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

1) Go to: <u>https://mwejobs.maryland.gov</u>

2)

Click on:

Sign In / Register

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 "

	User Name:		
	Password:		
	Sign In		
have forgotten your user name and/or	password, please click <u>Retrieve User Name</u>	or Password.	
ion 2 - Create a User Account			
would like to become a fully registered	user with MWEJobs and have access to all o	of our online services, select one of the follo	wing account types. If you are not sure
would like to become a fully registered to register on the system, learn more ab	user with MWEJobs and have access to all o pout the genefits of registering on page: <u>Wh</u>	of our online services, select one of the follo <u>y Register?</u> .	wing account types. If you are not sure
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would like to become a fully registered to register on the system, learn more ab Individual 13 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	use with MWEJobs and have access to all o pout the genefits of registering on page: Whe Employers and Agents 12 min(s) estimated Register as this account type on behalf of your company or on behalf of another company or on behalf of another company acting as their agent with a valid Power of Attorney. Here you will gain access to inductor data Jabor market	of our online services, select one of the follo <u>y Register?</u> . 15 min(s) estimated Register as this account type if you are a labor market information or expromic development profescional looking to analyze area, occupation, and industry data ouer different opportunity profescioner	wing account types. If you are not sure Provider 10 min(s) estimated Register as this account type if you are a training provider who wishe to enter or update your available courses for use in the system. Onco a new account request is approved you will be able to enter
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4) Enter F/EIN then click "Find "

Individual Registration

if you wish to file a claim for

unemployment.

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)

iob openings online.

with your company.

if you wish to manage any

This is also where you can register

unemployment claims associated

Employers and Agents



before being allowed to

Analyst Registration

suppressed data.

ccess

credentials, etc. Providers can also

request WIOA approval for specific

Provider Registration

courses.

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 "



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

Go to My Dashboard

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



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:	Maryland 👻
*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

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 "



★ indicates required fields.

Provider Information	
*Status:	Active O Inactive
FEID/SSN:	88888889
*Provider Name 1:	
Provider Name 2:	
*Address 1:	
Address 2:	
*Zip:	
*City:	Note: By entering the Zip Code first, the system will automatically populate the City and State fields.
*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:	O Yes O No
Registered Apprenticeship Provider:	O Yes 💿 No
Approved Apprenticeship:	O 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 Add	Iress Provider's Billing Address		
*Mailing Address 1:			
Mailing Address 2:			
*Mailing Zip:			
*Mailing City:		<u>!</u>	
*Mailing State:	Maryland 👻		
*Mailing Attention:]	
			Save Cancel

Page **5** of **10**

Additional Provider Information

Institution Name:	fake
WIOA Provider:	O Yes O No
*Institution Type:	None Selected 🗸
*Institution Ownership:	None Selected 👻
Years in Business:	
*Disabled Access:	O Yes O No
*ADA Compliant:	O Yes O 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	O Yes O No
Eligible Provider of Youth Workforce Investment Activities:	O Yes O No
	Save Cance

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 "

	Close ×	🛕 Information 🔺 Home 🔞 Act
C 🗘	sign Out	
Search menu	۹≡	ne to My Provider Workspace f
~ My Provider Workspace		t hand side of the screen.
My Provider Dashboard		
My Provider Account		
Directory of Services		
~ Services for Providers		_
Manage Provider Profile		
Manage Provider User Profile		
Demand Occupations		
View Reports		
Manage Institution Programs	>	
Manage Program Performance	2	
Education Services	>	Ĩ
~ Other Services		
Communication Center	>	
Assistance Center	>	
Learning Center		

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
Num Basening of Page	Use this folder to manage the Provider's program and service information.
Fin to Dashboard	
B Show Filter Options	ning 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: 667-2	07-6520 or http://labor.maryland.gov/UlHelp	
	MWE Questions email: DLDWD	WEHELP_DLLR@maryland.gov	
≡ Menu	🛦 Information 🐐 Home 😗 Accessibility 🙆 My Dashboard 🕞 Sign Out	🛓 Services for Individuels 🛛 🏭 Services for Employers 🔛 Labor Market Analy	is Quick Job Search 🔎
	Currently managing:	CCME Training Service	
MARVIAND Hinkarco Sathango	Currently Managing <u>School Name</u> Use this folder to manage the Provider's prog	gram and service information.	
	[Staff S	ervices]	
	Provider Profile Provider Profile Provider Profile Provider Profile Provider Provider Profile Pro	vider Programs III III Provider Activities and Services art Services titen and Training Programs ant Performance	
Program Services	Support Services	Education and Training Programs	Program Performance
# Pin to Dashboard School Name # Show Filter Options			For help click the information icon.

Education and Training Programs

Program N	lame	Program Description	Changes Submitted	Active	Review Status	Action
Training Program Title PS - Approved Provider Training	(576 clock hours) g - ITA	Description of training.		0		Edit LOOV Deactivate
		H 4 Page 1 - Of 1 > H 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: 667-2	207-6520 or http://labor.maryland.gov/UIHelp	*
	MWE Questions email: DLDW	DWEHELP_DLLR@maryland.gov	
≡ Menu 🛛	Information 🐐 Home 🌐 Accessibility 🙆 My Dashboard 🔂 Sign Out	🛓 Services for Incividuals 🏨 Services for Employers 🔝 Labor Market Analysi	is Quick Job Search 🔎
	Currently managing:	CCME Training Service	
MARYLAND Wenkharee Lichange	Currently Managing <u>School Name</u> Use this folder to manage the Provider's pro	gram and service information.	
	[<u>Staff</u>	Services]	
	E Provider Profile E Pro Prov Surr Biblio Com	wider Programs III III Provider Activities	
Program Services	Support Services	Education and Training Programs	Program Performance
Fin to Dashboard School Name			For help click the information icon.

H Show Filter Options

Education and Training Programs

Program N	lame	Program Description	Changes Submitted	Active	Review Status	Action
Training Program Title PS - Approved Provider Training	(576 clock hours) g - ITA	Description of training.		0		Edit Conv Deactivate
		H 4 Page 1 ▼ Of 1 ► H Rows 10 ▼				
		Add Education or Training Program				
		Return to My Dashboard				

9) Initial ETPL Program Application

Product: fals Program: Program Do: CP Code: N Statu: Active () Instruction Statu: Active () Instruction Statu: Active () Instruction Statu: Active () Instruction Statu: Active () Instruction Active () Instruction () Instruction Active () Instruction () Instruc	Education Program Info	rmation	
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Indicators required fields. General Information *statu: • Active © Institue Puppee for adding program: • Submit for UPL Approval and accept participants. • To be determined or display to the public only Education Program Type: • None Selected *To be determined or display to the public only Education Program Type: • None Selected * CP Code: • None Selected * Code code of tables * duration Program Description: • A confloating of tables • Confliction / License Title: • Confliction / License Title:	Provider: Take		CIP Code: N
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