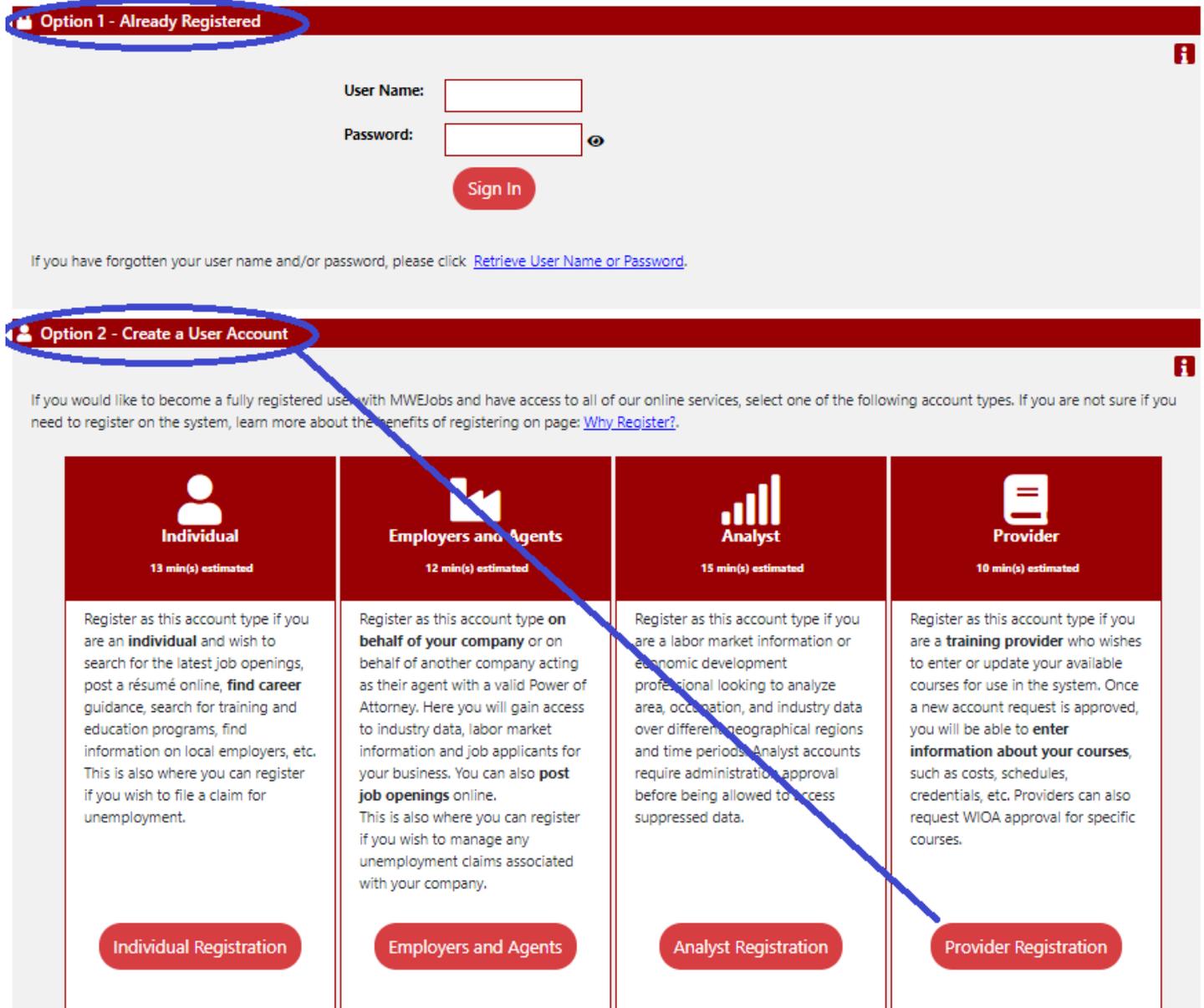


Note: If you have any questions regarding these ETPL processes, contact david.jorgenson1@maryland.gov

- 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](#) ”



Option 1 - Already Registered

User Name:

Password: 

[Sign In](#)

If you have forgotten your user name and/or password, please click: [Retrieve User Name or Password](#).

Option 2 - Create a User Account

If you would like to become a fully registered user with MWEJobs and have access to all of our online services, select one of the following account types. If you are not sure if you need to register on the system, learn more about the benefits of registering on page: [Why Register?](#).

