



NEVADA LABOR COMMISSIONER  
NEVADA STATE APPRENTICESHIP COUNCIL  
2023 Non-Joint Standards of Apprenticeship

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## **Appendix B**

# **APPRENTICESHIP AGREEMENT**

**AND**

# **APPLICATION FOR CERTIFICATION OF COMPLETION OF APPRENTICESHIP**

***Intermountain Health MA Apprenticeship Program***

RAPIDS PROGRAM ID NUMBER: \_\_1085CB\_\_

DEVELOPED IN COOPERATION WITH THE  
THE NEVADA LABOR COMMISSIONER, THE NEVADA STATE APPRENTICESHIP COUNCIL, AND  
THE U.S. DEPARTMENT OF LABOR

# 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			Date		
9. Signature of Parent/Guardian (if minor)			Date		

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

1. Sponsor Program No.		2a. Occupation (The work processes listed in the standards are part of this agreement).		2b Occupation Code:	
Sponsor Name					
Address		3. Occupation Training Approach (Mark one)		4. Term (Hrs., Mos., Yrs.)	
City State Zip Code		3a. <input type="checkbox"/> Time-Based		5. Probationary Period (Hrs., Mos., Yrs.)	
		3b. <input type="checkbox"/> Competency-Based			
		3c. <input type="checkbox"/> Hybrid			
9a. Related Instruction (Number of Hours Per Year)		9b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid		9c. Related Training Instruction Source	
10. Wages:					
10a. Pre-Apprenticeship Hourly Wage \$ _____ 10b. Apprentice's Entry Hourly Wage \$ _____ 10c. Journeyworker's Hourly Wage \$ _____					

Check Box 10d. Term <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.	Period 1	2	3	4	5	6	7	8	9	10
10e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>										
11. Signature of Sponsor's Representative		Date Signed		12. Name and Address of Sponsor Designee to Receive Complaints (If applicable)						
				Name Address						
				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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## Program Definitions and/or Instructions:

### Part A

#### Item 4.a. Definition - Ethnic Group:

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

#### Item 4.b. Definitions - Race:

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

#### Item 7b. Instructions:

Indicate any career connection (definitions follow). Enter "None" if no career connection applies.

**Pre-Apprenticeship.** A program or set of strategies designed to prepare individuals to enter and succeed in a Registered Apprenticeship program which has or have a documented partnership(s) with a Registered Apprenticeship program(s).

**Technical Training School.** Graduates trained in an occupation from a technical training school related to an occupation registered by the program sponsor and who meet the minimum qualifications for Registered Apprenticeship.

**Military Veterans.** Veterans that completed a military technical training school and/or elect to participate in the Building and Construction Trades Helmets to Hardhats Program or trained in an occupation while in the military related to an occupation registered by the program sponsor and who meet the minimum qualifications for Registered Apprenticeship.

**Job Corps.** Graduates trained in an occupation from a federally funded Job Corps center related to an occupation registered by the program sponsor and who meet the minimum qualifications for Registered Apprenticeship.

**YouthBuild.** Graduates trained in an occupation from a federally funded YouthBuild program related to an occupation registered by the sponsor and who meet the minimum qualifications for Registered Apprenticeship.

**HUD/STEP-UP.** Applicants who successfully participated in the U.S. Department of Housing and Urban Development Step-Up program and received an apprenticeship experience which meets the minimum qualifications for Registered Apprenticeship.

**Career Center Referral.** Includes career center participants referred to the Registered Apprenticeship Program and/or apprentice(s) that receive workforce system funded services that support their participation in a Registered Apprenticeship program. This may include the use of individual training accounts and/or on-the-job training reimbursements.

**School-to-Registered Apprenticeship.** Program designed to allow high school youth ages 16 - 17 to enter a Registered Apprenticeship program and continue after graduation with full credit given for the high school portion.

### Part B

**Item 3. Occupation Training Approach.** The program sponsor decides which of the three training methods to use in the program as follows:

- 3.a. Time-Based Training Approach - apprentice required to complete a specific number of hours of on-the-job learning (OJL) and related training instruction (RTI).
- 3.b. Competency-Based Training Approach - apprentice required to demonstrate competency in defined subject areas and does not require any specific hours of OJL or RTI; or
- 3.c. Hybrid-Training Approach - apprentice required to complete a minimum number of OJL and RTI hours and demonstrate competency in the defined subject areas.

**Item 4. Term (Hrs., Mos., Yrs.).** Based on the program sponsor's training approach. See Part B, Item 4. Available in the terms of the Apprenticeship Standards.

