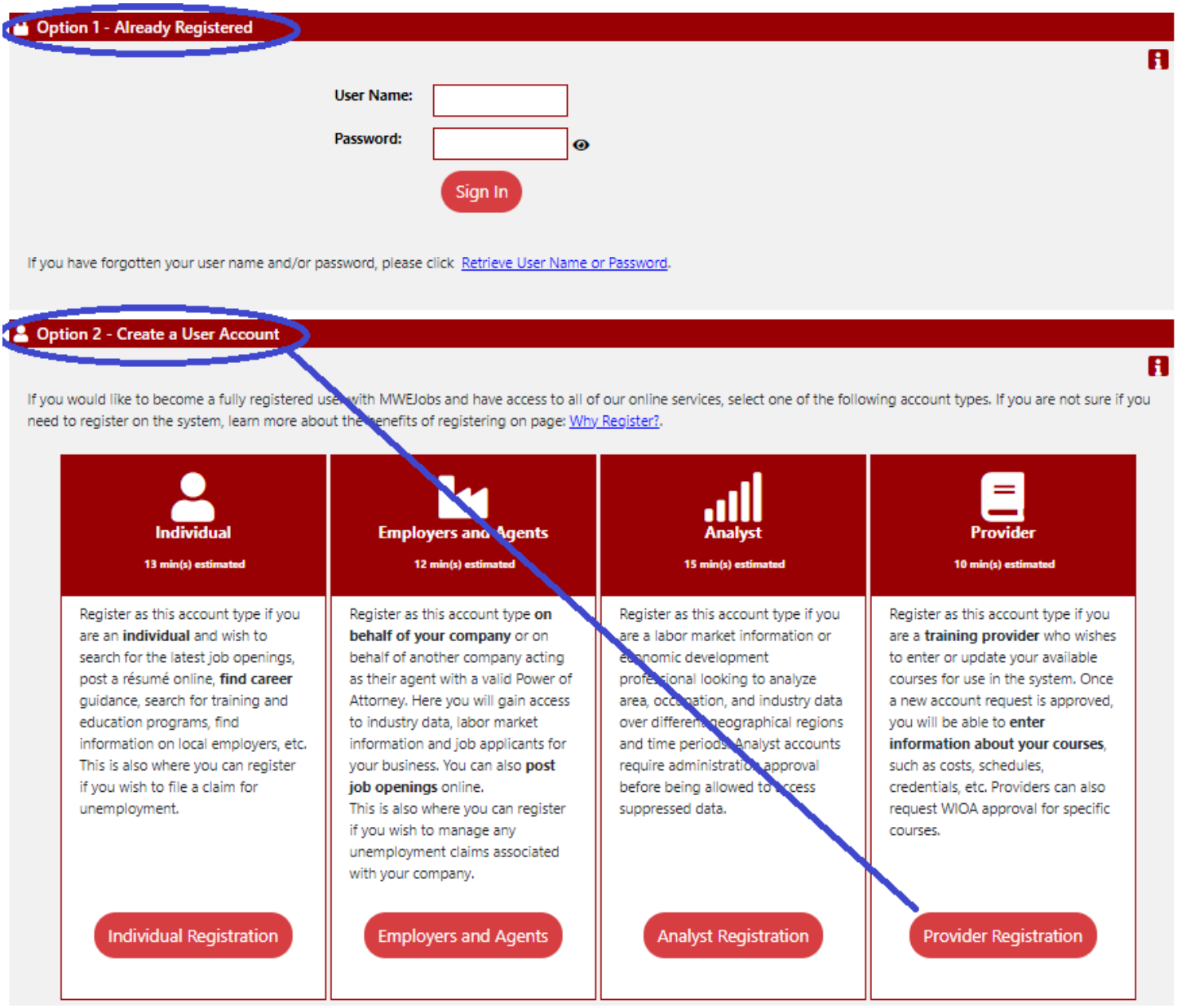
Note: If you have any questions regarding these ETPL processes, contact david.jorgenson1@maryland.gov

