



Program Name Nevada System of Higher Education Program # _____

Address 2601 Enterprise Rd. City Reno State/Zip NV 89512 Telephone 775-784-3410

Contact Person Cheryl Olson Title Director Type of Program: Competency-based NAICS Code 621491

EIN # 88-6000024 Email Address: colson@nshe.nevada.edu

Type of Action: (Check One) A. <input type="checkbox"/> Wage Increase B. <input type="checkbox"/> Revision of Standards C. <input type="checkbox"/> New Occupation D. <input checked="" type="checkbox"/> New Program	Type of Program: (Check One) A. <input type="checkbox"/> Individual Union B. <input checked="" type="checkbox"/> Individual Non-Union C. <input type="checkbox"/> Group Union D. <input type="checkbox"/> Group Non-Union E. <input type="checkbox"/> If Union Bargaining Unit	Journey Workers (JW) A. No. of Females _____ B. No. of Minorities _____ C. No. JW <u>100</u> D. No. of Employers <u>1</u>	Pay Period (Circle One) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly Pay Increases (Months) 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> Other <input checked="" type="checkbox"/>
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TRADE INFORMATION

Occupation (use separate form for each occupation)	Term (OJT hours)	RTI (Classroom hours)	# Of Journey workers	# Of Apprentices in Training	Journey worker Hourly Rate	Days per Week
Medical Assistant	2,000	193	100	1	\$16.73	5

HOURLY APPRENTICE WAGES BY PERIOD (Excluding Benefits) Top Line Dollar Amounts Bottom Line Percentages

Occupation	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH	10 TH
Medical Assistant	\$13.00	\$16.73	\$	\$	\$	\$	\$	\$	\$	\$
	77 %	100 %	%	%	%	%	%	%	%	%
Fringe Benefits (\$ or %)										

The Sponsor / Program Coordinator certifies and assures that it will utilize qualified training personnel in the delivery of the related instruction, such as subject matter experts (e.g., journeymen) who are recognized within an industry as having expertise in a specific occupation, and who also have training in teaching techniques and adult learning styles, which may occur before or after the apprenticeship instructor has started to provide the related technical instruction. Further, the Sponsor / Program Coordinator certifies the information above is true and correct.

1/4/2021

Date

Cheryl Olson

Signature of Sponsor / Program Coordinator

DO NOT WRITE BELOW THIS LINE

Richard J. Williams

Received By: _____

1/5/2021

Date

State Apprenticeship Director