



Registered Apprenticeship Program Information *(Attach copy of Current Approved Program Standards)*

Program Name: _____

Occupation Title: _____

Current Number of Active Apprentices: _____

Length of Total Program Years/Hours *(On the Job Learning and Related Technical Instruction)*: _____

CIP Code (6-digit): _____ <https://www.onetonline.org/crosswalk/CIP>

SOC Code (6-digit): _____ <https://www.onetonline.org/crosswalk/OOH>

Apprenticeship Description:

The program has the following potential outcomes *(select all that apply)*:

- An industry-recognized certificate-certification
- A certificate of completion of an apprenticeship
- A license recognized by the state involved or the federal government
- Employment
- Measurable skills gain leading to a credential
- Measurable skills gain leading to employment

Name of Associated Credential(s): _____

Completion level of program (i.e., Apprenticeship Program, AS, BS, etc.): _____

Credential Type Received (i.e., Occupational Skills Certificate, AS degree, etc.): _____

Employer Engagement (Current number of employers in Manatee and Sarasota Counties): _____

Describe the Partnership with the Employers *(800 characters or less)*:



Related Technical Instruction

Length- Clock/Contact Hours: _____

Length- (In Weeks): _____

Method of Delivery:

- In Person Online, E-Learning or Distance Learning Hybrid or Blended Program

Mode of Delivery (check all that apply):

- Classroom Online Broadcast Correspondence Computer based

Required Pre-Requisites (check all that apply):

- High School Diploma Associates Degree Bachelor's Degree

If the Related Technical Instruction is not provided by the program, please complete the following.

Provider Name: _____

Provider Address: _____

Contact Name and Title: _____

Contact Phone: _____ Contact Email: _____

Website of Training Program: _____

Training Locations

(Please provide address of all locations where the Related Technical Instruction is provided if different than above.):

Address #1:

Address #2:

Address #3:



Estimated Total Cost to Complete Related Technical Instruction

Workforce Innovation and Opportunity Act (WIOA) funds for approved Individual Training Account (ITA) Scholarships can only be expended to support Tuition, Books, required Tools/Supplies and Fees that are billed directly by the Registered Apprenticeship Sponsorship Provider or a Third-Party Vendor. Therefore, please specify the amount of the Total Program Cost per student for each category below:

Program Name: _____

Total Program ITA Scholarship Voucher Costs (Billed by Registered Apprenticeship Sponsor):

- Tuition
Application Fees
Certification Fees
Screening Fees (assessments, health screening, background, etc.)
Uniforms (please provide at minimum an estimate of the costs)
Other Fees (lab fees, graduation fees, etc.)
Sub Total
Books (please provide at minimum an estimate of the costs)
Tools/Supplies
Total ITA Scholarship Voucher Amount

Total Program Other- Required Costs Incurred by the Student Include:

Books, Uniforms, Fees, etc. (Billed by Third-Party Vendors):

- Fee For (specify)
Fee For (specify)
Fee For (specify)
Fee For (specify)
Fee For (specify)
Total Other Costs
Total Estimated Cost to Complete Program

Please submit the following additional documents:

- Registered Apprenticeship Information and Request
ADA Facilities Checklist

Note: If the Registered Apprenticeship Sponsor has multiple Apprenticeship Programs, please complete a separate Registered Apprenticeship Information and Request sheet for each program.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.