

For ALAMAP program approval complete this form providing the necessary documentation requested. Approved programs will be entered into AGS Prime as an ALAMAP Program by Audrey Webb. To apply, complete the below information and submit the application to Angelique Griggsby at angelique.griggsby@accs.edu.

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| Section A: Applicant Information  |  |
| College Name:   | College Address:  |
| Primary Contact Name: | Primary Contact Phone:  |
| Primary Contact Title:  | Primary Contact Email:  |

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| Section B: Program Information  |  |
| Program Title:   | Occupation (O\*Net Code):  |
| Program Location: | Program Address: |
| Program Contact Hours:   | Projected Annual Enrollment Total: |
| Target Service Population (Check all that apply): [ ]  Low-Skilled [ ]  Underrepresented [ ]  Disadvantaged [ ]  Veteran or Spouses [ ]  Ex-Offenders [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List program pre-requisites for entry (e.g. TABE Test, High School Diploma, or GED): |
| Is this program credit or non-credit? [ ]  Credit [ ]  Non-Credit |
| Is this program an approved CTE Program of Study? [ ]  Yes [ ]  No |
| Do you adhere to the following Equal Employment Opportunity (EEO) requirements? [ ]  Yes [ ]  No* The college will not discriminate against apprenticeship applicants based on race, color, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years or older.
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| Section C: Employer Engagement  |
| List the Employer(s) that this program is partnered with for the Apprenticeship program? Attach a letter of support and/or MOA from the Employer(s).  |
| Explain how the program provides job placement support for participants focused on Apprenticeship Employer(s). (e.g. Mentoring, resume building, and job placement). |

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| Section D: Training and Curriculum |
| Attach your training model and curriculum to show that it aligns to industry or occupational standards/needs, including academic, soft skills, and technical skills, and that will lead to an industry-recognized credential.   |
| Describe the career exploration activities aspects of the program such as occupational interest assessments and/or specific career and industry awareness workshops. |
| Describe how you will provide hands-on training in a safe environment.  |
| Do you plan to have Pre-Apprentices doing on-the-job training or job shadowing? [ ]  Yes [ ]  No |
| Are completers in your program prioritized for entry into an apprenticeship program? If yes, is there a formalized agreement between your program and the apprenticeship employer(s)? [ ]  Yes [ ]  No |

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| Section E: Checklist |
| [ ]  Complete Pre-Apprenticeship Application [ ]  Submit Letter(s) of Support from Employer(s) or formalized agreement [ ]  Submit Outline of Curriculum which includes industry-recognized credentials[ ]  Submit Plan for Career Counseling, support, and Mentoring [ ]  Submit Policies and Procedures for a safe working environment in the lab and on the job, if applicable[ ]  Submit Procedures for Equal Employment Opportunity  |

I certify that the statements on this application are true and complete to the best of my knowledge. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Approver Signature Date

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| Section G: To Be Filled Out by ACCS Office |  |
| Date Received:   | Date Program Approved:  |
| Approved By: | Reviewed By:  |
| Comments: |