

APPLICATION FOR CERTIFICATION OF COMPLETION OF APPRENTICESHIP

DATE: _____

TO: U.S. Department of Labor, Office of Apprenticeship

FROM: National Center for Healthcare Apprenticeships Sponsor # SP73819
c/o H-CAP, P.O. Box 775
New York, NY 10108

RE: Certificate of Apprenticeship Completion Request

On behalf of the above named sponsor, I hereby certify that the apprentices named in this application as listed below have satisfactorily completed their apprenticeship and are working at the Journeyworker/Professional Level of his/her apprenticeship program as registered with the Office of Apprenticeship and hereby recommend the issuance of the **Certificate of Completion of Apprenticeship**.

Apprentice Name	Registration#	Occupation	Date Completion	Completion Wage

Sponsor's Signature: _____ Date: _____

Daniel Bustillo, H-CAP Director, National Center for Healthcare Apprenticeships Sponsor
H-CAP, P.O. Box 775, New York, NY 10108

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NCHA Process for Requests for Certificate of Completion of Apprenticeship

This request for Certification of Completion of Apprenticeship, upon the apprentice's satisfactory completion of their program, as established in these Standards is to be filled out by the National Center for Healthcare Apprenticeships (NCHA) and submitted to the apprenticeship registration agency, the U.S. Department of Labor Office of Apprenticeship, using this form. Either the NCHA or their designated person will also enter the information into the RAPIDS system.

Local Sponsors/committees that train under the NCHA Standards will fill out this form, forward it to the NCHA for final approval and submission to the apprenticeship registration agency. Information will be entered into RAPIDS either by the local committee or the NCHA.

This form states that all apprentices listed have successfully completed the requirements of the apprenticeship and the Sponsor and/or local committees have kept records to show the apprentice's progress through completion of the program in their apprentice file, and will be maintained for 5 years.

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. Example: For sponsors using titles such as Community Outreach Worker for the Community Health Worker Registered Apprenticeship, the Completion Certificate would state their occupation is Community Outreach Worker (Community Health Worker) to associate the Official title with the title used by the sponsor. The program sponsor may utilize that terminology if it is consistently used within their organization and training materials.

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.