

**Local Training Provider Referral Form**

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| ***THIS FORM IS FOR SETA INTERNAL USE ONLY*** |
| **Date:**  | Click or tap to enter a date. |  |
| **To:**  | ETPL/LTPL Coordinator | **From:**  |       |
| **E-Mail:** | sacworkssupport@seta.net | **Phone:**  |       |
|  |  | **E-Mail:** |       |
|  |  | **Career Center:**(select from drop-down) | Choose an item. |
| An assessment has been developed identifying that customer      , is in need of training services and has the skills and qualifications to successfully participate in the following selected training program. It is recommended that a contract for service be developed with:  |
| Provider:  |       |
| Address:  |       | City, State/ZIP:  |       |
| Phone:  |        | Contact:  |       |
| Course/Program:  |       |
| Length of Course/Program:  |       | Tuition:  |       |
| Training Provider is currently on California’s Eligible Training Provider List (ETPL)? [ ]  Yes [ ]  No  |
|  |  |
| **This referral has been reviewed and approved by the Site Supervisor as indicated below.** |
| **Site Supervisor name:** |       |
| **Site Supervisor (or designee) signature:**  |  |
| **Date of Signature: Click or tap to enter a date.** |