



National Center for Healthcare Apprenticeships Employer Participation Agreement

| O*Net Code-RAPIDS # | Occupation | Apprentice Start Hourly Wage | Projected Hourly Completion Wage |
|----------------------|--|------------------------------|----------------------------------|
| 21-1091.00-2002HY | Community Health Worker (CHW) | | |
| 29-2041.00-0730CB | Emergency Medical Technician | | |
| 29-2071.00-2029CB | Hospital Coder | | |
| 29-2071.00-1114CB | Ambulatory Coder | | |
| 31-9092.00-1085CB | Medical Assistant | | |
| 11-9111.00-1108CB | Support & Retention Coordinator 1 | | |
| 11-9111.00-1108CB | Support & Retention Coordinator 2 | | |
| 31-9093.00-1133CB | Central Sterile Processing Technician | | |
| 31-1011.00-1086 CBCL | Home Health Aide + Specialties (Advanced Home Health Aide, Peer Trainer; Care Transitions; Dementia; Geriatric; Hospice/Palliative) | | |
| 29-2055.00 - 1051CB | Surgical Technologist | | |

The undersigned Participating Employer/Apprenticeship Intermediary **<Insert Name>** hereby subscribes to the provisions of the Apprenticeship Standards formulated and approved by the National Center for Healthcare Apprenticeships (NCHA) Program. The Participating Employer/Apprenticeship Intermediary agrees to carry out the intent and purpose of these apprenticeship standards and to abide by the rules and decisions of the NCHA Program, established under these Apprenticeship Standards. The Participating Employer/Apprenticeship Intermediary affirms they have been furnished a true copy of the Standards and have read and understood them, and do hereby request certification to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked by the Program Sponsor, this Employer/Apprenticeship Intermediary, or the Registration Agency. On-the-job, the apprentice is hereby guaranteed assignment to a skilled and competent mentor and is guaranteed that the work assigned to the apprentice will be rotated so as to ensure training in all phases of the work of this occupation.

The employer will enter the starting wage per hour that an apprentice will receive when starting the apprenticeship and the completion wage per hour they can expect to receive upon completion for each occupation utilized by the employer, as listed in the table above. The employer can always pay more than this amount but not less. Starting wage must be at least minimum wage or higher. There must be at least one wage progression from beginning of the apprenticeship to completion.

This form must be signed and returned to NCHA and placed on file in order for the participating employer/Apprenticeship Intermediaries apprentice(s) to be registered as part of the National Apprenticeship system.

Participating Employer:

Name of Company: _____ Federal Tax ID Number _____

Company Representative Name _____ Title: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Email: _____

Signature _____ Date: _____

Reviewed and Approved by: NCHA or their Designated Apprenticeship Intermediary or Agent

Signature _____ Date: _____

Title: _____ Email: _____