APPLICATION FOR CERTIFICATION AS AN

**OREGON PRE- APPRENTICESHIP TRAINING PROGRAM**

BY OREGON LABOR & INDUSTRIES, APPRENTICESHIP AND TRAINING DIVISION

**SECTION A:** APPLICANT INFORMATION

|  |  |
| --- | --- |
| 1. Legal Name of Organization or Company: | |
| 1. Physical Address: | |
| 1. Mailing Address (if different): | |
| 1. Type of Organization:  For Profit  Non-Profit/501(c)(3)  Public/Gov’t  Labor Organization Employer Organization  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Primary Contact Name: | Title: |
| Email: | Cell Phone: |
| Office Phone: | Web: |
| 1. Have you previously received certification as an OR Pre-Apprenticeship Training Program?  Yes, date: \_\_\_\_\_\_\_\_\_  No | |

**SECTION B:** PROGRAM PURPOSE (PLEASE SUBMIT ONE APPLICATION PER PROGRAM) (TOOLKIT PAGES 4-6)

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| --- |
| 1. **Program Purpose Statement** (brief overview of program’s intent): |
| 1. **Program Goals and Outcomes** (attach additional pages as needed): |
| 1. **Targeted Service Population** & **Geographical Area:** |
| 1. **Outreach and Recruitment Methods (**include specific activities designed to attract women and minorities): |
| 1. **Pre-Assessment and Pre-requisites** (minimum requirements for eligibility): |
| 1. **Registered Apprenticeship Partnership(s)** (provide description as outlined on page 5 of the Toolkit. Attach supporting documentation to this application): |

Please attach additional pages as necessary.

Submit inquiries and/or completed application with all required documents via email to: [ATD.EMAIL@boli.oregon.gov](mailto:ATD.EMAIL@boli.oregon.gov)

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**SECTION C:** PROGRAM OUTLINE, FACILITIES, INSTRUCTIONAL STAFF (TOOLKIT PAGES 7-8)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Program Title**: | | | | | | | | |
| 1. **Prerequisites for entry into this program** (if any): | | | 1. **Age of Participants:** | | | | | |
| 1. **Program Length in** **hours:**   Hands-on: \_\_\_\_\_\_\_\_\_Classroom: \_\_\_\_\_\_\_\_\_  **Total hours**: \_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. **Class Size** (Maximum Students): | | | | | | | |
| 1. **Program Days/Hours Per Day:** | Monday | Tuesday | | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  | |  |  |  |  |  |
| 1. **Is this program an** **Oregon approved CTE Program of Study?**  Yes  No   If yes, please provide CTE POS Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 1. **Is the Applicant (in Section** A) **also the training provider?**  Yes No, if No, identify the training provider: | | | | | | | | |
| 1. **Address or location(s) where the training will be delivered:** | | | | | | | | |
| 1. **Description of training facilities and** (if applicable**) lab** **component:** (note, attachments required): | | | | | | | | |
| 1. **Instructor Qualifications:** | | | | | | | | |
| 10 **Instructor Information** – Please attach resumes to this application. (Toolkit page 8) | | | | | | | | |
| 1. Name: | | | Title: | | | | | |
| 1. Name: | | | Title: | | | | | |
| 1. Name: | | | Title: | | | | | |
| 1. Name: | | | Title: | | | | | |
| 1. Name: | | | Title: | | | | | |

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**SECTION D:** TRAINING OUTLINE (CURRICULUM/INSTRUCTIONAL STRATEGIES) (TOOLKIT PAGE 9)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Description:** Attach syllabus, course outline, and other materials as specified in Toolkit page 9. Identify any courses that provide options for credit and/or that have pre-requisites.  **** | | | | |
| **COURSE NAME/CONTENT GOALS** | **CUMULATIVE  HOURS** | **INSTRUCTIONAL METHODS** | **BOOKS,  MATERIALS,  EQUIPMENT, FEES** | **EVALUATION METHODS** |
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**SECTION D:** TRAINING OUTLINE (CONTINUED)

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| --- | --- | --- | --- | --- |
| **Course Description:** Attach syllabus, course outline, and other materials as specified in Toolkit page 9. Identify any courses that provide options for credit and/or that have pre-requisites.  **** | | | | |
| **COURSE NAME/CONTENT GOALS** | **CUMULATIVE  HOURS** | **INSTRUCTIONAL METHODS** | **BOOKS,  MATERIALS,  EQUIPMENT, FEES** | **EVALUATION METHODS** |
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**SECTION E:** STATEMENT OF ASSURANCES

By the signature which appears below, the Applicant certifies the following:

* All information submitted herein is true and correct.
* Program trainees will be made aware that completion of the program does not guarantee placement in any Registered Apprenticeship program.
* Substantial changes in program will be reported, in writing, to the Oregon State Apprenticeship and Training Council.
* The Applicant understands that certification is an acknowledgement that the program:

1. Meets the quality standards described in OAR 839-011-335 Oregon Pre-Apprenticeship Programs, and
2. Has a partnership with at least one Registered Apprenticeship program, via letter of intent or Memorandum of Understanding, and
3. Prepares the trainee with skills and competencies necessary to enter one or more apprenticeship programs.

Applicant Signature: Date Signed:

Printed Name & Title:

**APPLICATION SUBMISSION CHECKLIST –** APPLICANT COMPLETION OF THIS CHECKLIST IS REQUIRED.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item – Applicant must place mark √ if properly included.** | Included  **√** | **For ATD Use Only** | | |
| Acceptable  **Y N** | | Comments/Deficiency |
| 1. **Applicant Information** complete |  |  |  |  |
| 1. **Program Purpose** specifies program intent |  |  |  |  |
| 1. **Program Goals & Outcomes** are clearly articulated |  |  |  |  |
| 1. **Target Population** and geographical area served are described |  |  |  |  |
| 1. **Outreach & Recruitment** methods are described and include women and minorities |  |  |  |  |
| 1. **Pre-Assessment** and pre-requisites |  |  |  |  |
| 1. **Registered Apprenticeship Partnership(s)** Letters of Intent or MOUs from RA sponsor(s) support the training program |  |  |  |  |
| 1. **Program Title** |  |  |  |  |
| 1. **Program Length** and availability (schedule) are clear and logical |  |  |  |  |
| 1. **Training Facilities**, equipment, tools, and materials that will fulfill the identified competencies are and skills are described |  |  |  |  |
| 1. **Instructors Qualifications** are listed, names, titles; resumes attached |  |  |  |  |
| 1. **Course Description** syllabus and/training outline is attached |  |  |  |  |
| 1. **Course Name, Hours, Instr. Methods, Materials, Evaluation Methods** each tab is complete and includes major elements of instructional components |  |  |  |  |
| 12. **Statement of Assurances** application is signed by individual with sufficient authority |  |  |  |  |

ATD Use Only

Reviewed by: Date: OSATC Approval Date:

Please attach additional pages as necessary.

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