

From PATH to SCWOS

Edit your provider profile, current programs, and submit new programs with confidence.

Presented by SCDEW Workforce Learning Office



What You Will Be Able To Do

1

**Edit a provider
account**

2

**Edit current
programs**

3

**Submit new
programs for
review**

PATH to SCWOS

WHAT STAYS THE SAME

You are still responsible for complete, accurate provider and program information.

WHAT IS NEW

SCWOS uses a provider workspace, a two-phase workflow, and visible review statuses.

BEST MINDSET

Follow the screen order, save as you go, and do not move past the approval checkpoint early.

Today's focus: the new clicks, the decision points, and the meaning of each status.

Before You Begin

FOR PROVIDER REVIEW

- ☒ Federal Employer Identification Number (EIN)
- ☒ Organization and ownership details
- ☒ Your contact information
- ☒ Update username, password, and security response

FOR PROGRAM ENTRY

- ☒ Website URL and addresses
- ☒ Accreditation, licensing, and eligibility details
- ☒ Program description, schedule, clock hours, and locations
- ☒ Program costs and service areas
- ☒ Refund and Grievance policies

Edit Your User Login

Enter Your Information

Title:

* First Name:

ETPL

* Last Name:

SCWOS

* Address 1:

1550 Gadsden Street

Address 2:

* Zip Code:

29201

* City:

Columbia

* State:

South Carolina

* Email Address:

shunsinger@dew.sc.gov

[Email Security Policy](#)

* Primary Phone Number:

123

-

456

-

7890

Extension

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:

* Security Question:

None Selected

* Security Question Response:

Special characters are not allowed.

Preferred Notification

* Preferred Notification:

Email (If Available)

Select the best way for us to contact you.

Save

Cancel

Avoid a preventable delay

Use an email address and phone number you actively monitor. Confirm the password and security response before saving.

Review Provider Information

GENERAL

Provider Information ⓘ

Add a new Provider

General Information

Status:

Inactive

* Provider Name 1:

ETPL Migration Test

Provider Name 2:

EIN:

12-5792156

URL:

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

Confirm the pre-populated name and EIN; add the URL and addresses.

BUSINESS

Additional Information

Type of Business:

None Selected

* Type of Entity:

☐ Higher Ed: Associate's Degree

☐ Higher Ed: Baccalaureate or Higher

☐ Higher Ed: Certificate of Completion

☐ National Apprenticeship

☐ Private Non-Profit

☐ Private For-Profit

☐ Public

☐ Other

☐ Yes

☐ No

* This provider is an accredited postsecondary education institution:

☐ Yes

☐ No

Registered Apprenticeship Provider:

☐ Yes, Approved Apprenticeship

☐ No, not Approved Apprenticeship.

Save

Cancel

Select business/entity types and apprenticeship or accreditation responses.

ADDITIONAL

Additional Provider Information ⓘ

Enter the required additional information for this provider. Once you have completed the information, click the Save

Additional Provider Information

Institution Name:

ETPL Migration Test

* Institution Type:

None Selected

* Institution Ownership:

None Selected

Years in Business:

Disabled Access:

☐ Yes

☒ No

ADA Compliant:

☐ Yes

☐ No

* Institution Description:

(2000 characters max.)

TTD/TTY Telephone Number:

* Is this a Community College?

☐ Yes

☒ No

* Display Online to the public?

☐ Yes

☐ No

Enter institution, accessibility, approval, licensing, and description details.

SC WORKS

A proud partner of the

americanjobcenter

network

07

Review the Profile

 Pin

Provider Profile - General ⓘ
Use this folder to manage the Provider's general information.

General

Locations

Contacts

Welcome

Provider:

ETPL Migration Test

Provider Details

Provider ID:

152

Status:

Inactive

LWDB Region:

State

Linked Employer:

Vendor ID:

Provider Name 1:

ETPL Migration Test

Provider Name 2:

General

Locations

Contacts

Provider:

ETPL Migration Test

Status:

Active Only

Provider Locations

Click **Edit** in the Action column to edit an existing location. Click **Add Location** to add a new location. Click **Set as Primary** in the Action column to change the primary location. Please note that a location set as primary cannot be deactivated --- You must first set another location as primary before deactivating the first location.

ID	Location Name	Physical Address	Billing Address	Contacts	Active	Action
193	ETPL Migration Test (Primary Address)	1550 Gadsden Street Columbia, SC 29201	1550 Gadsden Street Columbia, SC 29201			Edit

Add Location

APPROVAL CHECKPOINT

WAIT FOR STATE APPROVAL

Review the General, Locations, and Contacts tabs. You may edit or add information before submission.

