and approved before such changes can be implemented?

Yes

No

Do you certify your organization shall submit updated, course catalogs at least three (3) weeks prior to the start date of your class(es) and that failure to do so may result in your organization's suspension from the ETP program for a period not to exceed 12 months?

Yes

No

Do you certify that your classes' syllabi will not change substantially for the period for which you are approved to be an ETP and that courses will not require more than 40 hours per week of class time, including associated mandatory activities such a lab time, excursions and the like?

Yes

No

Do you certify that costs for items such as textbooks, supplies, kits and similar class supplies required of students will be priced reasonably as determined by the appropriate one-stop job center and that enrollment in your course(s) may be suspended if such costs are determined to be out-of-line with prevailing market rates?

Yes

No

Do you understand that the performance standards (Exhibit A) as calculated by the Hawaii State Department of Labor and Industrial Relations will be used to calculate subsequent eligibility and should your organization fail to meet these performance standards, do you understand that your organization will be removed from the State ETP list for 12 months?

Yes

No

#### SECTION 4 – MONITORING:

Do you certify that the state, LWIB/county and federal government(s), through any authorized representative, are allowed to review, inspect and/or audit your organization's books, records and documents, including performance data (see Exhibit A), related to this application?

Yes

No

Do you certify that documents, papers, books, records and other evidence which sufficiently and properly reflect all expenditures of any nature related to your organization's performance for services under this application are retained for a period of at least three (3) years?

Yes

No

Do you certify that in the event any litigation, claim, investigation, audit or other action arises involving the records retained for services resulting from this solicitation, then such records will be retained for three (3) years from the date of final payment, or the date of the resolution of the action, which ever occurs later?

Yes

No

**SECTION 5 -- RELEASE OF INFORMATION:**

Do you certify that your organization will adhere to all applicable federal, state and county confidentiality and privacy laws in the management and storage of student files, records and related materials?

Yes

No

Do you certify that your organization will obtain prior written approval from the LWIB/county whenever it identifies or refers to the LWIB, county, one-stop center(s), or the state, its employees or participants, in any and all media releases, public statements, announcements, broadcasts, posters, programs, computer postings, and other printed, published, or electronically disseminated materials?

Yes

No

**SECTION 6 -- PAYMENT, WITHDRAWALS, SUBSTITUTIONS & CANCELLATIONS:**

Payment -- Do you certify to accept a Purchase Order (P.O.) Number or government credit card (commonly referred to as a "P-card"), issued by the one-stop center, authorization to receive payment for a course in which a WIA participant is registered?

Yes

No

Student withdrawals -- Do you certify that the one-stop center shall not be responsible for paying the tuition or other training related expenses if the one-stop center gives you, the training provider, a written withdrawal notice that you will receive at least three business days prior to the start of the scheduled class?

Yes

No



Student substitutions -- Do you certify that should a participant withdraw from a course that you will give the one-stop case manager the first opportunity to replace the participant with a substitute participant and that you will not charge the one-stop center any additional fees for such substitutions?

Yes

No

Student substitutions -- Do you certify that your appropriate staff will be available for consultation with the one-stop case manager to assist in determining suitable candidates for substitutions, especially if the class has begun?

Yes

No

Course cancellation -- Do you certify that except in cases of emergency beyond your control, if you cancel or reschedule any class(es) in which participants are registered, you will provide a written notice to the one-stop case manager that s/he will receive at least two business days prior to the start date of the class?

Yes

No

Course cancellation -- Do you certify that you will also notify each participant of the cancelled or rescheduled class(es) by telephone, email, postal mail, fax or similar means to be received at least two business days prior to the start date of the canceled or rescheduled class(es) and that you will keep a written log that indicates you attempted to contact each participant no less than two times?

Yes

No

Do you certify that you will accept participants funded by other sources and that these participants will be able to select training from the same lists of courses as contained in this application?

Yes

No

For training referrals by DLIR, do you agree to the billing procedures described below?