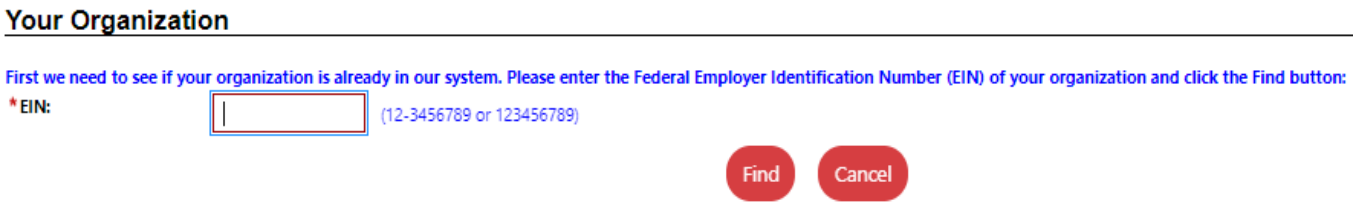
1) Go to: https://mwejobs.maryland.gov

2) Click on:

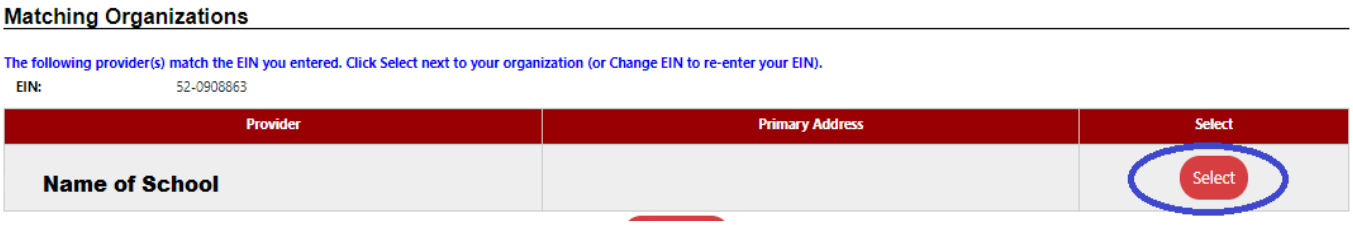

3) A) If you previously registered as a Provider User and have a program on the ETPL, complete " Option 1 "
B) Otherwise, new training providers and new Provider Users must follow " Option 2 "



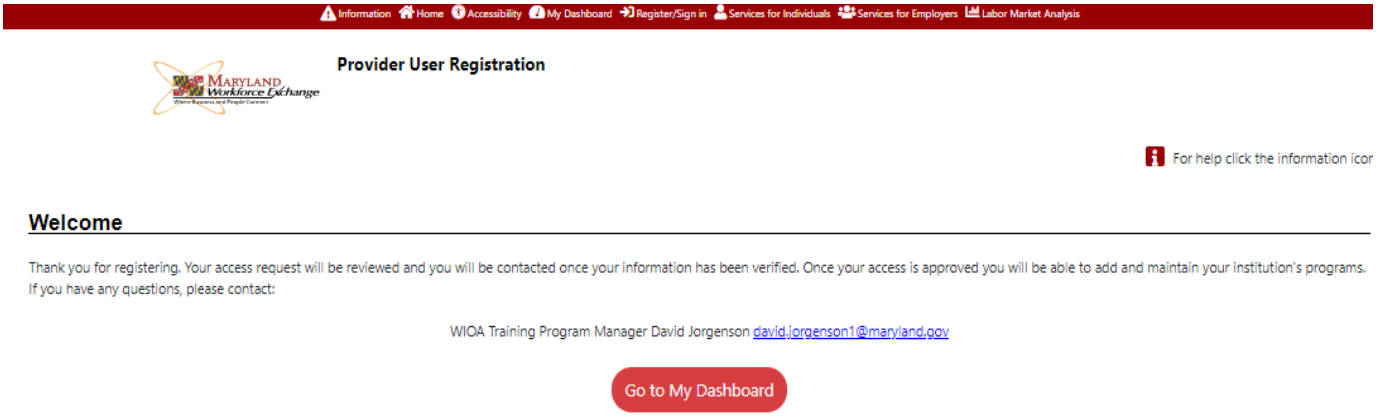

4) Enter F/EIN then click " Find "