Do not add programs until both the provider and user status are Active.

Edit Current Programs or Add New Programs

Search menu...

My Provider Workspace

My Provider Dashboard

My Provider Account

Directory of Services

Services for Providers

Manage Provider Profile

Manage Provider User Profile

Manage Program Performance

Manage Institution Programs

Demand Occupations

My Provider Dashboard

My Provider Account

Directory of Services

▼ Widgets

My Personal Profile

View and update your provider profile, manage programs and view reports.

View your Personal Profile and Contact Information

Demand Occupations

Manage Provider Profile

Reports

Manage Institution Programs

Education and Training Programs

No education or training programs were found for this provider.

Add Education or Training Program

Navigation path

Service for Providers → Manage Institution Programs → Add Education or Training Program

SC WORKS

A proud partner of the

americanjobcenter

network

09

ETPL & Workforce Pell Options

General Information

*Status:

☒ Active

☐ Inactive

Purpose for adding program:

☒ Submit for ETPL Approval and accept participants

☐ Accept participants without submitting for ETPL Approval

Education Program Type:

Not Applicable

*Are you interested in this program being considered for Workforce Pell Grant eligibility?:

☐ Yes

☐ No

[What are Workforce Pell Grants](#)

*This program is an Apprenticeship:

☐ Yes

☒ No

*CIP Code:

None Selected

[\[Search for CIP Code \]](#)

*Education Program Name:

Education Program Description:

WORKFORCE PELL ONLY

Select “Accept participants without submitting for ETPL Approval.” Then answer Yes to Workforce Pell consideration.

ETPL OR BOTH

Choose the option that submits the program for ETPL approval. If seeking both, also answer Yes to Workforce Pell consideration.

If unsure, pause and confirm before continuing.

Complete the Program Wizard

1 Program Details

Description, dates, class size,
admission requirements

2 Occupations

Select the related occupation(s)

3 Schedule & Duration

Course times, weeks, clock hours

4 Locations

Choose one or more approved
locations

5 Costs

Add Total CRS Training Costs

6 Local Areas

Select the areas served

Submit and confirm the review status

Education Program Information

Provider: 152 - ETPL Migration Test

Program: 1041 - Certified Medical Assistant

Edu. Program Application Confirmation

* Providers requesting approval or re-approval of a training program must agree to the statement below.

The Program Description and Program Costs I am Posting on the website are currently listed in my catalog/brochure. The programs offered are available to the general public on a tuition basis.

I agree to complete the information required on the web site at the time of my approval request. This includes the completion information of all students registered in the program for the last and current Program Year.

☒ Yes, I agree to the above statement. Please submit this educational program for WIOA Approval.

☐ No, do not submit this educational program for WIOA Approval at this time.

☐ Submit changes for Review and Approval.

[Exit Wizard](#)

< Back

Next >

Review

Review Type	Status	Subsequent Review Due Date	Date Reviewed	Last Edit Date	Review Location	Action
ITA	Pending (system-set only)	N/A	N/A	08/11/2026 3:36 PM	N/A	View

Records Per Page

10

Go

[Print Program Details](#)

[Exit Wizard](#)

