TechCred Application Questions

Information Required for Application

Applicants will be required to submit the following information:

Compa	any Information
	State of Ohio Supplier ID
	Federal Tax ID
	Company Name
	Ohio Charter Number
	Address
	Company's Industry
	Number of Full-Time Employees in Ohio
	Company Website Link
	Company Point of Contact and Contact Information
Traine	e Information:
	Name (first and last)
	Email
	Last 4 Digits of Social Security Number
	Confirm trainee is an Ohio resident
	Trainee is a full-time or part-time employee
	Date of Birth
	County of Residence
	Current Position
	Expected Position After Credential Earned
	Current Hourly Wage (optional)
	Expected Wage After Credential is Earned (optional)
	Race (optional)
	Gender (optional)
Trainin	g Information:
	Name of Training Provider
	Type of Training Provider
	Credential Selected (from approved list)
	3 rd Party Certification Name (if applicable)
	3rd Party Certification Provider (if applicable)
	Certification Cost (if applicable)
	Total Actual Cost of Credential (may include tuition, lab fees, manuals, textbooks, and
cer	tification costs)
	Reimbursement Amount Requested
Submit	tting a Credential Not Listed:
	Name of Credential
	Link to Credential Website
	Briefly describe the reasons this credential should be added to the list of eligible
cre	dentials
	Briefly describe how the credential was verified to ensure quality
	List the top 3 competencies and skills indicated by earning this credential



