Form 100-1

Application for Training Program Sponsorship
Self-Assessment Document

This form is the final step in the application process for approval as a Candidate for NCCER Accreditation. It is designed to validate your knowledge and understanding of NCCER programs, processes and procedures and the principles you learned in Master Trainer class. The following questions are for the purpose of collecting information about how your organization plans to implement NCCER training programs. This form will be used as part of the auditing and reaccreditation process to assist your organization in meeting its workforce development goals.

Today's Date: _____

ATS Applicant: _____

Sponsor Representative:

_____ _____ _____
Name   *Title*   *SS#/ NCCER Card #*

_____   **NOTE: This form will not be formally processed until Master Trainer class has been completed by the Sponsor Representative.**
Master Trainer Completion Date

_____ _____
Telephone   *E-mail*

2nd Contact:

_____ _____ _____
Name   *Title*   *SS#/ NCCER Card #*

_____ _____
Telephone   *E-mail*

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Section I: TRAINING PROGRAM GOALS

The purpose of this section is to assess the ATS Applicant's goals and objectives of its training program. Where requested please provide a brief and complete written statement or reference an attachment to this document. In other cases, check (✓) the appropriate box.

A. 1. Please describe what you strive to accomplish for your organization/workforce by implementing NCCER training programs. Be specific about training goals, objectives, and projections.

    2. What is the timeline to achieve the above?

B. How will your training program be funded? Please provide information about the financial resources used to implement training. (Corporate training budget? Grant-funded programs? Tuition? Scholarships? Donated hours from trainees or training on the clock?)

C. How will your organization measure progress toward achieving training goals/objectives? Please include/attach policy for formal evaluation, including trainee/instructor feedback and applicable field research on craft needs, review schedule, metrics for enrollment and graduation, etc.

D. 1. Describe opportunities and career progression incentives for trainees. (Does your organization have a formal craft progression program or policy to provide incentive/motivation for trainees to enroll, such as compensation structure, opportunity for advancement, etc.?)

    2. If you are not an industry contractor/owner, how are you working with the local industry stakeholders to guide your programs and provide employment opportunities for trainees?

E. Do/will you operate any approved apprenticeship programs? ☐ Yes ☐ No   If yes, please list.

Craft	ATELS/BAT Approved	SAC Approved

If yes, have you verified that any training trust funds comply with applicable Employee Retirement Income Security Act (ERISA) regulations? ☐ Yes ☐ No

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Section II: TRAINING PROGRAM ADMINISTRATION

The purpose of this section is to assess the ATS Applicant's organization and administration of its training program. Where requested please provide a brief and complete written statement or reference an attachment to this document. In other cases check (✓) the appropriate box.

A. 1. How many trainees are estimated to enroll in your training program, and in what crafts? What percentage of your workforce will be in training?

    2. What is the timeline for initiating classes?

B. 1. In how many locations do you anticipate implementing training? Verify that your locations are properly registered with NCCER. (See the Accredited Training Sponsor (ATS) Guidelines on Training Units, Accredited Training Units and Accredited Training and Education Facilities)

    2. Would you like these locations to be listed as providers on the NCCER website?

C. Is your ATS going to deliver mobile training? If so, verify that you are properly registered as a mobile ATS.

☐ Yes ☐ No   ☐ Yes ☐ No

D. 1. How many instructors and/or performance evaluators are anticipated to support the program, and in which crafts?

    2. What is the timeline for getting these instructors certified in ICTP?

E. What is your organization's policy and procedure for evaluating and developing instructors?

F. Do you have a continuing education/professional development plan for your Master Trainers and Certified Instructors? Please describe.

G. All ATSs are required to use NCCER Curriculum for credentials. Do you plan to augment the curriculum with other resources? If yes, please describe.

H. What is the anticipated class schedule and cycle?

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I. Will your organization be using NCCER Connect? If so, how will the online portion of training be integrated into the schedule above?

J. 1. How will you be conducting Performance Profile testing? (Controlled Observation (CO), On-the-Job Observation (OJO), Simulation (must be approved in advance by NCCER))

    2. What is the safety policy for trainees doing performance testing?

K. State or attach your policy for retesting on both written tests and performance tests for NCCER Curriculum. This policy must meet or exceed NCCER's *Accreditation Guidelines & Program Compliance*.

Written Tests:

Performance Tests:

L. State your policy for maintaining security of NCCER *Curriculum* tests (written/web/online). This policy must meet or exceed NCCER's *Accreditation Guidelines & Program Compliance*.

M. Describe classroom and laboratory facilities including area measurements, seating capacity, furnishings, equipment (books, audio-visual,white-boards, etc.) and other related information. (Must include pictures of the interior of training and laboratory facilities.)

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Section III: TRAINEE ENROLLMENT AND ADMINISTRATION

The purpose of this section is to collect information on how trainee participation will be managed. Where requested, please provide a brief and complete written statement or reference an attachment to this document.

A.   How are trainees recruited and enrolled in the program? (Include information on program marketing, incentives for trainees, employee orientation, etc.)

B.   What is the policy for trainees to maintain enrollment? (Grades, attendance, job performance, absenteeism, etc.)

C.   How are trainees evaluated for existing knowledge/skills for proper placement into training? (Include plan for remedial skill training -- literacy, numeracy, etc.)

D.   What is your process for trainees to evaluate the following:

Courses:

Instructors:

Feedback on NCCER *Curriculum*:

E.   How are trainees involved in measuring their own progress and milestones? (Examples: Advisor meetings, regular review updates, instructor feedback, etc.)

F.   What additional services, if any, does your organization provide to trainees? (Career counseling, tutoring, ESL programs, GED prep, etc.)

G.   What is your appeals policy and procedure for trainees?

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Do you allow NCCER to use information provided on this form for best practices collection for the Training Toolbox and sharing such practices with other NCCER accredited training sponsors?

☐ Yes   ☐ No

I attest that this information is true and that our organization's training program meets the requirements for accreditation included in the Checklist of Assurances on the Application for Training Program Sponsorship. By my signature I attest that all the necessary corporate approvals have been obtained to implement NCCER programs. I agree to abide by the conditions set forth in the NCCER *Accreditation Guidelines & Program Compliance*. I hereby authorize NCCER to validate any and all information contained in this application, including supporting attachments and documents, and to conduct other due diligence as NCCER deems appropriate or necessary in connection with this Self-Assessment Document.

_____   _____   _____

Sponsor Representative Signature   Name/Title *(type or print)*   Date

_____   _____   _____

President/CEO/Sponsor Officer Signature   Name/Title *(type or print)*   Date

Return to: NCCER - Accreditation Department
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