< Back

Finish

- 1

Confirm ETPL and/or Workforce Pell selections
- 2

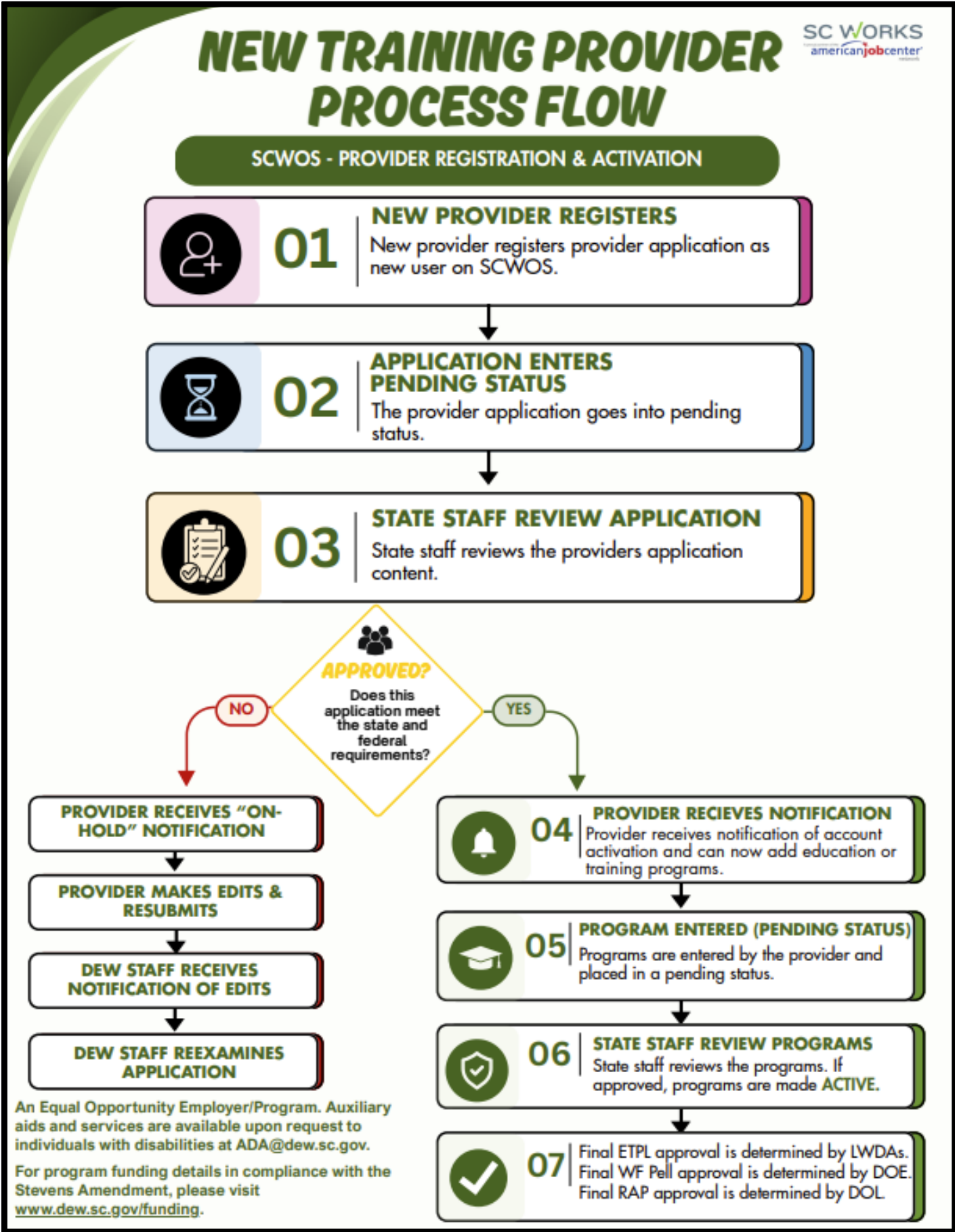
Review the program information
- 3

Select Finish
- 4

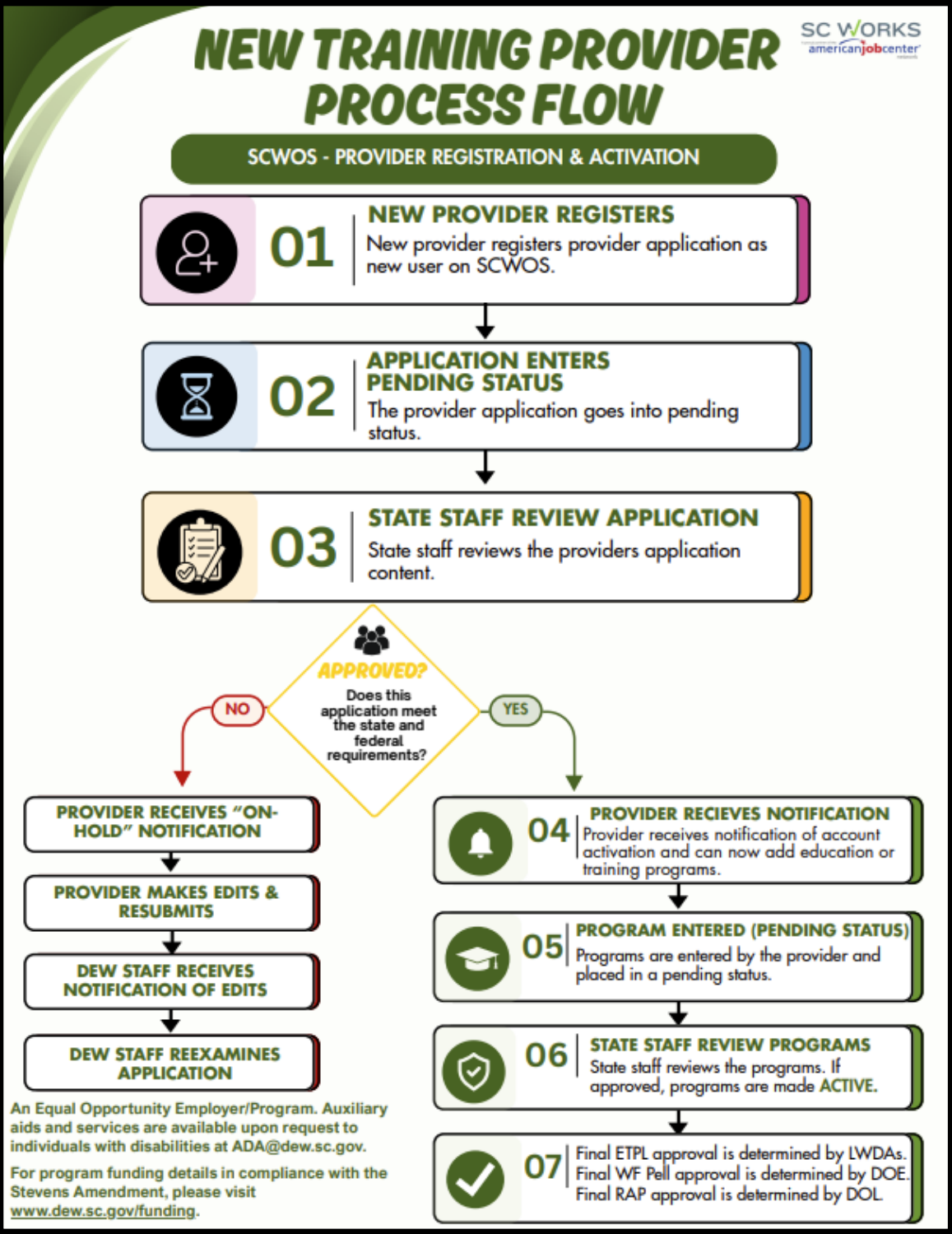
Look for review status: Pending

Final ETPL approval is determined by LWDAs.
Final WF Pell approval is determined by DOE.
Final RAP approval is determined by DOL.

APPROVAL PROCESS FLOW



RESOURCES



From PaTH to SCWOS

Edit your provider profile, current programs, and submit new programs with confidence.

Presented by SCDEW Workforce Learning Office

SCWOS NEW TRAINING PROVIDER QUICK START GUIDE

Your step-by-step guide to register, to complete your provider profile, and to use ETPL and Workforce Pell programs in SCWOS

PAGE 1 REGISTER & COMPLETE YOUR PROVIDER PROFILE

Before you can add programs, your provider and user accounts must be approved by state staff.

1 REGISTER AS A NEW PROVIDER

- Go to SCWOS > Provider Registration (new providers)
- Enter your EIN. If not found, enter your new organization information:
 - Provider Name
 - Institution Ownership

[Registration Link](#)

ENTER YOUR INFORMATION
Provide your contact details:

- Title, First Name, Last Name
- Address, Zip Code, City, State
- Email Address
- Primary Phone Number

2 CREATE LOGIN INFORMATION

- User Name
- Password
- Confirm Password
- Security Question
