



GUIDELINES FOR THE PREPARATION AND SUBMISSION OF ANNUAL REPORTS

Accredited Training Sponsors and/or Accredited Assessment Centers are required to submit an annual report to NCCER Accreditation Department no later than **August 31** (faxed or postmarked) each year. This report will summarize the activities of the preceding academic calendar year (July 1 through June 30) and will be signed by the Sponsor Representative and/or Assessment Administrator.

Upon receipt of the Annual Report, a designated NCCER staff member will review it for compliance to format and guidelines. If the Report does not meet the standards described, the Report will be returned to the Sponsor Representative along with specific feedback noting the need for specific data. A revised report will be required within thirty days.

NCCER will provide Accredited Training Sponsors and/or Accredited Assessment Centers with registry information (training records, instructors, and assessment personnel) on completing the annual reporting process by July 31 each year.

Please refer any questions regarding completion of the Annual Report to the NCCER Accreditation Department at (888) 622-3720. ext. 363.

Mailing Address: **NCCER – Accreditation Department**
P.O. Box 141104
Gainesville FL 32614-1104

OR

Fax to Accreditation Department: **(352) 334-0932**

FORM 103



ANNUAL REPORT DOCUMENT

Training Sponsor/Assessment Center: _____ Date: _____

Owner Contractor Organized Labor Consultant Trade Association Corrections
 Government Agency For-Profit School Temporary Employment Agency Other _____
Required

Mailing Address:

City/State/Zip Code:

Physical Address:

City/State/Zip Code:

Main Telephone:

Fax:

Website Address: _____ Note: NCCER will provide a hotlink from its website to yours to help interested parties in obtaining further information about your organization. Would you like to link from NCCER? ____ Yes ____ No If yes, please provide specific link address: _____ Would you prefer NOT TO BE listed on the NCCER website as a Training Sponsor or an Assessment Center? ____ Yes ____ No

Sponsor Representative/Administrator:

Title:

Telephone:

Fax:

Email:

2nd Contact:

Title:

Telephone:

Fax:

Email:

Annual Report, Part 1: Record Verification and Program Changes

1. Verification:

- A. Accredited Training Sponsor Yes ____ No ____

If yes, NCCER will provide Accredited Training Sponsors and/or Accredited Assessment Centers with registry information (training records, instructors, and assessment personnel). Verify, revise, and comment on all variances.

- B. Accredited Assessment Center Yes ____ No ____

If yes, download your inventory from Arkiv. Verify, revise, and document all variances.

Are you verifying your inventory monthly? Yes ____ No ____

2. Specific Changes:

Describe any significant changes that occurred during the preceding calendar year in the following areas:

- A. Organization and Administration

- B. Increases/Decreases in your training/assessing

- C. Use the enclosed instructor list to make all modifications and/or deletions to be updated in the NCCER National Registry. Social Security # must be included for verification and implementation.

If changes are noted, please check here:

If no changes are required, please check here:

- D. Describe all actions and/or programs implemented this year to improve your training/assessment program. Do you have any immediate plans to improve program?

3. Undeveloped Potentials:

Have you identified or investigated any opportunities to grow and/or expand your program? If so, can NCCER assist you in your efforts?

Annual Report, Part 11: Training

| A. Methodologies | Check if used | Indicate % of overall training (approximate) |
|-------------------------------|--------------------------|--|
| Traditional Classroom | <input type="checkbox"/> | |
| Lab-based performance | <input type="checkbox"/> | |
| Jobsite-based performance | <input type="checkbox"/> | |
| CD-Rom based | <input type="checkbox"/> | |
| Web-based | <input type="checkbox"/> | |
| Correspondence | <input type="checkbox"/> | |
| B. Types | | |
| Registered apprenticeship | <input type="checkbox"/> | |
| Non-Registered apprenticeship | <input type="checkbox"/> | |
| Task specific training | <input type="checkbox"/> | |
| Upgrade/cross training | <input type="checkbox"/> | |
| Safety and Management | <input type="checkbox"/> | |

C. Do you participate in school-to-career initiatives? Yes ____ No ____ . If yes, please describe.

D. Do you have any ATEFs (Accredited Training Education Facilities) you are currently working with? Yes ____ No ____
If yes, how often are you monitoring? Monthly ____ Quarterly ____ Yearly ____

E. Describe any innovative, creative, time-saving or cost-saving initiatives you have implemented in your training program this year.

Would you consider this a “best practice” for other Sponsors? Yes ____ No ____

May NCCER share this “best practice” with other Sponsors? Yes ____ No ____

F. Assessments

| Methodologies | Check if used | Approximate Number of Assessments Administered this Annual Report Period |
|-------------------------|--------------------------|--|
| Craft – Paper/Pencil | <input type="checkbox"/> | |
| Craft – Web-based | <input type="checkbox"/> | |
| Pipeline – Paper/Pencil | <input type="checkbox"/> | |
| Pipeline – Web-based | <input type="checkbox"/> | |

FORM 103 CONTINUED

G. Do you administer National Construction Career Tests (NCCTs)? Yes No

If yes, which method(s) do you use? Paper/Pencil Web-based

If yes, approximately how many NCCTs were administered this Annual Report Period? _____

H. Are you conducting performance verifications? Yes No

If yes, where are you conducting the performance verifications?