 Individual 13 min(s) estimated	 Employers and Agents 12 min(s) estimated	 Analyst 15 min(s) estimated	 Provider 10 min(s) estimated
Register as this account type if you are an individual and wish to search for the latest job openings, post a résumé online, find career guidance, search for training and education programs, find information on local employers, etc. This is also where you can register if you wish to file a claim for unemployment.	Register as this account type on behalf of your company or on behalf of another company acting as their agent with a valid Power of Attorney. Here you will gain access to industry data, labor market information and job applicants for your business. You can also post job openings online. This is also where you can register if you wish to manage any unemployment claims associated with your company.	Register as this account type if you are a labor market information or economic development professional looking to analyze area, occupation, and industry data over different geographical regions and time periods. Analyst accounts require administrative approval before being allowed to access suppressed data.	Register as this account type if you are a training provider who wishes to enter or update your available courses for use in the system. Once a new account request is approved, you will be able to enter information about your courses , such as costs, schedules, credentials, etc. Providers can also request WIOA approval for specific courses.
Individual Registration	Employers and Agents	Analyst Registration	Provider Registration

- 4) Enter F/EIN then click “ Find ”

Your Organization

First we need to see if your organization is already in our system. Please enter the Federal Employer Identification Number (EIN) of your organization and click the Find button:

* EIN: (12-3456789 or 123456789)

[Find](#)

[Cancel](#)

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

Matching Organizations

The following provider(s) match the EIN you entered. Click Select next to your organization (or Change EIN to re-enter your EIN).

EIN: 52-0908863

Provider	Primary Address	Select
Name of School		Select

- 5) A) 1) Click on “ Go to My Dashboard ”

Information Home Accessibility My Dashboard Register/Sign in Services for Individuals Services for Employers Labor Market Analysis

 **Provider User Registration**

 For help click the information icon

Welcome

Thank you for registering. Your access request will be reviewed and you will be contacted once your information has been verified. Once your access is approved you will be able to add and maintain your institution's programs. If you have any questions, please contact:

WIOA Training Program Manager David Jorgenson david.jorgenson1@maryland.gov

[Go to My Dashboard](#)

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



Provider User Registration

Organization Information

Name:

EIN:

Institution Type:

Institution Ownership: Not Available

URL:

Enter Your Information

*Title:

*First Name:

*Last Name:

*Address 1:

Address 2:

*Zip Code:

*City:

*State:

*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 : 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: Select the best way for us to contact you.

Save

Cancel

[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:

* 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 : 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: 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:

URL:

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

Type of Business:

*Type of Entity:

*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:

*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:

*Mailing Attention:

5) B) 3) Complete and click on “ Save ”

Additional Provider Information

Institution Name: fake

WIOA Provider: Yes No

* Institution Type:

* Institution Ownership:

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:

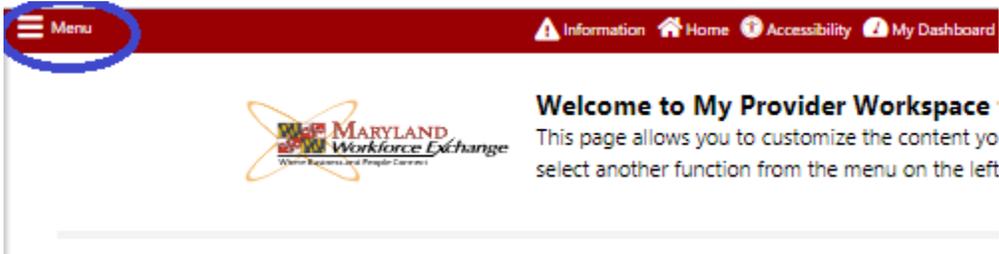
* Is this a Community College? Yes No

* Accreditation / Approval Yes No

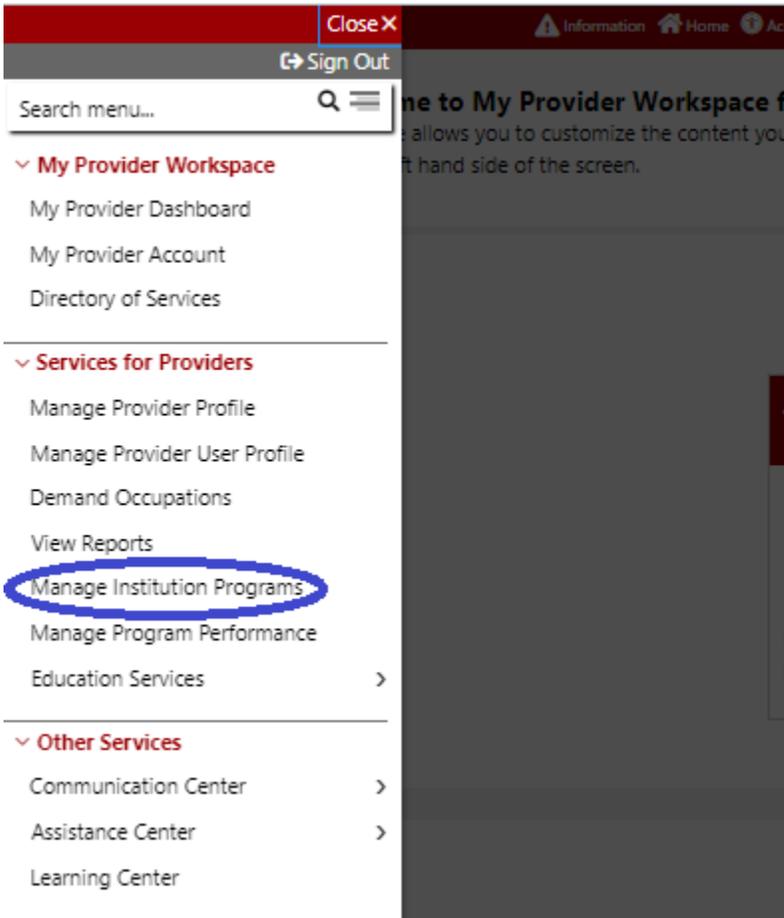
Eligible Provider of Youth Workforce Investment Activities: Yes No

