ADP Provider Application Manual November 2023



November 2023







Department of Education & Workforce

Table of Contents

| Guidance | 3 |
|--|------|
| Adult Diploma Program | 3 |
| Provider Eligibility | 3 |
| Completing the Application: Step-by-Step | 4 |
| Contact Information | . 14 |



Guidance

- Providers shall develop an individual Student Success Plan with each adult learner.
- Adult learners are required to successfully complete a Student Success Plan to earn a high school diploma.
- Providers are required to give career counseling to adult learners.
- A high school diploma is awarded to an adult learner who satisfies the required WorkKeys scores, satisfactorily passes the career training program and earns the in-demand industry credential(s) for the program.

Adult Diploma Program

Adults must meet the following criteria to participate in the Adult Diploma Program:

- Be at least 18 years of age;
- Have not received a valid high school diploma or equivalent; and
- Be an Ohio resident.

Provider Eligibility

The following institutions are eligible to be providers:

- A community college established under Chapter 3354 of the Revised Code;
- A technical college established under Chapter 3357 of the Revised Code;
- A state community college established under Chapter 3358 of the Revised Code;
- An Ohio technical center recognized by the chancellor that provides post-secondary workforce education.

The guidance information included in this manual provides a step-by-step process for completing an Adult Diploma Program Provider Application.



Completing the Application: Step-by-Step

1. Log-in to your OH | ID Account

Sign-in to your OH | ID account via the login page

⊖OH|ID

| | Please login to access the Ohio ID Portal using your OH ID Account. Please click the link below to create your OH ID Account in a few simple steps. Create New Account > | Password Log In |
|--|--|---|
| Attention: As of May 13, 2 integrated with OH ID. Ple applications formerly acce | 019, the Department of Education has been ease create an OH ID account to access ssed through the SAFE portal. Thank you! | Forgot username/password? Need Help? |

You should be taken to a page of your applications. They now appear as tiles:

My Apps



If you do NOT have the Adult Learner tile as shown above, follow step 2 on the next page. Otherwise, proceed to step 3.



2. Request Access to Adult Learner/Scholarship/CCIP

- a) Your OEDS Administrator must assign you the ADP Nominator role.
- b) Click the following tile:



- c) Application Request
 - A. Enter information in the four text boxes: Name, Email, Phone and Extension
 - B. Application: Select Adult Learner
 - *C.* Membership Requested: Select *HSD Provider Applicant.* Providers **never** select Adult Learner for the Membership Requested.
 - D. Reason: Include your school name, job title, and the reason for requesting access to the Adult Learner Provider Application.
 - E. Once entered, click Submit.

| SAFE A | Applics | ation Request | | | | | | |
|-----------|---------|---|---|---|----------------------------|--------------|------------------------|--------|
| 0, | (ppno) | | | | | | | |
| CONTAC | CT INF | ORMATION | *Change c | ontact information | n if needed for request pu | rposes only* | | |
| Name: | | 1 | | | | *Email: | | |
| Phone: | | | | | | Extension: | | |
| REQUES | ST INF | ORMATION | | | | | | |
| *Applicat | tion: | Adult Learner | r | | *Membership Reque | sted: | HSD Provider Applicant | : |
| | | | | | | | | |
| | | In the reason to whether you are you are a prov and institution. | box below, re a studen ider, indica | please indicate t or a provider. It te your job title | f Current Membership | : | | |
| *Reason | | | | | | | | 11 |
| *Require | ed | | | | | | | Submit |

d) Application Roles

Employees of public schools who are authorized to access the Adult Diploma Program must have the *ADP Nominator* OEDS role. The ADP Nominator completes and submits the Provider Application.

This role is assigned by the school's OEDS program administrator.



BEGIN HERE (Step 3) if you already have access to the Adult Learner Web System.

3. Access the Adult Learner Web System

Once access is granted to the Adult Diploma Program Application, eligible organizations may apply by clicking on the Adult Learner web system. In the top left of the screen, click *Select Program*. Select *Adult Diploma Program*.

| Department | Welcome : <mark>Bo</mark> | | | |
|-------------------|---------------------------|---------------------------------------|---|-------------|
| of Education | 065201 - Ohio Cent | Select Program | × | elcome : |
| | Adult Das | | |)1 - Ohio C |
| | 0 | Ohio Central School System (065201) | | Adult D |
| ANNOUNCEMENTS | 0 | 22+ Adult High School Diploma Program | | |
| | | Adult Diploma Program | | • |
| | | | | |

4. To Begin a Provider Application

- a) If you are associated with more than one organization, you will select your organization from a drop-down menu. Select *Adult Diploma Program*. Click *Continue*. The *Provider Search Page* should appear.
- b) If you are associated with one organization, you will see the *Provider Search Page*.
- c) **NEW Providers:** Select *New Provider Application under the Provider Tab.*

| Chio Department of Education | D LOGOUT |
|--|--|
| DASHBOARD | |
| Module: Provider Program Selected: Adult Diploma Program | » Search Provider » New Provider Application » Renew Provider Application » Task Management |

Provider Search Page



d) CURRENT Providers: Select Renew Provider Application under the Provider Tab.