- Security Question Response

PREFERRED NOTIFICATION
Use the dropdown to select your preferred notification type (Email, Text, etc.) and click save.

3 PROVIDER INFORMATION (GENERAL & ADDITIONAL)

General Information

- Status, provider name, EIN pre-populate
- Enter URL
- Physical Address pre-populates
- Enter Mailing & Billing Addresses (you can copy from physical and/or mailing)
- Additional Information
 - Type of Business
 - Registered Apprenticeship
 - Approved Apprenticeship
 - Type of Entity
 - Accredited Postsecondary
- Agreement Statement and Save

Additional Provider Information
Complete all questions including: accesibility, accreditation, licenses, description, and other eligibility questions.

4 PROVIDER PROFILE REVIEW

- Provider Details** - pre-populated by previous data entered (editable)
- Provider Type Details** - populated by state staff
- Additional Provider Details** - pre-populated by previous data entered (editable)
- Locations Tab** - location pre-populated: ability to add
- Contacts Tab** - contact pre-populated: ability to add

SAVE & WAIT FOR APPROVAL
Your application is submitted to state staff.
Do NOT add programs until account is activated.

IMPORTANT: After provider and user status are updated to ACTIVE by state staff, log in to SCWOS and add programs through **Manage Institution Programs**.

QUESTIONS?

