

RI Office of the Postsecondary Commissioner

RI State Approving Agency

560 Jefferson Blvd. Suite 100

Warwick, RI 02886

Application for Approval as an Apprenticeship Program(s) (38 CFR 21.4261)

for Eligible Veterans, Dependents, National Guard, and Reservists

Revised November 2016

PART I EMPLOYER INFORMATION

Name of Employer/Training Establishment: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address where records will be kept **(if different from above)**:

Street: _____

City: _____ State: _____ Zip Code: _____

Name and Title of Contact Person(s): _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

Tax ID # (for VA record keeping purposes): _____

Profit Status:

Private for profit

Private non-profit

Public (federal, state, municipal)

Identify the person who will serve as the training establishment's primary Veterans Certifying Official, responsible for certifying training time with the US Department of Veterans Affairs:

Name: _____

Title: _____

E-mail: _____

Phone: _____

PART II TRAINING PROGRAM INFORMATION

Program Name/Job Title: _____

Brief Job Description: _____

Length of Program (hours and expected months): _____

Hours in Standard Work Week: _____

Number of Qualified Employees Available as Instructors: _____

Maximum Number of Trainees that can be trained at one time: _____

D.O.T. Number: _____ O-Net Code: _____

Type of Program: Registered Apprenticeship- ***Please attach the Standards of Apprenticeship as approved by the RI State Apprenticeship Council.***

Non-Registered Apprenticeship- ***Please attach a detailed outline of your training program including the skills to be learned and expected number of hours to be spent in each skill area.***

Wage Scale to be paid the apprentice as stated in percentage of journeyman wage and rate per hour (insert additional lines or attach on a separate sheet if more space is needed):

Pay Period	# of Months	Wage Rate
1		
2		
3		
4		
5		
6		
7		
8		

(Wages can vary as long as the changes are approved by the State Approving Agency.)

Present Journeyman Wage: _____ per hour.

Number of Hours per year of Related Instruction: _____

Related Instruction Provided by: _____

PART III. STATEMENTS OF ASSURANCE:

(Note: In the following paragraphs, the term Veteran, denotes veterans, eligible persons and reservist trainees under Title 38 or Title 10, United States Code.)

1. The training establishment must furnish to each veteran trainee and the VA a signed copy of the training agreement including training program and wage scale as approved by the State Approving Agency.
2. The training establishment will maintain a written record of the previous education and training of each veteran and clearly indicate that appropriate credit has been given by the training establishment for previous education and training. Also, the training period will be shortened and the veteran will be placed in the appropriate wage scale step. The veteran and the VA will be notified. Records of previous education and training must be part of the veteran's record. If it is determined that a veteran is already qualified for the position, the training establishment will not enroll him/her in the program.
3. It is understood and agreed that the training establishment will maintain adequate records to show the progress of each veteran.
 - a. Records must be sufficient to show continued pursuit verifying hours worked and progression through the program (i.e. payroll records, attendance records, rates of pay, progression through work processes, verification of related instruction, etc.)
 - b. Records must show changes in student status (i.e. layoff, call to active duty, or withdrawing from program.) It is essential that a Change of Status (VA Form 22-1999b) be submitted to the VA on a timely basis (within 30 days) when there is a change in status.
4. The training establishment will promptly notify the RI State Approving Agency of any changes or revisions of existing programs, policies or procedures as well as change of name or address.
5. The training establishment will make available the records and necessary data required for approval and compliance for review by representatives of the RI State Approving Agency and the U.S. Department of Veterans Affairs.
6. The training establishment will retain a veteran's records for at least three (3) years from when the veteran completes/ends the program.
7. It is understood and agreed that wages paid to veterans will not be less than wages paid to non-veterans.
8. The training establishment certifies that there is reasonable certainty that the job for which the veteran is trained will be available to him/her at the end of the training period.
9. The training establishment certified that there is adequate space, equipment, personnel and training material to provide training.
10. The training establishment certifies that the training is consistent with industry standards and adequate to qualify the veteran for the job.
11. The training establishment will provide a certificate of completion upon the successful completion of the program.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT IN CONTENT AND POLICY.

I understand that the approval of any program(s) for veterans training will be withdrawn immediately by the RI State Approving Agency I and when it is determined that the training establishment has made a false statement or has failed to meet any of the requirements of said statute and rules and regulations adopted thereunder.

Name: _____
(please print)

Title: _____

Signature: _____ Date: _____

FOR SAA USE ONLY

Inspection Visit Conducted by: _____

Effective date of approval: _____

SAA Signature: _____ Date: _____