



MN Workforce Pell 2026-27 Attestation

Note: An attestation form must be completed for each program being submitted.

Institution Name:

Program Name:

OHE Code:

CIP Code:

SOC Code:

By checking this box, the undersigned attests that the _____ program submitted:

1. Has been in operation or at least the 12-month, period immediately preceding the request for the program approval;
2. Provides education aligned with high-skill, high-wage, or in-demand industry sectors or occupations;
3. Meets the hiring requirements of employers in such sectors or occupations;
4. Leads to a recognized postsecondary credential that is stackable and portable across more than one employer, or prepares students for and awards the sole recognized postsecondary credential required for employment in the occupation; and
5. Prepares students to pursue one or more certificate or degree programs at one or more eligible institutions by ensuring that, upon completion and enrollment in a related program, students will receive academic credit that is accepted toward meeting certificate, diploma, or degree requirements.

Program Competency Alignment Attestation

- By checking this box, the undersigned attests that the _____ program aligns with employer-defined competencies for the designated occupation or industry sector, and documentation supporting this attestation has been submitted.

Institutional Attestation

- By checking this box, the undersigned attests that the institution has not been subject to any suspension, emergency action, or termination of eligible Title IV programs submitted for approval during the five years preceding the date of the determination.
- By checking this box, the undersigned attests that the institution is accredited by an agency recognized by the United States Department of Education and is in good standing with such accreditation agency.
- By checking his box, the undersigned attests that the institution has committed to teach-out or provide transfer arrangements if the program loses eligibility for any reason.
- By checking this box, the undersigned attests that all required elements for MN Workforce Pell 2026-2027 application are complete and submitted to the secure OHE account including: Data Submission template, Stackable and Portable Credential evidence, Employer-Aligned Competencies evidence, and this Attestation form.

Authorized Official: _____

Title: _____

Date: _____