| | » Search Provider | _ |
|---------------------------------------|---|---|
| Nodule: Provider Program Selected: | New Provider Application Renew Provider Application | |
| Adult Diploma Program | » Task Management | |

By checking this box I have read and agree to the terms and conditions outlined in the New Provider Affidavit link. The Provider Affidavit includes attestations of compliance with program rules. Please review it carefully and verify that you are compliant in all areas before attempting to register as a provider.

e) Click to read the terms and conditions of the *ADP Provider Affidavit*. Please review carefully and verify that you are compliant in all areas. Check the box to confirm that you read and agree to the terms and conditions.

| | DASHBOARD | PROVIDER - | STUDENT - | FINANCE - | CONTACTS - | |
|--|------------------------------|----------------|----------------------------|------------------|--|-------------|
| Module: Provider | | | | | | ^ |
| Program Selected: | | | | | | |
| Adult Diploma Program | ¢ | | | | | |
| New Provider Application | | | | | • | |
| Click here to read terms and cond By checking this box I have rea | itions: ADP d and agree t | Provider A | Affidavit and condition | ons outline | ed in the New Provider Affidavit link. | |
| The Product Midavit includes attestations o register as a provider. | compliance with | program rules. | Please review | it carefully and | verify that you are compliant in all areas before at | tempting to |

f) New providers select the correct organization and click START APPLICATION, which expands the box. Complete the TaxId box, confirm the Application Period is set to Adult Diploma FY 2024, and click Submit.





g) Providers renewing their applications click START RENEWAL, which expands the box. Confirm the Application Period is set to Adult Diploma FY 2024 and click *Renew Application*.

Renew Provider Application

I By checking this box I have read and agree to the terms and conditions outlined in the New Provider Affidavit link.

The Provider Affidavit includes attestations of compliance with program rules. Please review it carefully and verify that you are compliant in all areas before attempting to register as a provider.

1. All Service Providers are listed in The Ohio Educational Directory System (OEDS). If your organization is already listed in OEDS and you have the proper associated role you will see your organization in the dropdown list below. Select your organization and click on START APPLICATION. After your data appears, click SUBMIT.

2. If you are a school or past provider and your organization does not appear in the dropdown please check with your OEDS administrator to assure you have the correct role.

3. If your organization is new and is not currently listed in OEDS, begin by selecting Create a New Org / Provider from the drop down list and click on START APPLICATION. Then, fill out the general information on the screen below and press SUBMIT. You will be issued an IRN (Information Retrieval Number - which is used as a unique identifier for your organization) upon application approval.

Selected Organization: 065201 - Ohio Central School System

Organization Information

| Name: Ohio Central School System | TaxId: |
|----------------------------------|-------------------|
| Irn: 065201 | Designate |
| Phone: | Fax: (|
| Email: Refresh@Fakemail.com | Web URL: N/A |
| Application Period: | Renew Application |



6. General Information Tab

a) The information on this tab is pulled from OEDS. If something is incorrect, notify your OEDS Administrator.



b) Go to the box titled *Provider/Program Status Info* on the bottom right. Confirm the Application Type is accurate. If it is incorrect, click the *Edit* icon, select the appropriate application type from the drop-down menu, and click the save icon.

| FIOVILIEI/FIOGIAIII SLALUS IIIIO | Pro | ovi | der/ | Program | Status | Info |
|----------------------------------|-----|-----|------|---------|---------------|------|
|----------------------------------|-----|-----|------|---------|---------------|------|

Servicing: Adult Diploma Program

Current Status: Started

Application Type: Renewal Applications

Application Period: Adult Diploma FY 2022

7. Personnel Tab

Click on *ADD* or *REMOVE* to modify the staff members who have access to the Adult Diploma Program.

| 065201 - Ohio Central School System | | | Nool System Period: Adult Diploma FY Status: Started | | | Type: Renewal Applications | |
|-------------------------------------|-----------|---|---|----------------|---------------------|---------------------------------|--|
| General | Personnel | Programs/Courses | Docs | Status / Flags | Comn | nents / History | |
| Person | nel | Details | | | | | |
| Boyles, | Bonnie | Name: Bonnie I Phone: (Email: Refresh(| E Boyles @fakemai | l.com | Dob: SSN | (Last 4): | |
| ● Add | Remove | Availat | ble Roles | Add © Rea | Role 🔿 nove Role | Assigned Roles ADP Nominator | |



8. Programs/Courses Tab

a) Click Add New Program.

