

## EDvera TWC ETP Annual Student Data Report Submission Guide

1 Navigate to <u>TWC-ETI</u>	<u>25</u>		
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**3** Access the Dashboard and select the Documents tab.

TWC-ETPS Dashboard Documents Approvals	
Testing Nursing School	
Dashboard	
Provider Information	Campus Information
Campus ID	Campus Name
Provider ID (TWC) 11182	Address 117 East 12th street Austin, TX 78653
Provider Name	County
Testing Nursing School Provider Website	Accessible to Public Transit Yes
Institution Type Public	Onsite Childcare Yes
Regulatory Body CSC	Campus Phone 5129999699
Regulatory ID	Campus Phone Ext
Description of Provider	Campus Email kawasaii.smith@twc.texas.
Nurse Aide	WDA and Board Inform
	Board (WDA)
	Board URL
	Financial Aid Contact



## **5** Select the "Annual Reporting" document.

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	Switch Institutions v						
In Prog	gress Document Archive						
<i>ħ~</i>	± v + Start, Document v						
≑ Status	Annual Reporting Initial Program Student Data Report						
<b>your search criteria.</b> te a new search	Initial Training Provider Application Program Details Form Program Update Form Provider Update Document						
	No entries found						
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Confirm that the provider's name is correct and click "Continue."

6



**7** Review the complete WIOA Acknowledgement.

TWC-ETPS Dashboard Documents Approvals
Testing Nursing School
Annual Reporting
Submission Review Comments O Status Unsubmitted History   1. WIDA Acknowledgement 2. Student Details   Provider Name   Testing Nursing School   Provider ID   11182   Campus Name
Campus ID
22104
Workforce Innovation & Opportunity Act (WIOA) Acknowledgement
The applicant acknowledges that certification as an eligible training provider is subject to, and require eligibility requirements.

8

After thoroughly reviewing the WIOA Acknowledgement, please indicate your agreement by clicking the "I agree" option.

TWC-ETPS Cashooard Cocuments Approvans	Kawasairrest V
Testing Nursing School	Switch Institutions ~
WIOA Section 188(a)(3): WIOA title I funds may not be spent on the employment or training of participants in sectarian activities.	
Further, the undersigned applicant certifies that it shall comply with the requirements of the U.S. Department of Health and Human Servi	ices set forth in 45 CFR Chapters 80 and 84.
Education Standards and Procedures: The undersigned applicant certifies that it shall comply with the provision outlined in WIOA Sectio the following conditions are applicable to all programs under this title:Standards and procedures with respect to awarding academic or under such chapter shall be consistent with the requirements of applicable State and local law, including regulation.	n 194(9)(B) Except as otherwise provided in this title [WIOA title I], credit and certifying educational attainment in programs conducted
Compliance with State Law: The applicant certifies that it shall comply with applicable State law, including legislation related to the licen: including but not limited to Texas Education Code Chapter 132, related to Career Schools and Colleges.	sure or regulation of providers of education and training services,
Reporting Requirements: The undersigned applicant certifies that it shall comply with the provisions of WIOA Sec. 122, and the reporting Commission.	and procedural requirements issued by the Texas Workforce
Where the prospective recipient of federal assistance funds is unable to certify any of the statements in this certification, such prospect	ive recipient shall attach an explanation to this certification.
The undersigned authorized representative of the applicant herein certifies that the statements above pertaining to WIOA Requirements Lobbying; Nondiscrimination; Education Standards and Procedures; Compliance with State Law; and Reporting Requirements are true an representative acknowledges that this information applies to any and all applications for initial and continued eligibility submitted.	Related to Debarment and Suspension, Drug-Free Workplace and nd correct as of the date of submission. The authorized
In addition, the authorized representative acknowledges that the Boards are statutorily charged with the function of oversight responsible programs of services through the system, and ensuring that such programs meet the needs of local employers and training participants quality and integrity of training services by providers, and the provider's compliance with all assurances herein. Violations of any terms	lilities including ensuring continuous improvement of eligible . In this capacity, the Boards have oversight authority over the of this agreement may lead to further action.
Submission of this document authorizes the Agency to accept and use all information submitted to the Agency by the applicant through representative acknowledges that any information submitted will be attributed to the applicant and the applicant will be responsible and participants in reliance on that information.	the Eligible Training Provider System. Further, the authorized liable for any action taken by the Agency, Board(s) or training
I understand.	
Save and Exit Save Save and Proceed to Next Section	
Back to too	POWERED BY
	/

**9** Once you have clicked "I Agree", select the "Save and Proceed to Next Selection" option to confirm the program details.

