

**APPRENTICESHIP PROGRAM QUALITY ASSURANCE ASSESSMENT**

REGION \_\_\_\_\_ STATE \_\_\_\_\_

SPONSOR NAME \_\_\_\_\_ PROGRAM NUMBER \_\_\_\_\_

PROGRAM SPONSOR – NAME/ADDRESS \_\_\_\_\_ DATE PROGRAM REGISTERED: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF PROVISIONAL REVIEW: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF LAST ON-SITE REVIEW: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF THIS ON-SITE REVIEW: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF REMOTE REVIEW: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF LAST REMOTE REVIEW: \_\_\_\_\_

**Type & Size of Program:** \_\_\_\_\_ INJ \_\_\_\_\_ IJ \_\_\_\_\_ GNJ \_\_\_\_\_ GJ

Occupations Covered By Standards	# of Active Apprentices	# of Journeyworkers Employed	Current Journeyworkers Wage Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Ratio: \_\_\_\_\_

Previous Review Deficiencies and Improvements Program Sponsor Has Made in Addressing/Correcting (if applicable) Deficiencies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ALL ITEMS CHECKED "NO" SHOULD BE THOROUGHLY ADDRESSED ON PAGE 5

**ON-THE-JOB LEARNING (OJL)**

1. Apprentices receive OJL in all phases of occupation as outlined in occupation schedule.  
 Yes                       No
2. OJL is coordinated with related instruction.  
 Yes                       No
3. Program sponsor is providing reasonably continuous employment to all apprentices.  
 Yes                       No
4. Safety training included as part of OJL.  
 Yes                       No
5. The OJL (work process schedule) is kept current with industry practice.  
 Yes                       No
6. Program sponsor's workforce is consistent with the approved ratio as registered in apprenticeship standards.  
 Yes                       No
7. Program sponsor regularly evaluates the apprentices' on-the-job progress with the apprentice.  
 Yes                       No
8. Are the apprentices' scheduled wage increases determined (e.g., by actual hours of OJL or by months in the program), consistently with the registered apprenticeship standards?  
 Yes                       No
9. The probationary period is reasonable (hours/months) in relation to the term of apprenticeship, and full credit is given for probation toward the completion of apprenticeship.  
 Yes                       No
10. The program sponsor grants advanced credit for previously acquired experience and training to applicants/apprentices in a uniform manner.  
 Yes                       No

## RELATED INSTRUCTION

1. Identify the related instruction delivery system (electronic media, classroom, correspondence, home study; and the source Vocational-education center, program sponsored, etc.).  
\_\_\_\_\_  
\_\_\_\_\_
2. How many hours per year of related instruction are actually being provided? \_\_\_\_\_
3. Is the related instruction being provided consistently as approved in apprenticeship standards?  
[ ] Yes [ ] No
4. Are related instruction curriculum and training aids kept current with industry technological changes?  
[ ] Yes [ ] No
5. Is safety training included as part of the related instruction?  
[ ] Yes [ ] No
6. Have related training instructors received formalized instructor training? What kind? How many hours?  
[ ] Yes [ ] No
- Kind and Hours: \_\_\_\_\_  
\_\_\_\_\_
7. Has the program sponsor established criteria/guidelines for instructors (i.e., state certification, teaching experience, occupation experience)?  
[ ] Yes [ ] No
8. Does the program sponsor provide feedback to apprentices on related instruction progress/test results?  
[ ] Yes [ ] No
9. Is related instruction provided on a regular basis during the term of apprenticeship?  
[ ] Yes [ ] No
10. Is there a course outline of subjects to be covered each year?  
[ ] Yes [ ] No
11. Is the progressive wage schedule paid based on the completion of both the OJL learning as well as related instruction?  
[ ] Yes [ ] No

**PROGRAM OPERATION**

1. Is a specific person(s) responsible for monitoring the program and providing assistance to the apprentices?  

Yes                       No
2. Is the Registration Agency **promptly** notified of all new registrations, cancellations, and completions?  

Yes                       No
3. Does the program sponsor periodically assess success or needed improvements in the program by interviewing apprentices, completed apprentices, and journeyworkers?  

Yes                       No
4. Does the program sponsor maintain required records (selection/employment/training)?  

Yes                       No
5. Does the program sponsor submit revisions to the Registration Agency prior to instituting them?  

Yes                       No
6. What is the completion rate for each occupation? (Analysis based on most recent RAPIDS data.)  

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7. What is the cancellation rate for each occupation? (Analysis based on most recent RAPIDS data.)  

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8. Has the program sponsor addressed high cancellation rate? (If yes, explain below.)  

Yes                       No

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9. Does the program sponsor follow-up on terminations to determine the "cause"?  

Yes                       No
10. Does the Apprenticeship Committee meet regularly to address the progress of apprentices and the program?  

Yes                       No
11. Are **all** apprentices in each occupation registered with the Registration Agency?  

Yes                       No
12. Is the "Complaint Procedure" identified in the standards and available for review by all apprentices/applicants?  

Yes                       No

**EXISTING DEFICIENCIES/RECOMMENDATIONS**  
**ON -THE-JOB LEARNING**

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**RELATED INSTRUCTION**

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**PROGRAM OPERATION**

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On behalf of the above named sponsor, I hereby certify that all information provided is true and correct to the best of my knowledge.

SPONSOR'S CERTIFICATION: \_\_\_\_\_

**FOR PROVISIONAL PROGRAMS:**

RECOMMEND CONVERSION FROM PROVISIONAL TO PERMANENT REGISTRATION    YES [  ] NO [  ]    DATE: \_\_\_\_\_

RECOMMEND CONTINUATION AS PROVISIONAL    YES [  ] NO [  ]    DATE: \_\_\_\_\_

RECOMMEND DEREGISTRATION    YES [  ] NO [  ]    DATE: \_\_\_\_\_

REVIEWING OA REPRESENTATIVE: \_\_\_\_\_    DATE: \_\_\_\_\_

SUPERVISOR'S REVIEW & APPROVAL: \_\_\_\_\_    DATE: \_\_\_\_\_