065201 - Ohio Central School System Period: Adult Diploma FY Type: Renewal Applications Status: Started Personnel Programs/Courses Status / Flags General Docs **Comments / History** Programs 🕂 Add New Progam SEARCH: ONET NUMBER INDUSTRY SECTOR NAME MATH WORK KEY SCORE LOC WORK KEY SCORE TOTAL APPLICATION COUNT PROGRAM OCCUPATION TOTAL READING WORK EDIT DELETE APPROVED DETAILS NAME NAME HOURS KEY SCORE

b) Select the appropriate O-NET number from the drop-down menu.

| O-Net Number | Program Name |
|----------------------|------------------------|
| SELECT O-Net Number | ¢ |
| Industry Sector Name | Occupation Name |
| Math Work Key Score | Reading Work Key Score |
| Loc Work Key Score | |
| | |



c) All data fields are populated except the *Program Name*. Providers can name the program to match the school's program guide. Click *Add New Program* at the bottom.

| dd Program | |
|----------------------|------------------------|
| O-Net Number | Program Name |
| 31-1014.00 | ÷ |
| Industry Sector Name | Occupation Name |
| Health Science | Nursing Assistants |
| Math Work Key Score | Reading Work Key Score |
| 3 | 4 |
| Loc Work Key Score | |
| 4 | |
| | |
| | |
| Cancel | Add New Program |

d) Click Add New Course / Credential.

| Genera | il Pe | ersonnel | Programs/ | Courses | Docs | Status | / Flags | Comments / | History | | | |
|---------------------|-----------------|-------------------------|----------------------------|----------------|------------------------|---------------------------|-----------------------|-------------------------------|---------|--------|----------|---------|
| Provide | er Bucke | t Details | | | | | | | | | | |
| Provider E 60.00 | Bucket Amo | ount | Total Provider A \$0.00 | Awarded A | mount | Total Left to \$ | Award | | | | | |
| rograr | ms | | | | | | | | | | | |
| 🕂 Add Ne | ew Progam | | | | | | | | | | | |
| | | | | | | | | SEARCH | | | | |
| ONET NUMBER | PROGRAM NAME | INDUSTRY SECTOR NAME | OCCUPATION NAME | TOTAL HOURS | MATH WORK KEY SCORE | READING WORK KEY SCORE | LOC WORK KEY SCORE | TOTAL APPLICATION COUNT | EDIT | DELETE | APPROVED | DETAILS |
| 31- 1014.00 | STNA | Health Science | Nursing Assistants | 0 | 3 | 4 | 4 | 0 | 0 | × | | ٩ |
| nowing 1 to | o 1 of 1 entrie | s | | | | | | | | | | 1 |
| | | | | | | | | | | | | |
| Add N | lew Course/ | Credentials | | | | | | | | | | |



(oniors option)

e) Type the course or credential name and select the appropriate title from the drop- down menu. Continue this process until all credentials and courses are listed. Courses additions require the number of hours. Credentials are automatically zero hours.



After you complete this process for ONE program, please review the information by clicking the magnifying glass under *Details*.

Note: Complete this process for EACH program you will offer for FY24.

9. Docs Tab

New providers: Upload the Syllabus for each program and Program Pathway Document by clicking on *Upload Documents*. You can drag and drop or click to browse for a document.

Renewing Providers: You may *Upload Documents* OR *Import Document(s) From Other Programs* to import your pathway document and syllabi from FY23. Importing documents is acceptable if there are no changes to the document.

| General Personnel Progra | ms/Courses Docs | Status / Flags | Comments / History | | | | |
|--------------------------|----------------------------|---------------------|---------------------------|-----------------------|------------------|----------|-------------|
| Uploaded Document Type | Documents On | File | | | | | |
| * Syllabus 1 | 🛓 Upload Document | t(s) 🛓 Import Docum | ent(s) From Other Progran | าร | | X Delete | Document(s) |
| * Pathway 1 | SHOW 5 V EN | RIES | | FILTER ON DOCUMEN | тя | | |
| Application Survey | NAME | TYP ↑↓ | E | DATE ↑↓ UPLOADED ↑ | REVIEWED ↓ î∖ | HISTORY | DELETE |
| | pdf.pdf | Appl | ication Survey | 05/11/2023 | No | ව | |
| | pdf.pdf | Path | way | 05/11/2023 | No | ా | |
| | pdf.pdf | Sylla | bus | 05/11/2023 | No | ಶ | |
| | Showing 1 to 3 of 3 entrie | 'S | | | | | 1 |



10. Status/Flags Tab

After you have entered **ALL** programs and have reviewed the application for accuracy, click *Submitted*.

| General Personnel Programs/Courses Docs Status / Flags Comments / Applied flags you may remove Applied flags you may not remove Image: Comment of the state of t | |
|--|--------------------------------------|
| Applied flags you may remove Applied flags you may not remove | History |
| Applied flags you may remove Applied flags you may not remove | Status |
| Applied flags you may not remove | Current Application Status |
| r ppriod ridge jod ridg rider of role | Started |
| | Update Status To: |
| | <u>Submitted</u> |
| | or |
| | Withdrawn |

11. Student Content, Electives and Assessment Info

Comments can be made by the nominator, superintendent and/or the Ohio Department of Education Adult Diploma Program Administrator. Notices are **not** provided to the nominator, superintendent and/or the department administrator when a comment is made. **The function of the comment box is for historical notes only.** Please email any necessary comments directly to the appropriate person.

12. Annual Renewal of the Provider Application

Approved Providers are required to renew their application annually. The funding for this application period ends June 30, 2024.



Contact Information

For questions regarding the Adult Diploma Program please contact:

Dean Scheiderer Education Program Specialist Office of Career-Technical Education 614-387-2254 <u>dean.scheiderer@education.ohio.gov</u>