**Item 5. Probationary Period (Hrs. Mos., Yrs.)** Probation period cannot exceed 25 percent of the length of the program or one year, whichever is shorter.

**Item 7. Term Remaining (Hrs., Mos., Yrs.).** Under Part B, Item 6., Credit for Previous Experience (Hrs., Mos., Yrs.) is determined by the program sponsor. The Term Remaining (Hrs., Mos., Yrs.) in Part B, Item 7., for the apprentice to complete the apprenticeship is based on the training approach indicated in Part B, Item 3. The term remaining is available in the terms of the Apprenticeship Standards.

#### Item 10. Wage Instructions:

10a. Pre-Apprentice hourly wage: sponsor enters the individual's hourly wage in the quarter prior to becoming an apprentice.

10b. Apprentice's entry hourly wage (hourly dollar amount paid): sponsor enters this apprentice's entry hourly wage.

10c. Journeyworker's wage: sponsor enters wage per hour.

10d. Term: sponsor enters in each box the apprentice schedule of pay for each advancement period based on the program sponsor's training approach. See Part B, Item 3. and is available in the terms of the Apprenticeship Standards.

10e. Percent or dollar amount: sponsor marks one.

**Note:** 10c. If the employer is signatory to a collective bargaining agreement, the journeyworker's wage rate in the applicable collective bargaining agreement is identified. Apprenticeship program sponsors not covered by a collective bargaining agreement must identify a minimum journeyworker's hourly wage rate that will be the basis for the progressive wage schedule identified in Item 10e, of this agreement.

10d. The employer agrees to pay the hourly wage rate identified in this section to the apprentice each period of the apprenticeship based on the successful completion of the training approach and related instructions outlined in the Apprenticeship Standards. The period may be expressed in hours, months, or years.

10e. The wage rates are expressed either as a percent or in dollars and cents of the journeyworker's wage depending on the industry.

**Example (Time-based approach) - 3 YEAR APPRENTICESHIP PROGRAM**

<u>Term</u>	<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>	<u>Period 4</u>	<u>Period 5</u>	<u>Period 6</u>
Hrs., Mos., Yrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.	1000 Hrs.
%	55	60	65	70	80	90

**Example (Time-based approach) - 4 YEAR APPRENTICESHIP PROGRAM**

<u>Term</u>	<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>	<u>Period 4</u>	<u>Period 5</u>	<u>Period 6</u>	<u>Period 7</u>	<u>Period 8</u>
Hrs., Mos., Yrs.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.	6 Mos.
	50	55	60	65	70	75	80	90

**Item 13.** Identifies the individual or entity responsible for receiving complaints (Code of Federal Regulations, CFR, Title 29 part 29.7(k)).

**Part C.**

**Item 4. Definition:** The Registered Apprenticeship Partners Information Data System (RAPIDS) encrypts the apprentice's social security number and generates a unique identification number to identify the apprentice. It replaces the social security number to protect the apprentice's privacy.

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\*The submission of your social security number is requested. The apprentice's social security number will only be used to verify the apprentice's periods of employment and wages for purposes of complying with the Office of Management and Budget related to common measures of the Federal job training and employment programs for measuring performance outcomes and for purposes of the Government Performance and Results Act. The Office of Apprenticeship will use wage records through the Wage Record Interchange System and needs the apprentice's social security number to match this number against the employers' wage records. Also, the apprentice's social security number will be used, if appropriate, for purposes of the Davis Bacon Act of 1931, as amended, U.S. Code Title 40, Sections 276a to 276a-7, and Title 29 CFR 5, to verify and certify to the U.S. Department of Labor, Wage and Hour Division, that you are a registered apprentice to ensure that the employer is complying with the geographic prevailing wage of your occupational classification. Failure to disclose your social security number on this form will not affect your right to be registered as an apprentice. Civil and criminal provisions of the Privacy Act apply to any unlawful disclosure of your social security number, which is prohibited.

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The collection and maintenance of the data on ETA-671, Apprentice Registration – Section II Form, is authorized under the National Apprenticeship Act, 29 U.S.C. 50, and CFR 29 Part 29.1. The data is used for apprenticeship program statistical purposes and is maintained, pursuant to the Privacy Act of 1974 (5 U.S.C. 552a.), in a system of records entitled, DOL/ETA-4, Registered Apprenticeship Partners Information Management Data System (RAPIDS) at the U.S. Department of Labor, Office of Apprenticeship. Data may be disclosed to a State Apprenticeship Agency to determine an assessment of skill needs and program information, and in connection with federal litigation or when required by law.

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Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is required to obtain or retain benefits under 29 USC 50. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room N-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0023.)

