

(INSERT NAME OF SPONSOR)
 (INSERT ADDRESS)
 (APPRENTICESHIP TRAINING TRANSCRIPT)
SAMPLE

Apprentice Name:	Occupation Title: Counselor (Vocational)
Date of Birth:	RAPIDS Code: 0569
Social Security Number:	Term: 4,000 hours
Apprentice ID Number:	Date Apprenticeship Begins:

ON-THE-JOB LEARNING WORK PROCESS OUTLINE	HOURS REQUIRED	HOURS/COMPETENCY COMPLETED	DATE TRAINING COMPLETED	INSTRUCTOR/ JOURNEY- WORKER /MENTOR
1. Learn basics of "sponsor" programs, requirements, procedures, standards and reporting process	200			
2. Learn Basic office procedures, equip op, phone etiquette, etc.	180			
3. Demonstrate proficiency with the "blank" computer program and equip to enter and track progress of customers	200			
4. Learn Federal and State programs that can be used to assist individuals to meet educational and professional goals	200			
5. Learn case management procedures and requirements	500			
6. Advise counselees to assist them in developing their vocational and career objectives	350			
7. Advise counselees to assist them in overcoming personal and social objectives	350			
8. Collect and evaluate information about counselees' abilities, interest and personality characteristics, using records, tests, and interviews	350			

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9. Compile and study occupational, educational and economic information to assist counselees in making and carrying out vocational and career objectives	350			
10. Interpret programs, regulations or benefits requirements and assists counselees in obtaining needed supportive services.	400			
11. Refer qualified veteran counselees to employers	160			
12. Conduct follow-up interviews with counselees and maintain case records	300			
13. Establish and maintain relationships with employers and personnel from supportive service agencies to develop opportunities for counselees	300			
14. Plan and conduct orientation programs and group conferences to promote adjustment of individuals to new life experiences	80			
15. Address community groups and business to explain programs and services	80			

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The following individuals verify the above named apprentice has successfully completed the hours of training or competencies achieved in the Work Processes categories noted above.

Date Form Completed:

 (Typed Name & Title)
 Training Coordinator/Journeyworker/Mentor

 (Typed Name)
 Apprentice's Signature

 (Typed Name)
 Sponsor or Designee Signature

 Registration Agency Representative
 (Office Address/Phone)