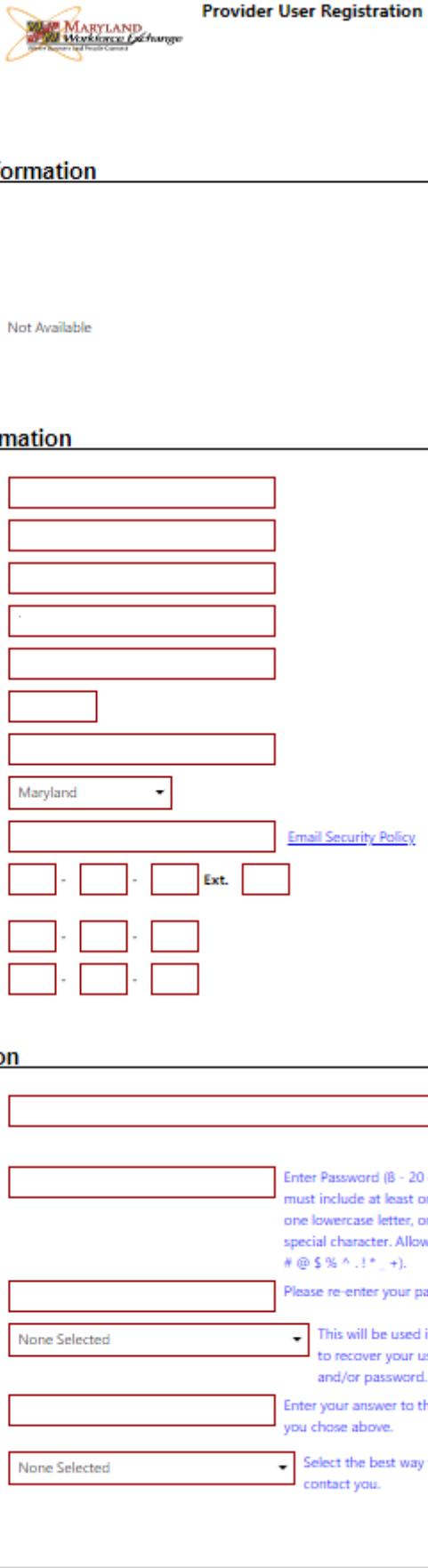
5) A) Existing ETPL Providers: Click on " Select " if your school name appears under " Provider " heading
**New Training Providers go to 5) B) 1)




5) A) 1) Click on " Go to My Dashboard "



5) A) 2) Complete and click on " Save "




Existing Providers - Go to 6

5) B) 1) New providers: Complete and click on “Save”

## Enter Your Information

* Title:
* First Name:
* Last Name:
* Address 1:
Address 2:
* Zip Code:
* City:
* State: None Selected
* Email Address: Email Security Policy
* Primary Phone Number: - - Ext.
Fax Number: - -
Cell Phone Number: - -

## Login Information

* User Name: Enter User Name (3 - 20 characters, and must include characters, letters or numbers. Allowable characters are + @ . _
* Password: Enter Password (8 - 20 characters, and must include at least one uppercase letter, one lowercase letter, one number and one special character. Allowable characters are # @ $ % ^ . ! * _ +).
* Confirm Password: Please re-enter your password.
* Security Question : None Selected — This will be used if you need to recover your username and/or password.
* Security Question Response: Enter your answer to the security question you chose above.
* Preferred Notification: None Selected — Select the best way for us to contact you.

Save Cancel

5) B) 2) Complete and click on " Save "

**Add a new Provider**

* indicates required fields.

## Provider Information

*Status: Active Inactive

FEID/SSN: 888888889

*Provider Name 1:

Provider Name 2:

*Address 1:

Address 2:

*Zip:

Note: By entering the Zip Code first, the system will automatically populate the City and State fields.

