

## PRE-APPRENTICESHIP PROGRAM INDUSTRY PROVIDER APPLICATION FORM

<b>NAME OF INDUSTRY PROVIDER OR POSTSECONDARY PARTNERSHIP IF APPLICABLE</b>	<b>NAME OF DISTRICT / HIGH SCHOOL</b>
<b>INDUSTRY PROVIDER CONTACT NAME</b>	<b>DISTRICT SCHOOL CONTACT NAME</b>
<b>STATEWIDE APPRENTICESHIP COUNCIL (SAC) NUMBER</b>	
<b>INDUSTRY PROVIDER ADDRESS</b>	<b>DISTRICT ADDRESS</b>
<b>INDUSTRY PROVIDER CONTACT PHONE NUMBER</b>	<b>DISTRICT CONTACT PHONE NUMBER</b>
<b>APPLICATION DATE</b>	<b>DATE APPLICATION APPROVED BY SCHOOL BOARD</b>
<b>NAME OF PRE-APPRENTICESHIP PROGRAM OFFERED BY PROVIDER</b>	

<b>PROGRAM START DATE</b>	
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*COURSE	STARS COURSE CODE NUMBER	METHOD OF DELIVERY (distance learning; correspondence)	COURSE(S) ALIGNMENT to NM Standards & Benchmarks		DUAL CREDIT OFFERED	
			YES	NO	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Course of instruction may include hands-on training, but shall not include on the job training.

<b>IDENTIFY TOOLS PROVIDED FOR PROGRAM</b>	

<b>IDENTIFY SUPPLIES PROVIDED FOR PROGRAM</b>	

<b>IDENTIFY INSTRUCTIONAL MATERIALS PROVIDED FOR THE PROGRAM</b>	

**PRE-APPRENTICESHIP PROGRAM  
INDUSTRY PROVIDER APPLICATION FORM**

**DESCRIBE EVALUATION PROCESS OF PROGRAM**

**DESCRIBE METHOD OF GRADE REPORTING**

**DESCRIBE METHOD OF ATTENDANCE RECORDING**

**DESCRIBE PRE-REQUISITES, IF ANY, FOR PROGRAM PARTICIPATION**

**DESCRIBE HOW STUDENTS WILL BE RECRUITED INTO PROGRAM**

**DESCRIBE HOW STUDENTS WILL BE ACCEPTED INTO PROGRAM**

**DESCRIBE PLAN FOR CONTINUATION OF PROGRAM IF PROVIDER WISHES TO CEASE ITS PRE-APPRENTICESHIP PROGRAM**

**DESCRIBE CIRCUMSTANCES UNDER WHICH A PRE-APPRENTICESHIP STUDENT MAY BE DISMISSED FROM THE PROGRAM**

## PRE-APPRENTICESHIP PROGRAM INDUSTRY PROVIDER APPLICATION FORM

<b>INSTRUCTOR NAME(S)</b>	<b>INSTRUCTOR APPLICATION FORM ATTACHED</b>
	<input type="checkbox"/>
	<input type="checkbox"/>

<b>LOCATION WHERE THE PRE-APPRENTICESHIP PROGRAM WILL BE CONDUCTED</b>

<b>ANY ADDITIONAL INFORMATION REQUESTED</b>

<i>NOTE: IT IS THE STUDENT'S RESPONSIBILITY TO ARRANGE TRANSPORTATION TO THE PRE-APPRENTICESHIP PROGRAM INSTRUCTIONAL SITE, DEPENDING UPON THE TIME OF INSTRUCTION AND LOCATION OF INSTRUCTIONAL DELIVERY.</i>
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<b>PRINT SUPERINTENDENT OR DESIGNEE NAME:</b>	<b>SUPERINTENDENT OR DESIGNATE SIGNATURE</b>	<b>DATE</b>
<b>PRINT SCHOOL BOARD PRESIDENT OR DESIGNEE NAME:</b>	<b>BOARD PRESIDENT OR DESIGNATE SIGNATURE</b>	<b>DATE</b>
<b>PRINT PROVIDER'S NAME:</b>	<b>PROVIDER'S SIGNATURE</b>	<b>DATE</b>