

\* Shows that these fields are required

## Training Program Initial Criteria

### Necessary Requirements for Initial Certification

(For programs to be eligible, one of the following two criteria must be met)

1. Is the provider/program seeking WIOA certification currently approved or accredited under an existing process recognized by the State of Illinois?  
Yes  
**If yes,** please check all types of accreditation and approval that apply.  
☐ North Central Association  
☒ Illinois Community College Board  
☐ Illinois State Board of Education  
☐ Other(Specify)
2. Is the program for which WIOA certification is being sought been recognized as meeting industry approved standards such as Pro Start for food services, A Plus for computers and ASE for auto mechanics?  
No  
**If yes,** identify the standard(s)

## Training Program Basic Information

1. \* Program Name (**For Providers Only,** if you publish a course catalog, this name must match the one used in the catalog)  
Nail Technology
2. Program Description
  - a. \*Please provide a short description of your program. **For Providers Only,** this description must be detailed enough so that your program can be identified with a Classification of Instructional Program (CIP) code. If you know the CIP code of your program, please type it in the space provided. If not, leave the data field for the CIP code blank.  
The Nail Technology program is designed to prepare students for careers as manicurists and pedicurists by becoming licensed Nail Technicians. Students will learn the theory and application of nail technology in a classroom and clinic setting. Students will enhance their learning by working with other students, mannequin hands, and clients in a clinic setting. Upon successful completion, students will have gained the knowledge and skills necessary to pass the Illinois Department of Financial and Professional Regulation licensing exam.
  - b. \* If you know it, what is the 6-digit CIP code?  
120410
  - c. If there is a website that provides more program information, please provide the address.  
www.shawneecc.edu
  - d. \* Training Program Type:  
Vocational
  - d. Registered Apprenticeship Type:
3. Is this a credit hour program?  
Yes  
**If yes,** how many credit hours for program completion?  
16.0  
What is the curriculum code for this program (if one exists)?  
NLT 1128
4. \* How many weeks does it typically take to complete this program?  
16
5. What is the total hours of instruction/classroom/lab time?  
450.0

6. \* Other than employment, what is the primary goal of the program?

- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Certificate of Completion - Apprenticeship
- ☐ Community College Certificate of Completion
- ☒ Employment
- ☒ Industry Recognized Certification
- ☐ License
- ☐ Measurable Skills Gain (Lead to Credential)
- ☐ Measurable Skills Gain (Lead to Employment)
- ☐ Other
- ☐ Secondary School Diploma or GED

**If other,** specify:

If Certification, License, or Registration, what is the name of the certifying, licensing, or registering body?  
NCCT

7. \* **For Providers Only,** please put a check in the box of each O\*Net Occupation code where this training program is offered.

- ☒ 395092 Manicurists and Pedicurists

8. What are the program offerings? (Check all that apply)

- ☐ Full-Time Enrollment
- ☐ Part-Time Enrollment
- ☐ Internships
- ☐ Non-English Instruction
- ☐ Classroom Instruction
- ☐ Labs
- ☐ Weekend Classes
- ☐ Night Classes
- ☒ Day Classes
- ☒ Online/E-Learning Instruction
- ☐ Open Entry/Exit
- ☐ Other(Specify)

**If other,** specify

9. What are the entry level requirements of the program? (Check all that apply and add text to appropriate text boxes)

- ☐ Drug/Alcohol Screening
- ☒ HS Diploma/GED
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ Physical Exam
- ☐ Math(Specify)
- ☐ Reading(Specify)
- ☐ Language(Specify)
- ☐ Writing(Specify)
- ☐ Prerequisites(Specify)
- ☐ Other(Specify)

10. \* What is the total cost of this program? (round to the nearest dollar amount)

Tuition :	\$2,880
Books :	\$370
Fees :	\$1,465
Tests :	
Other Expenses(Materials, Supplies, Tools, Uniforms, etc) :	(Description)
TOTAL COST:	\$4,715

**NOTE:** The costs listed above are for those individuals who live in-district. Costs may be higher for out of district residents.

11. Types of Financial Aid Available (Check all that apply)

- ☒ Pell Grants
- ☒ Illinois Monetary Award Program
- ☐ Federal loans(Stafford, PLUS, etc)
- ☐ Institutional Scholarships
- ☐ Other(Specify)

**If other,** Specify

12. \* What year was the program established?

2019

13. \* Please put a check in the box of each location where this training program is offered.

- ☒ 8364 Shawnee College Rd. Ullin, IL 62992
- ☐ 601 James R. Thompson Blvd. East St. Louis, IL 62201
- ☐ 8364 Shawnee College Road Ullin, IL 62992
- ☐ 412 S. Blanche Mounds, IL 62964
- ☐ 305 23rd Cairo, IL 62914
- ☐ 1150 E. Vienna Anna, IL 62906
- ☐ 2403 Walnut Cairo, IL 62914

- 14.** \* Has the provider given assurance and certifications that their agency fully complied with the nondiscrimination, equal opportunity, and disability provisions of the Workforce Investment Act of 1998? (29 CFR 37.20, 29 CFR 37.42 & 54)  
Yes
- 15.** \* Is the facility and programs accessible to all people with disability? (29 CFR 32.3)  
Yes
- 16.** Please describe the application procedure for this program. **For Providers Only,** include in this description any documents or materials that the customer should bring when applying for this program.  
Same as provided.
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