*City: !

*State: Maryland

URL:

Enter URL e.g. (http://www.companysite.com)

Type of Business: None Selected

*Type of Entity: None Selected

*This provider is an accredited postsecondary education institution: Yes No

Registered Apprenticeship Provider: Yes No

Approved Apprenticeship: Yes, Approved Apprenticeship

No, not Approved Apprenticeship.

## Billing Address Information

Populate the Billing Address from: Provider's Main Address

*Billing Address 1:

Billing Address 2:

*Billing Zip:

*Billing City:

*Billing State: None Selected

*Attention:

## Mailing Address Information

Populate the Mailing Address from: Provider's Main Address | Provider's Billing Address

*Mailing Address 1:

Mailing Address 2:

*Mailing Zip:

*Mailing City: !

*Mailing State: Maryland

*Mailing Attention:

Save Cancel

5) B) 3) Complete and click on " Save "

## Additional Provider Information

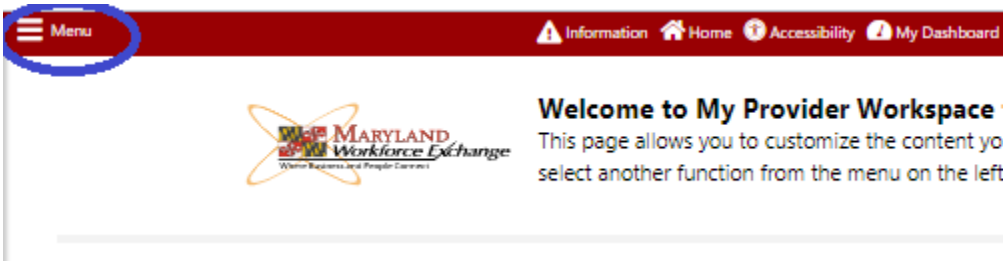
| | |
|---|---|
| Institution Name: | fake |
| WIOA Provider: | Yes No |
| * Institution Type: | None Selected |
| * Institution Ownership: | None Selected |
| Years in Business: | |
| * Disabled Access: | Yes No |
| * ADA Compliant: | Yes No |
| Source of Funding: | |
| * Institution Description: | (2000 characters max.) |
| * Main Telephone Number: | - - |
| TTD/TTY Telephone Number: | - - |
| Financial Aid Telephone Number: | - - |
| Main Email Address: | |
| * Is this a Community College? | Yes No |
| * Accreditation / Approval | Yes No |
| Eligible Provider of Youth Workforce Investment Activities: | Yes No |

Save Cancel

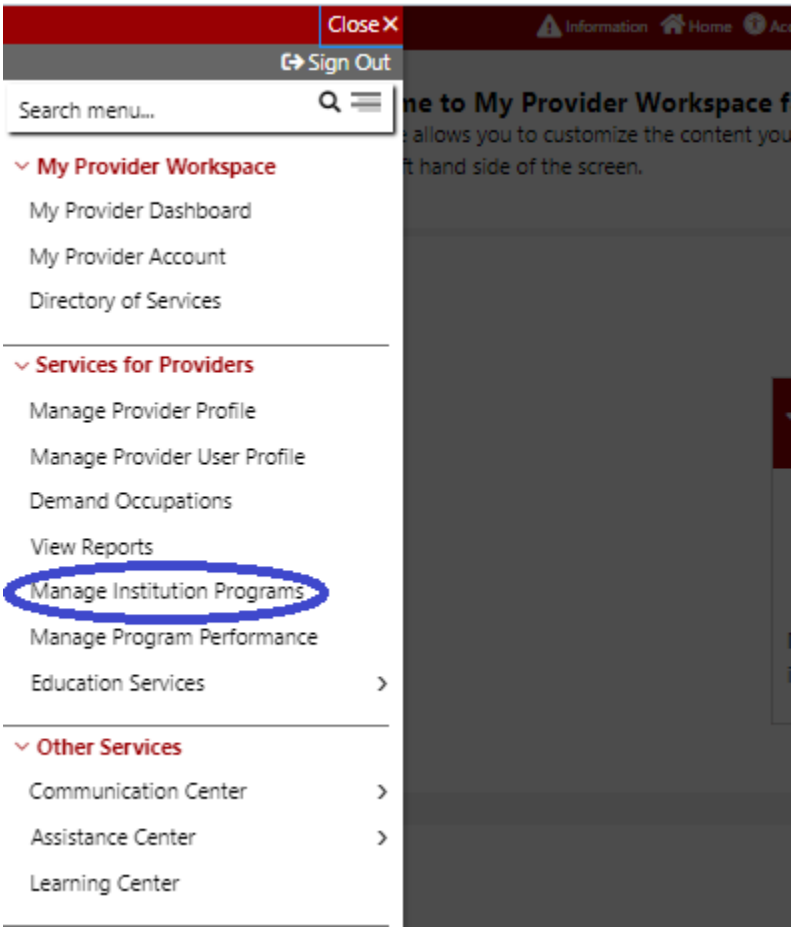
5) B) 4) Click on " Return to Dashboard "