Reporting Requirements: The undersigned applicant certifies that it shall comply with the provisions of WIOA Sec. 122, and the reporting Commission.

Where the prospective recipient of federal assistance funds is unable to certify any of the statements in this certification, such prospecti

The undersigned authorized representative of the applicant herein certifies that the statements above pertaining to WIOA Requirements Lobbying; Nondiscrimination; Education Standards and Procedures; Compliance with State Law; and Reporting Requirements are true ar representative acknowledges that this information applies to any and all applications for initial and continued eligibility submitted.

In addition, the authorized representative acknowledges that the Boards are statutorily charged with the function of oversight responsibility programs of services through the system, and ensuring that such programs meet the needs of local employers and training participants. quality and integrity of training services by providers, and the provider's compliance with all assurances herein. Violations of any terms c

Submission of this document authorizes the Agency to accept and use all information submitted to the Agency by the applicant through representative acknowledges that any information submitted will be attributed to the applicant and the applicant will be responsible and participants in reliance on that information.

I understand.				
I agree				
Save and Exit	Save	Save and Proceed to Next Section		
Back to top				
Session expires at	: 10:48 AN	1		

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On the 'Student Details' tab, verify the program information. Specifically, note the Program Name, Provider, Campus, and Program ID, as you will need this information later.

Testing Nursing School	Switch Institutions ~
Document submission saved.	٥
Annual Reporting	🕀 Print
Submission Review Comments O Status Unsubmitted History	
1. WIOA Acknowledgement 2. Student Details	
Provider Name	
Testing Nursing School	
Provider ID	
11182	
Campus Name	
Campus ID	
22104	
Data is required for all students who were served in eligible programs from July 1, 2023 to June 30, 2025.	
Instructions: You are reporting details for all students who were served by your eligible programs from 7/1/23 to 6/30/25.	
You will find a section below for each of your approved programs. Please download the Student Details template and fill it out with your student details. Yo Details template for each of your approved programs and upload them in the respective program section(s) below.	ou are required to fill out a separate Student
Deservent ID (THIO): 49/607	
Use the Annual Student Data Report Template to enter the student details for the program listed above only.	
▲ Drop file(s) here or browse	
Save and Exit Save Submit	
Back to top Session expires at: 11:59 AM	
	EDverd

11 Click "Annual Student Data Report Template" to download a copy of the file.

Provider ID
11182
Campus Name
Campus ID
22104
Data is required for all students who were served in eligible programs from July 1, 2023 to June 30, 2025.
Instructions: You are reporting details for all students who were served by your eligible programs from 7/1/23 to 6/30/25.
You will find a section below for each of your approved programs. Please download the Student Details template and fill it out with yo Details template for each of your approved programs and upload them in the respective program section(s) below.
Program ID (TWC): 124567 Program Name: Nurse Aide
Use the Annual Student Data Report Template to enter the student details for the program listed above only.
Drop file(s) here or browse
Save and Exit Save Submit
Back to top
Session expires at: 12:04 PM

## **12** To avoid losing your work, click 'Save As' before entering student details. You can name the file after the program you're working on.

€ Close	Info	>> Search for						
Info Save As	Protect Workbook Always open read-only to prevent accidental changes by asking readers to opt-in to editing.	Wrap						
Print Share Export Options About	Reset Changes Pane Clear the history of changes displayed in the Changes pane.	J     K     L     M     N     R     S       First Attendancia Date     Program Etho Date     Exit Typ     Credential Received Name     Date     Credential credential Issued     Date						

Begin entering program and student data. For each entry, use the Provider ID, Campus ID, Program ID, and Program Name you recorded on the previous page. Enter these values into columns B, C, D, and E, respectively. If you don't have the ETP Program/ID Code for column "F", reach out to your board contact or the help desk and we will provide that number for to you. (etp.helpdesk@twc.texas.gov)

	Annual	Student Da	ta Report Tem	plate (4.30.25) - View	-only ~									
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14 Once all student details have been entered, save your excel file and upload it using the link attached to each respective program. You must do this for each program you are reporting for.