Yes

No

A. P-Card or Purchase Orders

The DLIR Workforce Development Division (WDD) will issue via facsimile either a P-card number, which is a government issued credit card or a purchase order number, which the provider shall accept in order to receive payment for a course in which an individual completed their training course.

B. Billing Procedure

The provider shall submit an original and three (3) copies of the provider's invoice for which an individual(s) completed their training courses in the approved programs. Each invoice shall contain the following information for ALL individuals:

- (1) Name of individual
- (2) P-card number or Purchase Order number
- (3) Beginning and end date of course
- (4) Course title/number
- (5) Copy of Licensure/Certification/Diploma issued to the individual
- (6) Cost of course or other training-related costs

The provider shall submit the invoices to the DLIR WDD Case Manager at the address specified on the registration form within twenty (20) calendar days after the end date of the course. Payments will only be made for services and work performed to the satisfaction of DLIR WDD.

C. Late Invoices

The provider's failure to submit the invoice on a timely basis shall jeopardize any payment being made for training. The DLIR WDD shall not be liable for payments for delinquent invoices after 60 days from the first scheduled day of the course.

SECTION 7 – INDEMNIFICATION

Do you agree to defend, indemnify and hold harmless the State of Hawaii, Department of Labor and Industrial Relations, City and County of Honolulu, County of Hawaii, County of Maui, County of Kauai, and their officers, employees, agents from and against all liability, loss, damage, cost, and expense, including all attorneys fees, and all claims, suits and demands therefore, arising out of or resulting from the acts or omissions of the training provider or the training provider's employees, officers, agents, or subcontractors for training resulting from this application?

Yes

No

SECTION 8 – OTHER

Thank you for applying to be an Eligible Training Provider (ETP).

If you have any questions regarding this application, please contact your local area workforce investment board at:

Maui	808-270-8225
Kauai	808-241-4950
Oahu	808-522-7090
Hawaii	808-961-8379

EXHIBIT A: PERFORMANCE STANDARDS

These are the performance standards as calculated by the Hawaii State Department of Labor and Industrial Relations that will be used to calculate subsequent eligibility.

Should your organization fail to meet these performance standards, your organization will be removed from the State ETP list for one year.

Meet one (1) of the following indicators:	Meet two (2) of the following four (4) indicators:
a. Minimum of 35 percent completion rate for all individuals enrolled in the program	a. At least 15 percent of WIA participants must have completed the program and obtained unsubsidized employment
b. Minimum of 15 percent of all individuals enrolled in the program who obtained unsubsidized employment;	b. Minimum of 20 percent retention rate of WIA participants in unsubsidized employment who have completed a program, six months after the first day of employment;
c. Earn an average quarterly wage of \$2,520 at the time that all individuals became employed.	c. For WIA participants in unsubsidized employment who have completed a program, they must have earned a minimum quarterly average wage of \$2,520 six months after the first day of employment; or
	d. If applicable, the rate of Hawaii-recognized or industry-recognized licensure or certification, degrees or equivalents, academic credit, or other measures of skills attained by all WIA participants who completed the program.

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**

Form A-6 can be filed electronically. See Instructions.  
A tax clearance may be obtained through Hawaii Compliance Express for all state, city, or county government contracts. See Instructions.  
(NOTE: References to "married", "unmarried", and "spouse" also means "in a civil union", "not in a civil union", and "civil union partner", respectively.)

1. **APPLICANT INFORMATION:** (PLEASE TYPE OR PRINT CLEARLY)

Applicant's Name Keponi & Kolea LLC  
Address PO Box 326  
City/State/Postal/Zip Code Kalaeo HI 96741  
DBA/Trade Name \_\_\_\_\_

2. **TAX IDENTIFICATION NUMBER:**

HAWAII TAX ID # W 0 0 9 4 5 7 4 2 . 0 1  
FEDERAL EMPLOYER ID # 4 7 . 4 3 5 5 0 3 6  
(FEIN)  
SOCIAL SECURITY # (SSN) \_\_\_\_\_

