

## ESM Form 8-1 – New Apprenticeship Program Approvals

**NOTE: Highlighted† sections require Bureau of Apprenticeship Standards (BAS) input and signatures**

### 1. CONTACTS SECTION\*

College Name\*:

College Program Administrator Name, title, and email\*:

College Designated Apprenticeship Manager Name and email\*:

BAS Director Name and Email\*†:

BAS RA Section Chief Name and Email\*†:

BAS Apprenticeship Training Representative/Field Analyst Name and Email #1\*†:

WTCS Education Director\*:

Date(s) of ED Consultation\*:

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### 2. PROGRAM IDENTIFICATION SECTION\*

WTCS Program Number (50-xxx-x)\*:

WTCS Program Title\*:

CIP Code\*:

This is a degree apprenticeship. Cite aligned WTCS degree program title and number below.\*

DWD-BAS Occupational Title\*†:

DWD-BAS Program Number\*†:

DWD-BAS Assigned ONET/SOC Code & Title\*†:

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### 3. NEW PROGRAM APPROVAL TYPE SECTION\*

Type of Approval requested (check one):

Proposed aid code 50 apprenticeship program is new to System

Replication of an existing WTCSB-approved aid code 50 apprenticeship program at a new WTCS college

If replication, cite college(s) already approved for same 50-xxx-x program below:\*

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#### 4. BOARD APPROVAL DATES SECTION\*

District Board Approval Date:\*

Expected WTCSB Program Approval Date for program new to system:\*

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#### 5. DWD-BAS LABOR MARKETING DEMAND SECTION\*

DWD-BAS affirms that industry labor force demand supports need for related instruction for this occupation.\*†

Indicate projected number of initial apprentice contracts at this college location.:\*†

Indicate projected number and frequency of additional apprentice contracts at this college location.†:

Indicate if sole sponsor request.†

If yes, cite sole sponsor business name and primary contact name and email.†:

Description of demonstrated industry labor demand or as Attachment A.\*†

DWD-BAS affirms that the Exhibit A is developed for this occupation. Include as Attachment B:\*†

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#### 6. APPLICABLE INDUSTRY ADVISORY COMMITTEES SECTION:

BAS-administered Advisory Committee or Sponsor\* (Must select at least one of 5 items below)

State Apprenticeship Advisory Committee. Cite Committee Title†:

Local Apprenticeship Committee. Cite Committee Title†:

Sole Sponsor. Cite Sponsor Name†:

Industry Advisory Committee. Cite Committee Title†:

Licensed Occupation by Department of Safety and Professional Services (DSPS)†

College-administered Advisory Committee(s) for this program, if applicable:

Description of College Plan for Industry Advisory Committee Engagement\*.

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## 7. CURRICULUM DOCUMENTATION SECTION\*

For Aid Code 50 Curriculum, mark all that apply:

Curriculum aligns with approved WTCS 50-xxx-x curriculum standard posted on the WIDS State Repository.

Curriculum differs from approved WTCS 50-xxx-x curriculum standard in the WIDS State Repository.

Curriculum replicates WTCS approved 50-xxx-x curriculum at another WTCS college. Cite college(s):

Curriculum (50-xxx-x) is new the System.

### Aid Code 50 Curriculum Documentation

Curriculum is proprietary. Cite proprietary curriculum source/owner:

If Curriculum is new to the System or differs from approved curriculum standard in the WIDS Repository; submit program outcomes, course outcomes, course competencies, course descriptions and curriculum configuration as Attachment C\*

### Curriculum Documentation of Aligned WTCS Degree/Diploma

Cite if curriculum results in credential award from an aligned and approved WTCS degree or diploma. If yes, all three of the following are mandatory fields.

Cite approved WTCS degree program title and number:

Confirm documentation of degree/diploma curriculum record in the WIDS Repository.

Document curriculum crosswalk between degree versus apprenticeship modality of instruction i.e. A-E course hours type and resulting course hours difference for the degree-aligned apprenticeship as Attachment D.

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## 8. RELATED INSTRUCTION IMPLEMENTATION PLAN SECTION\*

Projected start date of related instruction:\*†

Projected start date of apprentice registrations:\*†

Description of Preliminary Implementation Plan:\*

Provide documentation of related instruction implementation plan as Attachment E (Optional)

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**9. Equity Prompt\***

Please describe any efforts planned to address equity gaps related to inclusive classroom practices, student supports, or faculty assignment for this apprenticeship in the box below, or include response as Attachment F.:\*

Attachment F (Optional)

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**10. Degree Apprenticeship ONLY\***

DWD-BAS acknowledgment that college degree programs with the same WTCS-approved program title and number are equivalent in instructional competencies and learning outcomes.\*†

Degree program of the apprenticeship is system-wide aligned

Affirmation that College and DWD-BAS conferred on related instruction implementation plan, including college minimum cohort size requirement and respective operational roles and responsibilities\*

If Degree Apprenticeship, Financial Aid Officer Signature/Date:

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**11. SIGNATURES SECTION\***

College Program Administrator Signature/Date:\*

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BAS RA Section Chief Signature/Date:†

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BAS Director/Deputy Director Signature/Date:\*†

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College ISA or President Signature/Date:\*

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When document is complete, please follow your district’s procedures for review and submission. The appropriate personnel should submit this form along with all attached documentation in a single .pdf file to [programs@wtcsystem.edu](mailto:programs@wtcsystem.edu).