**Department of Workforce Development**

**Division of Employment & Training**

Bureau of Apprenticeship Standards

**Certified Pre-Apprenticeship Application**

**Section A: Overview**

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| Purpose of Application  Initial application  Resubmittal after denial  Modification to Approved Program.  See criteria in section C. | |
| Program Title | Program Hours |
| Program Description | |

**Application Information**

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| --- | --- | --- | --- | --- | --- | --- |
| Organization Legal Name | | | | | | |
| Organization Physical Street Address | | | City | | State | Zip Code |
| Organization Mailing Address, if different from Physical Address | | | City | | State | Zip Code |
| Primary Contact Name | | | Primary Contact Title | | | |
| Primary Contact Cell | | Primary Contact Office Phone | | Primary Contact Fax | | |
| Primary Contact Email | | | Primary Contact Website | | | |
| Is the applicant also the training provider?  Yes  No | If No, identify training provider | | | | | |
| Targeted Service Population | | | Targeted Geographic Area | | | |

**Section B: Required Components of a Certified Pre-Apprenticeship**

**Component 1: Training and curriculum based on industry standards and approved by an active registered apprenticeship sponsor. If the applicant is a Wisconsin Technical College, please answer 1-3 only.**

1. Identify the registered apprenticeship occupation(s).

1. Identify the industry standards the training is based upon, e.g. occupational or industry-specific certification, or work processes, special provisions, or related instruction in the registered apprenticeship.

1. Identify the active registered apprenticeship sponsor.

1. Identify the competencies and cumulative hours per competency.

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| Competency | Cumulative Hours |
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1. Identify the program pre-requisites and pre-assessments, if applicable.

I attest that the training and curriculum provided is based on industry standards and approved by an active registered apprenticeship sponsor or Wisconsin technical college.

**Component 2: Strategies for Long-Term Success**

1. Detail the outreach and recruitment methods for women and minorities.

1. Detail educational and pre-vocational services, if applicable (coaching, job readiness, English as a Second Language, Adult Basic Education, financial literacy).

I attest that the program includes strategies that increase registered apprenticeship opportunities for under-represented, disadvantaged or low-skill individuals, such that upon completion, participants are qualified to enter in one or more registered apprenticeships.

**Component 3: Access to Appropriate Supportive Services**

1. How does the program provide access to appropriate supportive services?

The program directly provides supportive services to participants.

The program facilitates access to supportive services for participants.

1. Please explain.

I attest that the program either directly provides or facilitates access to supportive services for participants.

**Component 4: Access to a Driver's License**

Please explain how the program addresses the need for registered apprenticeship applicants to have the ability to get to and from school and work and the potential need to have a valid Wisconsin driver's license.

I attest that the program addresses the need for registered apprenticeship applicants to have the ability to get to and from school and work and the potential need to have a valid Wisconsin driver's license.

**Component 5: Promote Greater use of Registered Apprenticeship to Increase Future Opportunities.**

Detail how the program will expose participants to local, state, or national registered apprenticeships and provide direct assistance to participants applying to them.

I attest that the program promotes registered apprenticeship as a preferred means for employers to develop a skilled workforce and to create career opportunities.

**Component 6: Provide meaningful hands-on training that does not displace paid employees.**

I attest that the pre-apprenticeship program, if certified, will not displace paid employees.

**Component 7: Facilitate entry or articulation into a registered apprenticeship.**

If applicable, detail how the program will facilitate entry or articulation into a registered apprenticeship and list any articulation agreements in place.

I attest that program trainees will be made aware that completion of the program does not guarantee placement in any registered apprenticeship program.

**Section C: Review and Reporting Requirements**

Certified pre-apprenticeships must regularly report participant data and be reviewed by the Bureau of Apprenticeship Standards (BAS).

**Certified programs will be reviewed by the Bureau of Apprenticeship Standards according to the following timeframes:**

1. Within one year after the first cohort completes, BAS will conduct an onsite visit.
2. Thereafter, BAS will review the program every other year.
3. For each review, BAS will notify the applicant of the review date 30 days in advance and provide a written report of outcomes to the applicant within 45 days. If BAS notes areas of concern, the applicant must take corrective action and respond to BAS within 45 business days of the report being issued. Once the applicant satisfies all requirements, BAS will send an official letter that it has been returned to good standing.

I attest that the program will provide this information according to the timeframes. If the applicant is not the training provider, the applicant attests it will satisfy these requirements on behalf of the training provider.

**Certified apprenticeships must maintain the report the following information according to the respective timeframes:**

1. Any time the program title, training provider, or active registered apprenticeship sponsor changes, the applicant must immediately resubmit the application, check "program modification," and highlight the changes.
2. Any time the program competencies or hours change by at least 20%, the applicant must immediately resubmit the application, check "program modification," and highlight the changes.
3. Within two weeks after a cohort begins, the applicant must report the following data per participant:

* Name
* Birthdate
* Address
* Phone Number
* Social Security Number
* Gender
* Race/Ethnicity
* Disability Status (optional)
* Veteran Status (optional)

1. Within two weeks after a cohort completes, the applicant must report the following data per participant:

* Outcome: Completed; Cancelled; Withdrew
* Completion date, if applicable

1. Within two weeks after a cohort completes, the applicant is recommended, but not required, to report the following data:

* Entered into a Registered Apprenticeship
* Entered into related employment
* Entered into a related diploma program

1. The Bureau may request the above information at any time.

I attest that the program will provide this information according to the timeframes. If the applicant is not the training provider, the applicant attests it will satisfy these requirements on behalf of the training provider.

**Section D: Review and Reporting Requirements**

Please attach the official letter of support from an authority within an active registered apprenticeship sponsor.

**Section E: Applicant Signature**

Certified pre-apprenticeships must regularly report participant data and be reviewed by the Bureau of Apprenticeship

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| --- | --- |
| Applicant Signature | Date Signed by Applicant |