# Recognized Apprenticeship Preparation Program Application

Please complete all fields and questions within this application and sign where indicated. Incomplete submissions will not be considered. Applications will be accepted on an ongoing basis and reviewed as they are received. Applicants will be notified if their program will receive recognition within 45 days of receipt of the application. Applicants who are denied recognition will receive notice indicating the reasons for denial and may reapply for recognition. Refer to the [Recognized Apprenticeship Preparation Program guidelines](https://www.dli.mn.gov/business/workforce/recognized-apprenticeship-preparation-programs) for recognition requirements and additional information.

Submit completed applications and supporting documentation via email to [dli.apprenticeship@state.mn.us](mailto:dli.apprenticeship@state.mn.us) with the subject line Recognized Apprenticeship Preparation Program Application – [insert business / organization name].

Contact us at [dli.apprenticeship@state.mn.us](mailto:dli.apprenticeship@state.mn.us) for help with questions.

Purpose of application(Please select appropriate box)

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|  | Initial application |  | Resubmittal after denial |  | Program modification |

## Agency/organization information

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| Agency/Organization name: | | |  | | | | | | |
| Name of program (if different than above): | | | | | |  | | | |
| Physical street address: | |  | | | | | | | |
| City: |  | | | State: | | |  | ZIP code: |  |
| Mailing address (if different than above): | | | | |  | | | | |
| City: |  | | | State: | | |  | ZIP code: |  |
| Agency/Organization phone: | | |  | | | | | | |
| Agency/Organization website: | | |  | | | | | | |
| Primary contact name: | |  | | | | | | | |
| Primary contact phone: | |  | | | | | | | |
| Primary contact email: | |  | | | | | | | |

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| Will your agency/organization be the primary training provider for this program: |  | Yes |  | No |

If no, please provide the following information for the training provider:

| Training provider name: | | |  | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Physical street address: | |  | | | | | | | | | |
| City: |  | | | | | | State: | |  | ZIP code: |  |
| Mailing address (if different than above): | | | | | | | |  | | | |
| City: |  | | | | | | State: | |  | ZIP code: |  |
| Training provider contact name: | | | | |  | | | | | | |
| Training provider contact phone: | | | | | |  | | | | | |
| Training provider contact email: | | | |  | | | | | | | |

## Program information

Please provide the following information about your apprenticeship preparation program:

### Registered apprenticeship program sponsor partner(s)

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| --- | --- | --- | --- | --- |
| Has your organization received a letter(s) of support from a registered apprenticeship program approved by Apprenticeship Minnesota: |  | Yes |  | No |

Provide the name of the supporting registered apprenticeship program(s) your organization received letters of support from:

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### Industry and occupation(s) training

Which industry will your apprenticeship preparation program prepare participants for:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Construction |  | Manufacturing |  | Healthcare |  | Utilities | |
|  | Public sector |  | Agriculture |  | Transportation |  | Other: |  |

Which occupation(s) will your apprenticeship preparation program prepare participants for:

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### Method of training provided

Provide a brief overview of the training curriculum/topics to be covered during this program:

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Provide a brief explanation on how training will be provided to participants (classroom/lab/volunteer/hybrid):

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| --- | --- | --- | --- | --- |
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| How many hours of training will participants receive: |  | | |
| Approximately how many of these hours will consist of hands-on training: | | |  | |
| Does your program provide a stipend to participants: | | Yes  No | | |

### Minimum requirements for program entry

What are the minimum requirements for interested individuals to enter the program. Requirements may include a minimum age (must be at least 18 years old for construction), educational requirements such as a high school diploma or equivalency, driver’s license, etc.:

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| Are any assessments/tests required for entry into your program: |  | Yes |  | No |

If **yes**, list the name(s) of assessments/tests required for entry into the program:

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Provide a brief overview how interested individuals will be selected for your program:

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How many individuals does your organization plan on training per cohort and per year:

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### Industry-recognized credentials

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| Does your program provide an industry-recognized credential(s): |  | Yes |  | No |

List the industry-recognized credential(s) program participants may earn:

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### Supportive services

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| Does your program provide supportive services to participants: |  | Yes |  | No |

List the supportive services available to program participants:

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### Career counseling services

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| Does your program provide career counseling services to participants: |  | Yes |  | No |

Please provide a summary of the career counseling services to be provided:

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### Outreach and recruitment

Provide a brief overview of how your program will recruit participants to your program:

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What geographic locations will your program recruit from (Examples: Statewide/Twin Cities Metro Area):

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Provide a brief overview how interested individuals will apply to and be selected for your program:

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List where interested individuals can apply for your program and when applications are accepted:

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### Workers’ compensation insurance information

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| Name of workers’ compensation policy holder: |  | | |
| Workers’ compensation insurance company name: | |  | |
| Workers’ compensation insurance policy number: | |  | |
| Dates of workers’ compensation insurance policy coverage: | | |  |

### Supporting documentation

Please provide the following supporting documentation with this application:

|  | Letter(s) of support from an approved registered apprenticeship program sponsor containing either an articulation agreement to provide direct entry or to grant advance standing for those who complete your preparation program. |
| --- | --- |
|  | Copy of organization’s anti-harassment and anti-discrimination policy. |
|  | Copy of organization’s reasonable accommodation policy for those with a disability. |
|  | A copy of the organization’s notice/policy to participants that entry into, or employment with, a registered apprenticeship program is not guaranteed as part of participating in the program. |

I certify that the information contained herein is true and accurate to the best of my knowledge, that the applicant meets the eligibility criteria as outlined within the application form, and that I am authorized to submit this application on behalf of the applicant.

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|  |  |  |  |  |
| **Authorized representative signature** |  | **Title** |  | **Date** |