Controlled Observation (CO) On-the-Job Observation (OJO) Simulation

Other: Explain: _____

I. Which method are you using for submitting the Form 101s, Form 103s, Form 200s, Forms 300/300As, Registration and Release Forms, and PVs (Performance Verifications)?

ANR (Automated National Registry) Fax Mail

J. REAFFIRMATION OF ACCREDITED TRAINING SPONSOR

As an active NCCER **Accredited Training Sponsor**, I attest that the following NCCER requirements are continuously met in the operation of our training program, in accordance with NCCER's *Accreditation Guidelines* and standards.

Please check (✓) the appropriate box, Yes () or No ()

1. Yes No Use the *Contren® Learning Series* for instruction
2. Yes No Submit proper documentation to NCCER's National Registry
3. Yes No Have at least one Master Trainer on staff
4. Yes No Ensure that all Instructors are trained by an NCCER certified Master Trainer and are certified by NCCER prior to beginning training
5. Yes No Formally evaluate the training program (including Training Units) on a regular basis
6. Yes No Regularly monitor and evaluate Instructors
7. Yes No Maintain a process for trainee evaluation of Instructors
8. Yes No Recognize previous NCCER training
9. Yes No Conduct written and performance tests (including testing-out)
10. Yes No Conduct record keeping in compliance with NCCER standards
11. Yes No Provide appropriate classroom and performance testing facilities
12. Yes No Agree to NCCER program audit and procedures
13. Yes No Comply with the maximum for rescheduling an audit date, which is twice
14. Yes No Agree to pay lodging, fees, and expenses for all re-audits due to non-conformance
15. Yes No Comply with all applicable local, state, and federal regulations
16. Yes No Remain in good financial standing with NCCER
17. Yes No Ensure that all registering of individuals, training program administration, testing, credentialing, and release and reporting of training program information will be conducted without regard to an individuals race, color, religion, age, sex, national origin or ancestry, marital status, status as a Vietnam era veteran, or status as a qualified individual with a disability
18. Yes No Submit Annual Report

FORM 103 CONTINUED

K. REAFFIRMATION OF ACCREDITED ASSESSMENT CENTER

As an active NCCER **Accredited Assessment Center**, I attest that the following NCCER requirements are continuously met in the operation of our Assessment Center, in accordance with NCCER's *Accreditation Guidelines* and standards. Please check (✓) the appropriate box, Yes () or No ().

1. Yes No Have an Administrator, who must also be a Certified Master Trainer
2. Yes No Ensure all Coordinators, Proctors, and Performance Evaluators are trained and certified by NCCER
3. Yes No Provide and ensure security for all assessments, at all times, according to NCCER standards
4. Yes No Agree to NCCER program audit and procedures
5. Yes No Comply with the maximum for rescheduling an audit date, which is twice
6. Yes No Agree to pay lodging, fees, and expenses for all re-audits due to non-conformance
7. Yes No Administer all assessments according to NCCER standards
8. Yes No Provide documentation and record keeping to support the program
9. Yes No Have a written policy for Assessment Program administration and control
10. Yes No Provide adequate facilities to administer the NCACP
11. Yes No Comply with all applicable local, state, and federal regulations
12. Yes No Regularly monitor and evaluate assessment sessions
13. Yes No Administer Performance Verifications in accordance with NCCER standards in a Controlled Observation (CO), On-the-Job Observation (OJO), Simulation, or Other method
14. Yes No Remain in good financial standing with NCCER
15. Yes No Ensure that all registering of participants, assessment and certification program administration, scoring of assessments, credentialing, and release and reporting of information through the assessment and certification process will be conducted without regard to an individual's race, color, religion, age, sex, national origin, or ancestry, marital status, status as a Vietnam era veteran, or status as a qualified individual with a disability
16. Yes No Provide and maintain designated NCCER requirements as outlined in Sections 2.A. of this application
17. Yes No Submit verification of assessment inventory upon request, at minimum annually
18. Yes No Submit Annual Report

FORM 103 CONTINUED

Signature of the Sponsor Representative/Administrator is required as verification to the accuracy and completeness of the Annual Report. Space is provided for an additional Sponsor Officer or President/CEO/Staff Officer of Assessment Center to sign at the Sponsor Representative/Administrator's discretion.

| | | |
|---|--|---------------|
| _____ Sponsor Representative/Administrator Signature | _____ Name/Title (<i>type or print</i>) | _____ Date |
|---|--|---------------|

| | | |
|---|--|---------------|
| _____ Sponsor Officer or President/CEO/Staff Officer of Assessment Center Signature | _____ Name/Title (<i>type or print</i>) | _____ Date |
|---|--|---------------|

Return to: NCCER – Accreditation Department Phone 352-334-0911 • Fax 352-334-0932
Mailing Address: P.O. Box 141104 • Gainesville FL 32614-1104
Physical Address: 3600 NW 43rd St. • Bldg. G • Gainesville FL 32606