5) B) 4) Click on “ Return to 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 ”

Menu Information Home Accessibility My Dashboard Sign Out Services for Individuals Services for Employers Labor Market Analysis

MARYLAND Workforce Exchange

Use this folder to manage the Provider's program and service information.

Pin to Dashboard

fake

Show Filter Options

Education and Training Programs

No education or training programs were found for this provider.

Add Education or Training Program

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

Unemployment Insurance Questions call: 667-207-6520 or http://labor.maryland.gov/UIHelp

MWE Questions email: DLDWDWEHELP_DLLR@maryland.gov

Menu Information Home Accessibility My Dashboard Sign Out Services for Individuals Services for Employers Labor Market Analysis Quick Job Search

Currently managing: CCOME Training Service

MARYLAND Workforce Exchange

Currently Managing School Name Use this folder to manage the Provider's program and service information.

[Staff Services]

Provider Profile Provider Programs Provider Activities

- Program Services
- Support Services
- Education and Training Programs
- Program Performance

Program Services Support Services **Education and Training Programs** Program Performance

Pin to Dashboard

School Name

Show Filter Options

Education and Training Programs

Program Name	Program Description	Changes Submitted	Active	Review Status	Action
Training Program Title (576 clock hours) PS - Approved Provider Training - ITA View	Description of training.			...	Edit Copy Deactivate

Page 1 Of 1 Rows 10

Add Education or Training Program

Return to My Dashboard

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

Unemployment Insurance Questions call: 667-207-6520 or <http://labor.maryland.gov/UIHelp>

MWE Questions email: DLDWDWEHELP_DLLR@maryland.gov

Menu Information Home Accessibility My Dashboard Sign Out Services for Individuals Services for Employers Labor Market Analysis Quick Job Search

Currently managing: CCME Training Service

 **Currently Managing School Name**
Use this folder to manage the Provider's program and service information.

[[Staff Services](#)]

[Provider Profile](#) [Provider Programs](#) [Provider Activities](#)

- [Program Services](#)
- [Support Services](#)
- [Education and Training Programs](#)
- [Program Performance](#)

 For help click the information icon.

[Pin to Dashboard](#)

School Name
[Show Filter Options](#)

Education and Training Programs

Program Name	Program Description	Changes Submitted	Active	Review Status	Action
Training Program Title (576 clock hours) PS - Approved Provider Training - ITA View	Description of training.				Edit Copy Deactivate

Page 1 Of 1 Rows 10

[Add Education or Training Program](#)

[Return to My Dashboard](#)

9) Initial ETPL Program Application



Education Program Information

Provider: fake

Program:

Program ID:

CIP Code: N/A

* Indicates required fields.

General Information

*Status:

Active Inactive

Purpose for adding program:

- Submit for ETPL Approval and accept participants
 Accept participants without submitting for ETPL Approval
 To be determined or display to the public only

Education Program Type:

Not Applicable

*This program is an Apprenticeship:

Yes No

*CIP Code:

None Selected

[Search for CIP Code]

*Education Program Name:

Education Program Description:

*This program of study or training services has the following potential outcome(s) (please select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> An industry-recognized certificate or certification | <input type="checkbox"/> A community college certificate of completion |
| <input type="checkbox"/> A certificate of completion of an apprenticeship | <input type="checkbox"/> A secondary school diploma or its equivalent |
| <input type="checkbox"/> A license recognized by the State involved or the Federal Government | <input type="checkbox"/> Employment |
| <input type="checkbox"/> An associate degree | <input type="checkbox"/> A measurable skills gain leading to a credential |
| <input type="checkbox"/> A baccalaureate degree | <input type="checkbox"/> A measurable skills gain leading to employment |

This program leads to a credential or degree

Yes No

Name of Associated Credential:

*Completion Level:

None Selected

*Attain Credential:

None Selected

Other, Specify:

Certification / License Title:

Certification / License Type:

None Selected

Green Job Training:

Yes No

[What is a green job?](#)

*Is this education program in a partnership with business?

Yes No

Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):

LWDB Submitted:

None Selected

[Exit Wizard](#)

Next >>