3. **APPLICANT IS A/AN:** (MUST CHECK ONE BOX)

- CORPORATION  S CORPORATION  TAX EXEMPT ORGANIZATION  
 INDIVIDUAL  PARTNERSHIP  ESTATE  TRUST  
 LIMITED LIABILITY COMPANY  LIMITED LIABILITY PARTNERSHIP  
 Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN \_\_\_\_\_  
 Subsidiary Corporation; enter parent corporation's name and FEIN \_\_\_\_\_

4. **THE TAX CLEARANCE IS REQUIRED FOR:** (MUST CHECK AT LEAST ONE BOX)

- CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII \*  
 REAL ESTATE LICENSE  CONTRACTOR LICENSE  LIQUOR LICENSE \*  
 FINANCIAL CLOSING  PROGRESS PAYMENT  BULK SALES \*\*  
 HAWAII STATE RESIDENCY  FEDERAL CONTRACT  PERSONAL  
 SUBCONTRACT  LOAN  
 OTHER Work force development Funding

\* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.

\*\* ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER

5. **NO. OF CERTIFIED COPIES REQUESTED:**  1

6. **SIGNATURE:**

[Signature]  
SIGNATURE  
Heis Ericson  
PRINT NAME

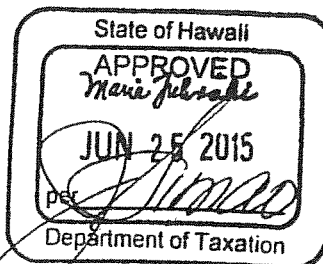
6/25/15  
DATE  
Member  
PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

808 346 1916  
TELEPHONE  
FAX \_\_\_\_\_

**FOR OFFICE USE ONLY**

BUSINESS START DATE IN HAWAII  
IF APPLICABLE  
061 091 2015  
HAWAII RETURNS FILED  
IF APPLICABLE  
20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_

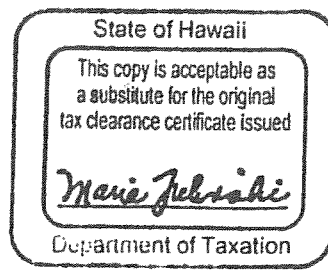
STATE APPROVAL STAMP  
(Not valid unless stamped)



\*IRS APPROVAL STAMP

**NOT APPLICABLE**

CERTIFIED COPY STAMP



**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

**PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL. SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS.** Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

**REQUEST FOR APPROVAL  
OF  
NURSE AIDE TRAINING PROGRAM**

**REQUESTING AGENCY OR FACILITY INFORMATION**

West Kauai Nurse Aide Training Program

Phone: 808 346-1916

Name of Facility/Organization

3-3178 Kuhio Hwy, Ste D-2 Lihue, HI

ZIP Code: 96741

Address (Street, City, State)

Name of Administrator: Iris Y Erickson

**CURRICULUM INFORMATION**

Name: Iris Y Erickson Title: Administrator

Submitted By

I certify that the curriculum information submitted is true and correct, and that subjects are designed to meet requirements for nurse aide training as delineated in the Omnibus Budget Reconciliation Act (OBRA) of 1987 and 1989(f).

Signed: \_\_\_\_\_

 RN

Date: 09/14/15

=====  
(To completed by the State)

- Program approved effective 7/26/14, not to exceed 7/25/16  
 Conditions attached.  
 Program not approved.  
 Deficiencies attached.

Signed: \_\_\_\_\_



DHS/SSD Representative

Date: 7/15/15

Approval

is awarded to

IRIS Y ERICKSON, R.N.

to be a

Nurse Aide Training Program

Registered Nurse Instructor

Having met or exceeded the requirements as set forth  
in the Hawaii Administrative Rules for the  
Nurse Aide Training and Competency Evaluation Program

Approved October 1, 2014,

By Carol Copeland, R.N., M.S.N.

NATP Compliance Manager for

Community Ties of America, Inc., the Designer

for the Hawaii Department of Human Services



CommunityTies  
of America, Inc.

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