

FORM 3-03 CAREER TECHNICAL TRAINING CREDENTIAL APPEAL FORM

INSTRUCTIONS FOR COMPLETION

Please submit the appeal to the National Office of Job Corps, CTTCredentialAppeal@dol.gov, and copy the center's regional program manager (PM).

The National Office will review the appeal request and respond to the center's regional PM within 30 days. Approved credentials will be added quarterly to the Center Information System (CIS).

CENTER INFORMATION

| | |
|--------------------------------------|--|
| Region Name: | |
| Center Name: | |
| Center Director: | |
| Center Phone Number: | |
| Primary Contact: | |
| Primary Contact Phone Number: | |

CREDENTIAL INFORMATION

| | |
|--------------------------------|--|
| Industry Title: | |
| Training Program Title: | |
| Credential Title: | |
| Credential Sponsor: | |

CREDENTIAL NARRATIVE

Please utilize this space to explain, where applicable, how the credential meets the criteria. Please refer to Form 3-01 for additional guidance.

| CRITERIA | EXPLANATION |
|---------------------------------------|-------------|
| Standards-Based | |
| Industry-Recognized | |
| Identifiable Sponsoring Entity | |
| Career-Pathway Potential | |
| Program Accreditation | |