**Application for External Provider of Related Instruction**

Complete this form if you will deliver related instruction for a Wisconsin registered apprenticeship outside of Wisconsin Technical College System facilities.

**I. Provider Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization Name | Organization Website | | FEIN | | | |
| Organization Street Address | | City | | State | | Zip Code |
| Company Officer Name | | Company Officer Title | | | | |
| Company Officer Phone Number | | Company Officer Email | | | | |
| Is your organization federally debarred, suspended, or otherwise excluded from or ineligible for participation in federal programs or activities? | | | | | Yes  No | |
| Is your organization a "delinquent taxpayer" with the WI Department of Revenue? | | | | | Yes  No | |

**II. Accreditation or Industry Support**

Your organization must satisfy one of the following criteria. Please indicate as many as apply**:**

Member of the National Council for State Authorization Reciprocity Agreement

Accredited by an accrediting organization approved by the Council for Higher Education Accrediting

Supported by an industry organization, with a letter of support

Supported by three employers, with a letter of support from each

**III. Training Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. For which registered apprenticeship(s) will you deliver related instruction? | | | | |
| 2. Please describe your training services. | | | | |
| 3. Where will the related instruction be delivered?  A. Entirely at a training facility other than a Wisconsin technical college\*  B. Entirely online (i.e. not at training facility)  C. At a training facility other than a Wisconsin technical college **and** online\*  *\*If you selected 3a or 3c, please provide the name and address of the facility.* | | | | |
| Facility Name | | | | |
| Facility Street Address | City | State | | Zip Code |
| 4. Will you deliver curriculum owned by the Wisconsin Technical College System (WTCS)? | | | Yes  No | |

|  |  |
| --- | --- |
| 5. Will the related instruction be taught by an instructor(s) of the WTCS? | Yes  No |
| If you answered no, does the instructor's resume or curriculum vitae include the following experience: | |
| At least seven years' experience in the occupation or occupational area. | Yes  No |
| A training course in teaching techniques, at least 10 hours in length, that includes planning a learning environment that meets learners needs, selected learning materials that support a learning plan, and creating teaching plans. | Yes  No |
| A training course in adult learning styles, at least 10 hours in length, that includes the following: analyzing models of learning; and applying models of learning to teaching practice. | Yes  No |
| 6. If your instructor(s) did not take teaching techniques or adult learning styles, do you agree that the instructor(s)  will do so within two years of approval? | Yes  No |

**IV. Acknowledgements**

Wisconsin Apprenticeship may do the following:

|  |  |
| --- | --- |
| Approve multiple registered apprenticeships for the same occupation | Acknowledge  Discuss Further |
| Approve multiple providers of related instruction for the same occupation | Acknowledge  Discuss Further |
| Review all components of a registered apprenticeship every five years or as needed, whichever comes first. | Acknowledge  Discuss Further |

**V. Please submit this application and the following documents to your Apprenticeship Training Representative:**

1. Outline of related instruction

2. Documentation of accreditation or employer or industry support

3. Resume or CV for each instructor