Return to My Dashboard

6) Click on “ Menu ” icon at top left of page

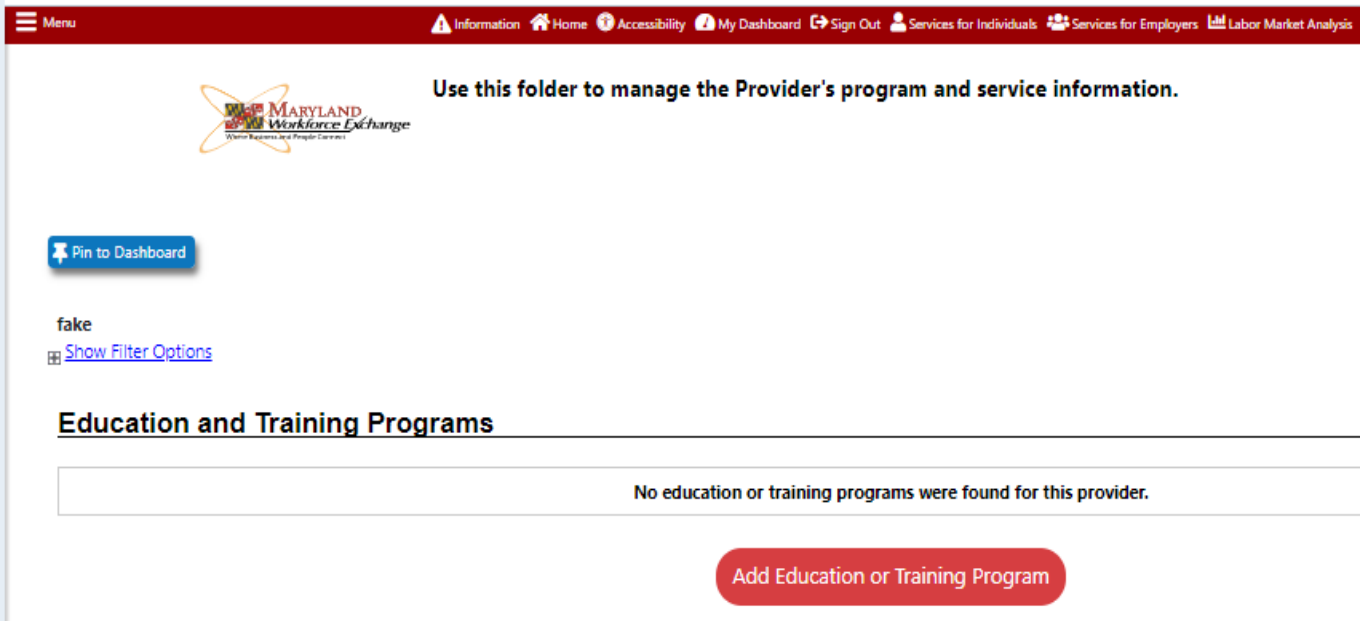



7) Click on “ Manage Institution Programs ”

