

(INSERT NAME OF SPONSOR)
 (INSERT ADDRESS)
**APPRENTICESHIP & TRAINING TRANSCRIPT
 SAMPLE**

Apprentice Name:	Occupation Title: Counselor (Vocational)
Date of Birth:	RAPIDS Code: 0569
Social Security Number:	Term: 4,000 hours
Apprentice ID Number:	Date Apprenticeship Begins:

RELATED INSTRUCTION SCHEDULE	HOURS REQUIRED	HOURS/ SUBJECTS COMPLETED	DATE TRAINING COMPLETED	INSTRUCTOR/ MENTOR
1st Year: Phase I	144			
A. Microcomputer Applications I				
B. Office Procedures				
C. Customer Service Skills				
D. Employment Readiness				
E. Introduction to Social Work				
F. Organizational Communication				
G. Effective Listening				
H. Office Safety				
2nd Year: Phase 2	144			
I. Principles of Interviewing for the Human Services				
J. Career and Life Planning				
K. Introduction to Counseling				
L. Process Motivation				
M. Personnel Management Concepts or Coping with stress				
N. Business Electronic Communications <u>or</u> (Language) Spanish for Communication				
O. Environmental Relationship in Business <u>or</u> Business Ethics				
P. OSHA Reporting and Requirements				

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The following individuals verify the above named apprentice has successfully completed the hours of training or competencies achieved in the Related Instruction categories noted above.

Date Form Completed:

(Typed Name & Title)
Training Coordinator/Mentor

(Typed Name)
Apprentice's Signature

(Typed Name)
Sponsor Signature

(Typed Name & Title)
Registration Agency Representative
(Office Address/Phone)