



Training Application Form

Instructions:

Thank you for your interest in learning with us at the **National Veterans' Training Institute (NVTI)**! Please follow these instructions to complete this form. If you have any questions about the application, contact Studentservices@nvti.org.

1. Fill out the sections of the form that apply to you and your application needs. Instructions are provided within each section to assist you.
 - a. If you are interested in applying to the **JVSG Roadmap Certificate Program**, complete sections A, B, and D **ONLY**.
2. Send your completed application to Studentservices@nvti.org and copy your supervisor on the email message.
 - a. If you are a DVOP, LVER, or CP, please also copy your state's Director for Veterans' Employment and Training (DVET). You can find your state's DVET by visiting this site: <https://www.dol.gov/agencies/vets/about/regionaloffices>

****Note:** All identifying information must match your official photo ID. If you are a Jobs for Veterans State Grants (JVSG) Grantee or other DOL Grant-Funded Staff providing employment services to veterans, your travel is coordinated and associated costs covered by the NVTI program. Please be sure to check with your state or agency prior to scheduling travel to ensure that you receive the proper approval for travel in advance of submitting your application. All other attendees are responsible for their own travel management and costs incurred.*

Applicant Name: _____ **Date:** ____ / ____ / _____

A. Employment Information

Your Position Type (please select only one box in Section A):

State Employees/Grantees

If you are a **Jobs for Veterans State Grants (JVSG) Grant-Funded Staff**, what is your position?

- Disabled Veterans' Outreach Program (DVOP) Specialist
- Local Veterans' Employment Representative (LVER) Staff
- Consolidated Position (CP) Staff

Tell us the date you started at the above position: ____ / ____ / ____

If you are a **Department of Labor (DOL) Grant-Funded Staff**, select your program below.

- Homeless Veterans' Reintegration Program (HVRP)
- Wagner-Peyser (W/P)
- Workforce Innovation and Opportunity Act (WIOA)
- Other, please specify: _____

If you are a **Department of Labor (DOL) Grant-Funded Staff Manager**, select your program(s) below.

- Jobs for Veterans State Grants (JVSG)
- Homeless Veterans' Reintegration Program (HVRP)
- Wagner-Peyser (W/P)
- Workforce Innovation and Opportunity Act (WIOA)
- Other, please specify: _____

Federal Employees

If you are a **DOL Veterans' Employment and Training Service (VETS) employee**, select your duty location below.

- National Office
- Regional Office
- Field Office

If you are a federal employee but **NOT a DOL VETS employee**, please select the box and enter your department/agency below.

- Federal employee with _____ (insert agency)

(continued on next page)

None-Of-The-Above

If **none of the above categories apply to you**, please provide additional details on why you are interested in taking an NVTI course.

Place of Employment: _____

Additional details: _____

B. Contact Information

Provide the following information:

Employment Information:

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Mobile Number: _____

Work Email: _____

If you require any **special accommodations** to ensure your participation and success in class, note them below. We require **at least a 30-day notice of any special accommodation requests prior to the class start date** to ensure the required accommodations are in place.

C. Training Information

Select one of the following boxes ONLY:

I am a **DVOP, LVER, or Consolidated Position DVOP/LVER** and need to be enrolled in the required core curriculum for my position. To see available class dates, visit the [NVTI Class Schedule](#).

1. **9635:** A Day in the Life of JVSG Staff in an American Job Center (This is a self-paced eLearning that is immediately available upon enrollment.)

2. **9636:** Legal Guidance Affecting Veterans' Employment Services

___ / ___ / _____ (insert first choice class date)

___ / ___ / _____ (insert second choice class date)

3. **9637:** Removing the Employability Gap for Veterans with Significant Barriers to Employment

___ / ___ / _____ (insert first choice class date)

___ / ___ / _____ (insert second choice class date)

4. **9608:** DVOP Specialist Core Competency Development

___ / ___ / _____ (insert first choice class date)

___ / ___ / _____ (insert second choice class date)

and/or

5. **9609:** LVER Core Competency Development

___ / ___ / _____ (insert first choice class date)

___ / ___ / _____ (insert second choice class date)

All other applicants: Add the class(es) you are interested in below. To see available class dates, visit the [NVTI Class Schedule](#).

1. _____ (insert class number and title)

___ / ___ / _____ (insert first choice class date)

___ / ___ / _____ (insert second choice class date)

(continued on next page)

2. _____ (insert class number and title)

____ / ____ / _____ (insert first choice class date)

____ / ____ / _____ (insert second choice class date)

Note: Once your application is received and processed, you will receive an email for each class in which you have been enrolled; it will include class dates and start/end times. If you need to cancel or reschedule your registration, please contact NVTI Student Services and include your supervisor to coordinate.

D. JVSG Career Roadmap Certificate Program

Provide the following information if you are JVSG Grantee Staff and interested in enrolling in the JVSG Career Roadmap Certificate Program. To learn more about the program visit our [Training Plans](#) page.

*Note: The JVSG Career Roadmap Certificate Program is open to JVSG Grantee Staff **ONLY** at this time.*

Which **Track** are you interested in pursuing*?

- NVTI Professional
- NVTI Professional Career Developer
- NVTI Professional Thought Leader

Questions? Contact us at: Email: studentservices@nvti.org Phone: 844.423.8872 extension 2

Revised: November 22, 2022