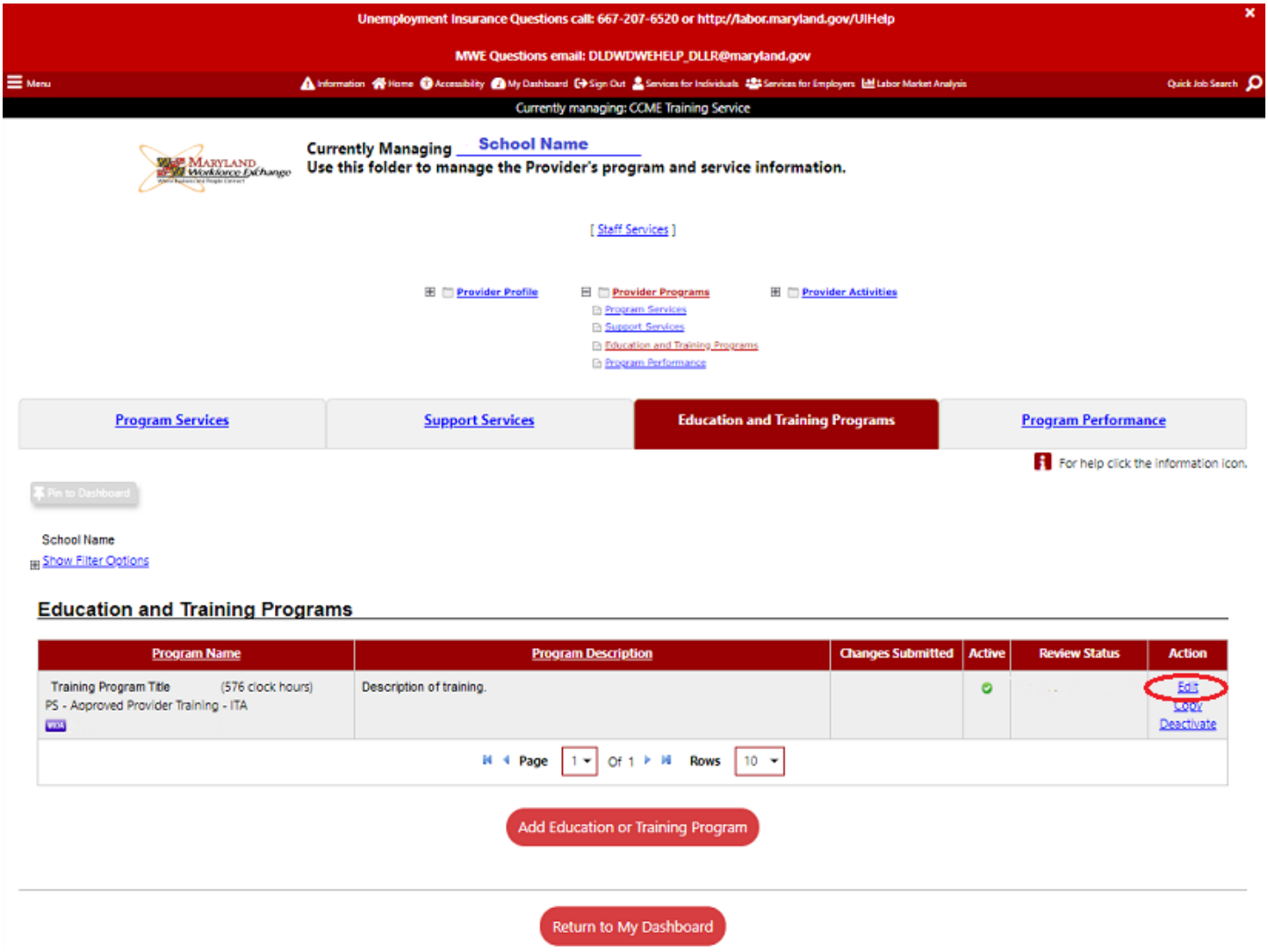


8) All ETPL programs appear here.

