**ALAMAP PRE-APPRENTICESHIP PROGRAM**

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Description automatically generated

**APPROVAL FORM**

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

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| Section A: Applicant Information |  |
| College Name: | Campus 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 | |
| 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 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: Approved 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 it 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.

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College Approver Signature Date

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