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1182	
impus Name	
impus ID	
22104	
ata is required for all students who were served in eligible programs from	July 1, 2023 to June 30, 2025.
structions: You are reporting details for all students who were served by your eligibl	e programs from 7/1/23 to 6/30/25.
ou will find a section below for each of your approved programs. Please download the stails template for each of your approved programs and upload them in the respective section of your approved programs and upload them in the respective section.	e Student Details template and fill it out with your student details. You are required to fill out a separa re program section(s) below.
ogram ID (TWC): 124567	Program Name: Nurse Aide
se the Annual Student Data Report Template to enter the student details for the progr	ram listed above only.
	2 Drop file(s) here or browse
SDR_Nurse Aide.xlsx Created 06/27/2025 11:52AM	
Save and Exit Save Submit	
ack to top ssion expires at: 12:04 PM	E

**15** Once all program data has been entered and the file has been uploaded to EDvera, click the "Submit" button.

Provider ID	
11182	
Campus Name	
Campus ID	
22104	
Data is required for all students who were served in eligible programs from	July 1, 2023 to June 30, 2025.
Instructions: You are reporting details for all students who were served by your eligib	ble programs from 7/1/23 to 6/30/25.
You will find a section below for each of your approved programs. Please download the Details template for each of your approved programs and upload them in the respection of the section	he Student Details template and fill it of ve program section(s) below.
Program ID (TWC): 124567	Program Name: N
Use the Annual Student Data Report Template to enter the student details for the prog	gram listed above only.
	Drop file(s) here or browse
😳 🗋 😉 SDR_Nurse Aide.xlsx Created 06/27/2025 11:52AM 📋	
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Back to top Session expires at: 12:04 PM	
	Provider ID  11182  Campus Name  Campus Name  22104  Data is required for all students who were served in eligible programs from Instructions: You are reporting details for all students who were served by your eligit You will find a section below for each of your approved programs. Please download ti Details template for each of your approved programs and upload them in the respectiv Program ID (TWC): 124567 Use the Annual Student Data Report Template to enter the student details for the program Save and Exit Save Submit Back to top Session expires at: 12:04 PM

16 After you have submitted the report, you will get a confirmation at the top of the page letting you know that the "Document has been submitted."

TWC-ETPS Dashboard Documents Approvals
Testing Nursing School
Document has been submitted.
Annual Reporting
Submission Review Comments 0 Status Pending Review History
1. WIOA Acknowledgement 2. Student Details
Provider Name
Testing Nursing School
Provider ID
11182
Campus Name
Workforce Innovation & Opportunity Act (WIOA) Acknowledgement

**17** To verify that your report has been submitted, click "Documents".

TWC-ETPS Dashboard Documents Approvals
Testing Nursing School
Annual Reporting
Submission Review Comments 0 Status Pending Review History
1. WIOA Acknowledgement 2. Student Details
Provider Name
Testing Nursing School
Provider ID
11182
Campus Name
Campus ID
22104
Data is required for all students who were served in eligible programs from July 1, 2023 to June 30, 2025.
Instructions: You are reporting details for all students who were served by your eligible programs from 7/1/23 to 6/30/25.
You will find a section below for each of your approved programs. Please download the Student Details template and fill it out v Details template for each of your approved programs and uplead them in the respective program section(s) below

<b>TO</b> The Annual Report submission should show a status of Pending Rev
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	KawasaliTest ~
	Switch Institutions ~
	In Progress Document Archive
	∳  ↓     ★  ↓     Start Document  ↓
	⇒ Status
hool (2025-06-27)	Pending Review
	Displaying 1 document/submission/blank request
	EDvera