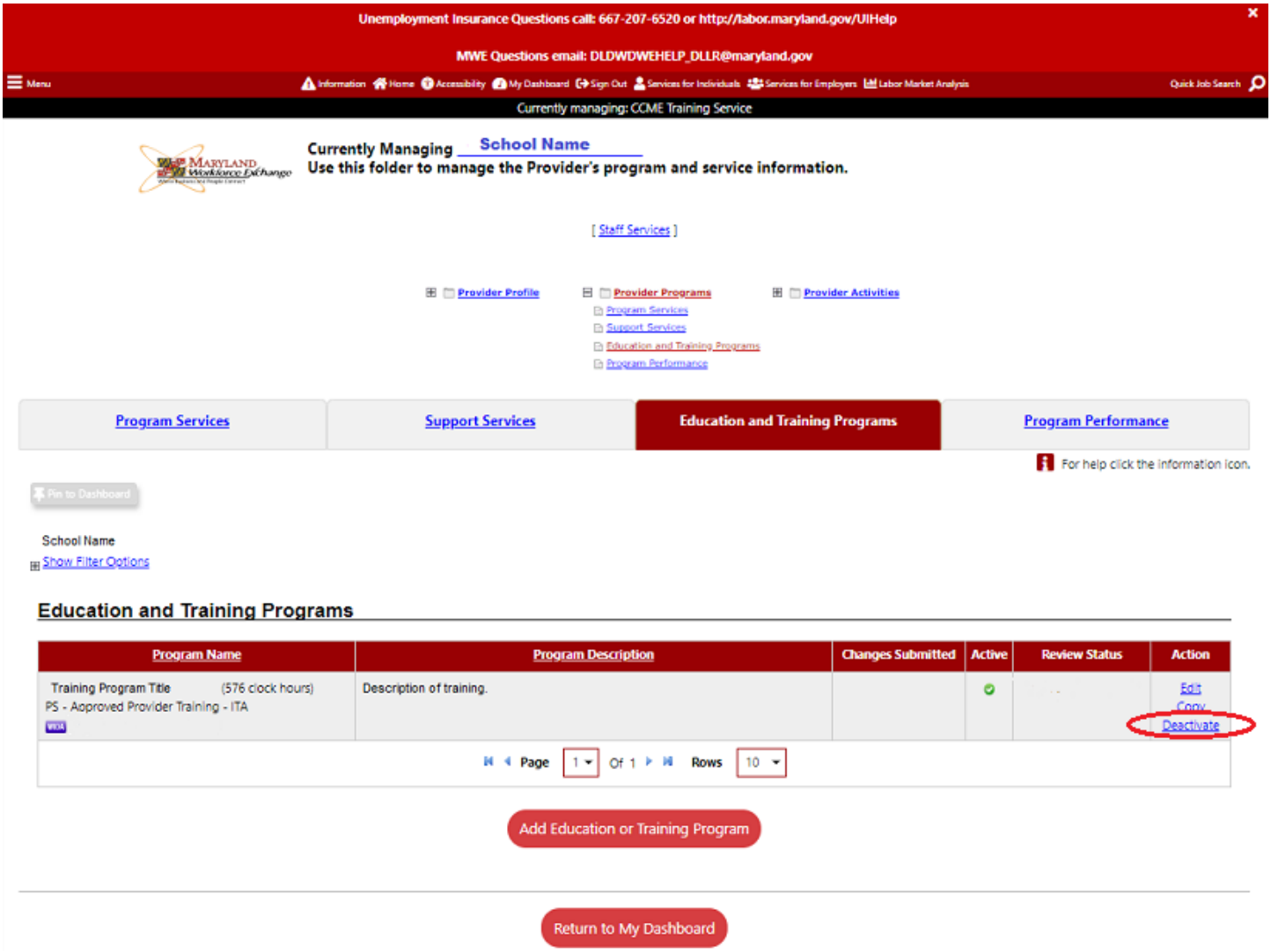
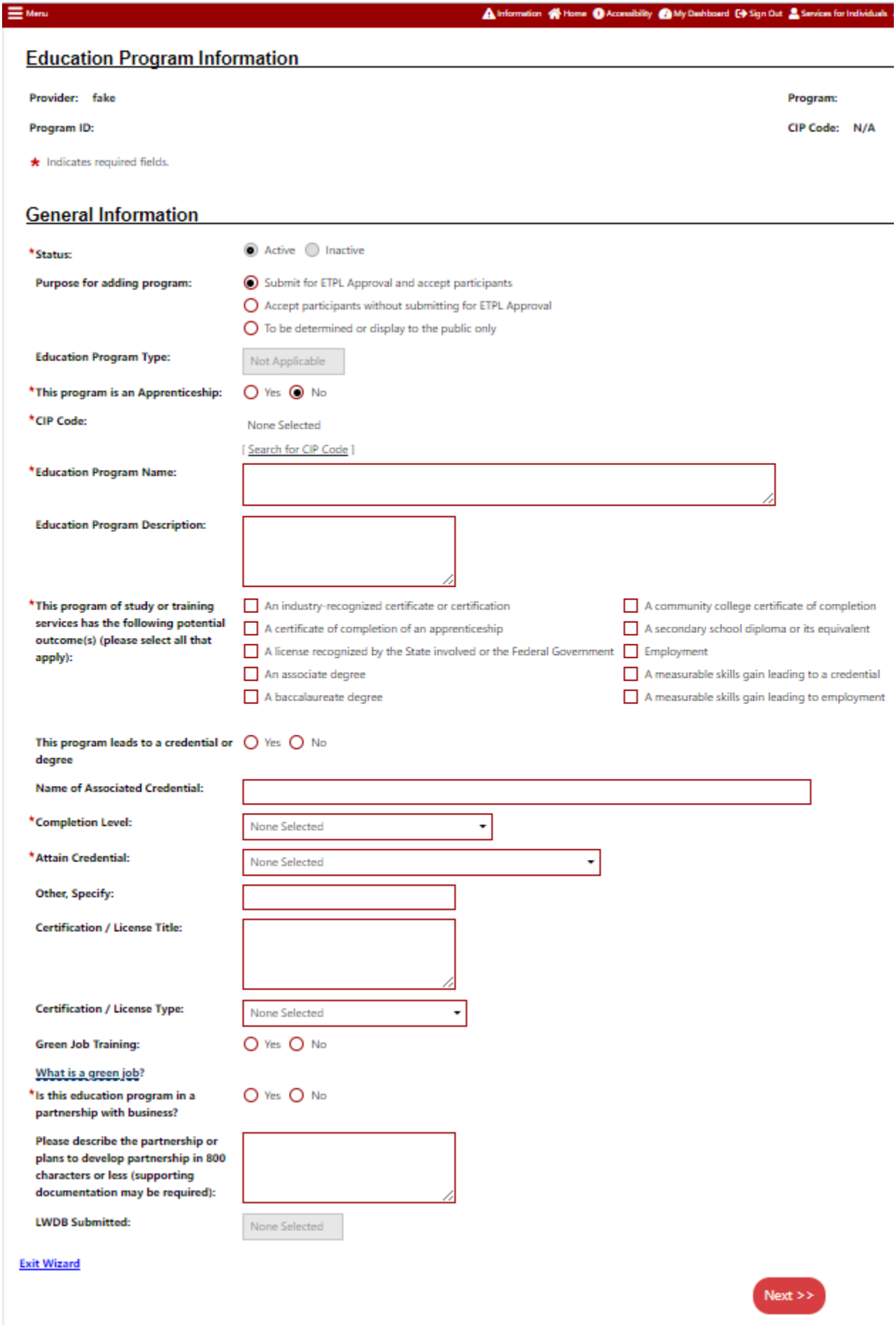
8 a) To apply to Add a program, click on " Add **Education or Training Program** "




8 b) To Modify an existing program, click " Edit " and progress through the tabs



8 c) To Remove or delete an existing program from the ETPL, click on " Deactivate "



9) Initial ETPL Program Application