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Program Registration and  
Apprenticeship Agreement  
Office of Apprenticeship

**U.S. Department of Labor**  
Employment and Training Administration

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Voluntary Disability Disclosure

OMB No. 1205-0223

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Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Why are you being asked to complete this form?**

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.<sup>[1]</sup> To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### **How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).

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<sup>[1]</sup> Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.doleta.gov/OA/eo/>.

NEVADA LABOR COMMISSIONER  
NEVADA STATE APPRENTICESHIP COUNCIL APPLICATION FOR  
CERTIFICATION OF COMPLETION OF APPRENTICESHIP

*(If required please type or print all information, attach additional apprentices on separate sheet)  
(This Application is optional, for Sponsor utilizing Electronic Registration)*

**Sponsor Information**

Sponsor: Intermountain Health MA Apprenticeship Program	Program #:
Address: 6355 S. Buffalo Dr.	Contact Name: Mandy Glettler
City, State, Zip: Las Vegas, NV 89113	Phone: 801-326-7347

**Apprentice Information**

Full Name of Apprentice: <b>(Print/type name as indicated on the ETA 671 or in RAPIDS)</b>
Apprentice Registration Number:
Occupation:
Term:
Registration Date:
Date of Completion:
Completion Wage:

**Related Instruction Certification**

Related Instruction Hours completed:
Related Instruction Furnished by:
Teacher(s) or Director(s) of Related Instruction Certifying to above information:
Name: _____ Address: _____

**Request for Certificate**

Certify that the apprentice named in the application has satisfactorily completed and is working at the Journey worker Level of their apprenticeship program as registered with the State Apprenticeship Agency by using the completion form for the issuance of the Certificate of Completion of Apprenticeship.
Sponsor's Signature: _____ Date: _____
Type Name/Title: _____

NEVADA LABOR COMMISSIONER  
NEVADA STATE APPRENTICESHIP COUNCIL APPLICATION FOR  
CERTIFICATION OF COMPLETION OF APPRENTICESHIP

*(If required please type or print all information, attach additional apprentices on separate sheet)  
(This Application is optional, for Sponsor utilizing Electronic Registration)*

**Authentication of Requests for Certificate of Completion of Apprenticeship**

Where the Office of Apprenticeship is the Registration Agency, issuance of a Certificate of Completion of Apprenticeship to apprentices upon satisfactory completion of the requirements of the apprenticeship program as established in these Standards, the sponsor certifies to the Registration Agency and requests the awarding of a Certificate of Completion of Apprenticeship to the completing apprentice(s). Such requests are completed either electronically using the Register Apprenticeship Partner Information System (RAPIDS) or in writing using with the use of this form from the sponsor to the appropriate field office.

**General Guidance**

The sponsor will verify that the apprentice has completed all requirements of apprenticeship including a signed copy of transcripts from the sponsor, provider, or sponsor of the related instruction. The field office representative shall have in evidence an electronic or written Application for Certification of Completion of Apprenticeship.

When a large number of apprentices are completing at the same time from the same occupation, one application form from the sponsor can be used with an attached list of pertinent information for the completing apprentices. When the sponsor has more than one occupation or more than one employer, the sponsor should complete separate forms for each occupation and employer, follow the procedure above.

The occupation identified, must be the occupation title as listed in the most current List of Officially Recognized Apprenticeable Occupations. For sponsors who use a slightly different occupational title, OA staff may use the sponsor's title as long as the officially recognized occupational title is included in parenthesis under the sponsor's occupational title. Please see attached "sample" for reference.

The term "journeyman, journeyworker, journeyperson, etc." should not be included in the occupational title. These terms are used to describe a level of competency rather than an occupational title.

In rare instances where a program sponsor may utilize such a term above in their occupational title and that terminology is consistently used within their organization and training materials, OA staff may use that terminology on the sponsor's occupational title as long as the officially recognized occupational title is listed in parenthesis under the sponsor's title. The practice of using a level of competency in the occupational title should be discouraged when possible.

The sponsor's name on the Certificate of Completion of Apprenticeship shall be as it is registered and approved in their apprenticeship standards.

The date completed shall be the date of completion as indicated on the request form.

**Issuance of Replacement OA Certificate of Completion of Apprenticeship**

Replacement certificate requests shall be verified with undeniable proof that an original certificate was either issued or requested by the sponsor. This shall be verified through OA's records or the program sponsor's records. In the event a field office has no proof, yet a program sponsor does, or vice versa, a copy of that proof shall be sent to the field office and included in the program folder. The term "**Replacement Certificate**" shall be printed on the certificate.

The Certificate of Completion of Apprenticeship shall not be used for any other purpose than completion of a Registered Apprenticeship program.