



**DEPARTMENT OF WORKFORCES SERVICES
ISSUANCE NUMBER PY 11-02**

Artee Williams, Director

August 31, 2011

- TO:** All DWS Employees
Local Workforce Investment Areas/Service Providers
- SUBJECT:** Eligible Training Provider Procedures for Registered Apprenticeship Programs not on the *Projected Employment Opportunities List (Demand List)* but with intent to hire.
- 1. Purpose:** To provide procedures for placing registered apprenticeship programs on the Eligible Training Provider list when the training program is not on the *Demand List*, but where an employer provides intent to hire.
 - 2. Background:** To cover registered apprenticeship programs which otherwise would not qualify for WIA funding, these procedures were developed, and should be used when a Local Workforce Investment Area has determined that the use of WIA funds for a registered apprenticeship program is appropriate, but the program is not in Demand.
 - 3. Information:** Applications for registered apprenticeship programs on the Demand List should be made following regular ACRS approval procedures. The procedures listed below cover registered apprenticeship programs that are not on the *Demand List*, but where an employer is ready to hire an individual for a registered apprenticeship program, and approval for payment has been agreed to by a Local Workforce Investment Area.

Eligible Training Provider Procedures

Registering Apprenticeship Programs Not in Demand, but with Intent to Hire

- Employer must be ready to hire an individual (the training participant) for a specific registered apprenticeship program.
- Employer must complete and sign form (see attached) for a registered apprenticeship program and for a specified individual who they intend to hire.
- A completed and signed form must be provided to the Local Workforce Investment Area (LWIA) office for their acceptance and acknowledgement of intent to provide funding for training.
- Authorized representative of the LWIA must sign, and fax or mail, the completed form to the Department of Workforce Services, Labor Market Information (LMI) staff.
- LMI staff will verify whether the employer is an approved apprenticeship training provider under the National Apprenticeship Act that is assigned to the U.S. Department of Labor's Office of Apprenticeship.

- Once verified, LMI staff will keep a copy of form on file and notify the LWIA that the employer can now provide training to the individual.
 - LWIA office must keep a copy of completed form for their records, and make sure a copy is placed in the training participant's file.
4. **Action Required:** Please ensure that all employees are made aware of this information.
 5. **For Additional Information:** If you have any questions, please contact
Ron White at (501) 682-3121 or ron.white@arkansas.gov
Belinda Hodges at (501) 682-3118 or belinda.hodges@arkansas.gov
Shirley Johnson at (501) 683-0035 or shirley.johnson1@arkansas.gov
 6. **Attachment:**
 - A. Intent to Hire: Eligible Training Provider Application Form for Registered Apprenticeship Programs Not on the *Projected Employment Opportunities List (Demand List)*.
 7. **Expiration Date:** Continuing.

Intent to Hire
Eligible Training Provider Application Form for Registered Apprenticeship
Programs Not on the Projected Employment Opportunities List (Demand List)

Part 1

Section I: Employer/Training Provider Information

Name: _____

Physical Address: _____

City: _____ State: _____ Zip + 4 _____

Mailing Address: _____

City: _____ State: _____ Zip + 4 _____

Telephone: _____ Fax: _____

Email Address: _____

Web Address (URL): _____

Is training approved under the National Apprenticeship Act that is assigned to the U.S. Department of Labor's Office of Apprenticeship? (Yes or No) _____

Section II: Employer Contact Information

Name: _____ Title: _____

Telephone: _____ Fax: _____

Email Address: _____

Section III: Apprenticeship Program and Participant Information

Participant's name: _____

Participant's Address: _____

Name of Apprenticeship program: _____

Length of Program: _____

Method of Instruction: _____

Will Certification be granted upon completion of program? (Yes or No) _____

Program Costs: _____

Book Costs: _____

Classroom hours for completion: _____

Working hours for completion: _____

Expected Permanent Hire Date: _____

Expected Salary for apprenticeship period: _____

Expected Salary after permanent hire: _____

I/we certify that I/we will comply with the nondiscrimination provisions outlined in the Workforce Investment Act of 1998, to include all provisions as outlined in the Americans with Disabilities Act of 1990. (Yes or No) _____

I/we certify that the information provided on this application is verifiable, and we acknowledge that providing information that cannot be verified constitutes a fraudulent action on our part. (Yes or No) _____

Authorized Signature: _____ Date: _____

Printed Name: _____

Please mail or fax your completed form to the Local Workforce Investment Area (LWIA) office that will provide funding.

Part 2 (For Local Workforce Investment Area office use)

Name of LWIA office providing funding: _____

Signature of LWIA office official: _____

Mail To: Arkansas Department of Workforce Services Attn: Belinda Hodges-LMI/OCI P.O. Box 2981 Little Rock, AR 72203	Fax To: 501-682-3186 Attn: Belinda Hodges
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