

Program Registration and Apprenticeship Agreement



NEVADA LABOR COMMISSIONER NEVADA STATE APPRENTICESHIP COUNCIL

APPRENTICE REGISTRATION

Warning: This agreement does not constitute a certification under NRS 610, NAC 610, Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency shown below. (Item 24)

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29 and NRS & NAC 610.

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE.

Apprentice Identification Number:		Answer Both A and B (Voluntary)		5. Veteran Status (Mark one)	
1. Name of Apprentice:		4. a. Ethnic Group (Mark one)		<input type="checkbox"/> Non-Veteran	
Last Name, First Name, Initial		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Veteran	
Address		<input type="checkbox"/> Not Hispanic or Latino		6. Education Level (Mark one)	
City State Zip Code		b. Race (Mark one or more)		<input type="checkbox"/> 8th grade or less	
2. Date of Birth (Mo., Day, Yr.)		<input type="checkbox"/> American Indian or Alaska native		<input type="checkbox"/> 9th to 12th grade	
3. Sex (Mark one)		<input type="checkbox"/> Asian		<input type="checkbox"/> GED	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Black or African American		<input type="checkbox"/> High School Graduate or Greater	
		<input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> Post-Secondary or Technical Training	
		<input type="checkbox"/> White			
7a. Employment Status (Mark one) <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee					
7b. Career Connection (Mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Pre-Apprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans					
<input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> Career Center Referral <input type="checkbox"/> School-to-Registered Apprenticeship					
8. Signature of Apprentice			9. Signature of Parent/Guardian (if minor)		
Date			Date		

PART B: SPONSOR: EXCEPT FOR ITEMS 6, 7, 8, 10a. - 10c, REMAINDER OF ITEMS REPOPULATED FROM PROGRAM REGISTRATION.

1. Sponsor Program No. 201-NV-81493		2a. Occupation (The work processes listed in the standards are part of this agreement).		2b Occupation Code:0101CB	
Board of Regents, Nevada System of Higher Education Sponsor Name		Dental Assistant			
2601 Enterprise Rd Address		3. Occupation Training Approach (Mark one)		4. Term (Hrs., Mos., Yrs.)	
Reno, NV, 89509 City State Zip Code		3a. <input type="checkbox"/> Time-Based		2000 hours	
		3b. <input checked="" type="checkbox"/> Competency-Based		5. Probationary Period (Hrs., Mos., Yrs.)	
		3c. <input type="checkbox"/> Hybrid		500 hours	
9a. Related Instruction (Number of Hours Per Year) 240		6. Credit for Previous Experience (Hrs., Mos., Yrs.)		7. Term Remaining (Hrs., Mos., Yrs.)	
9b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input checked="" type="checkbox"/> Will Not Be Paid		8. Date Apprenticeship Begins			
9c. Related Training Instruction Source		Truckee Meadows Community College			

10. Wages:											
10a. Pre-Apprenticeship Hourly Wage \$ _____			10b. Apprentice's Entry Hourly Wage \$15.00				10c. Journeyworker's Hourly Wage \$18.00				
Check Box		Period 1	2	3	4	5	6	7	8	9	10
10d. Term 2000		15.00									
<input checked="" type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.											
10e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input checked="" type="checkbox"/>											
11. Signature of Sponsor's Representative						12. Name and Address of Sponsor Designee to Receive Complaints (If applicable)					
Cheryl Olson						2601 Enterprise Rd					
Date Signed 2/03/2022						Name Address					
						Reno, NV 89512					
						City State Zip Code					

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

1. Registration Agency and Address: NEVADA LABOR COMMISSIONER 3300 West Sahara Avenue Ste 225, Las Vegas NV 89102		2. Signature State Apprentice Director		3. Date Registered	
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