**ALAMAP APPRENTICESHIP/FAME PROGRAM**



 **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 Shannon Richardson at Shannon.richardson@accs.edu or Lisa Rollan at lisa.rollan@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  |  |
| New or Expanding Program: | Program Establishment Date: |
| Program Title:   | Occupation (O\*Net Code):  |
| Program Location: | Program Address: |
| Program Length: | 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. ACT Scores, ACCUPLACER, High School Diploma): |
| Is this program credit or non-credit? [ ]  Credit [ ]  Non-Credit |
| Do you adhere to the following Equal Employment Opportunity (EEO) Requirements? [ ]  Yes [ ]  NoThe 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 will sponsor students for the Apprenticeship program? Attach a letter of support from the Employer(s). |
| Attach documentation that the employer(s) pay apprentices at least the applicable Federal, state, and local minimum wage. Additionally, show how they will provide apprentices the opportunity to gain upward mobility with a progressive wage schedule (e.g. Employer Agreement/Individuals Agreement, Industry Career Pathway Arrow, etc.). |

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| Section D: Approved Training and Curriculum |
| Attach your curriculum and training model to show that it aligns to industry or occupational standards/needs (including academic and technical skills needs). |
| Do you adhere to the following safety standards as part of the training curriculum on the job and during hands on training? [ ] Yes [ ] No The college provides instruction to all students (apprentices) in safe and healthful work practices for on the job and in related instruction that are in compliance with the Occupational Safety and Health Administration standards under 29 CFR § 29.5 (b)(9) which requires: *Adequate and safe equipment and facilities for training and supervision, and safety training for apprentices on the job and related instruction.* |
| Describe how your program will evaluate and oversee the on-the-job training/work experience that includes structured work experiences and mentorship.  |
| Attach an outline of your curriculum. (For Approved CTE Programs of Study, please include a copy of the approved CTE program). |
| Attach your letter of support or formalized agreement between your program and the related instruction provider of the Apprenticeship Program. |
| List the Occupational and Educational Credentials that will be earned in the program. |

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| Section E: Checklist |
| [ ]  Complete ALAMAP/FAME Apprenticeship Application [ ]  Submit Letter(s) of Support from Employer(s) or formalized agreement [ ]  Submit Outline of Curriculum[ ]  Submit Policies and Procedures for a safe working environment in the lab and on the job[ ]  Submit Documentation that a mentor is provided for each apprentice[ ]  Submit Documentation that apprentices will earn an industry-recognized credential(s)[ ]  Submit Procedures for Equal Employment Opportunity[ ]  Evidence of minimum wage requirement and document wage progression |

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

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Sponsor Signature Date

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