

TRAINING PROVIDER APPLICATION – REGISTERED APPRENTICESHIP

Complete and submit to: eligibletrainingprovider@careersourcerc.com
 CareerSource Research Coast
 584 NW University Boulevard, Suite 100
 Port St. Lucie, Florida 34986

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|--|------------------|-------|
| Registered Apprenticeship Program Sponsor: | | Date: |
| Address: | | |
| City, State, Zip | | |
| Telephone: | Alternate Phone: | |
| Contact Name: | Email address: | |
| Occupations Included Under Apprenticeship (ONet Occupational Title): | | |

Related Training Instructor Provider (if different than Sponsor):

| | |
|------------|----------------|
| Name: | Title: |
| Telephone: | Email address: |

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| Entrance Requirements (Reading, Math, Language Levels, Diploma): |
| Method and Length of Instruction and Credentials/Completion Awards Earned: |

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Number of Active Apprentices:

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Related Costs:

| | |
|----------|-----------------------------------|
| Tuition: | Other Costs (Books, Fees, Other): |
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Please include a copy of the Standards of Apprenticeship, Approval Letter, and Certificate of Registration with your application.