



**U.S. Department of Labor**  
Employment and Training Administration  
Office of Apprenticeship

OMB Approval No. 1205-0512  
Expiration Date: XX/XX/XX

**Registered Apprenticeship-College Consortium (RACC)**  
Application for Registered Apprenticeship Sponsor Membership

**Registered Apprenticeship Sponsor Members of the RACC may be one of the following. Please check the appropriate category.**

National sponsors including all training centers or  
 National sponsors with multiple training centers but not all centers

Regional sponsors including all training centers or  
 Regional sponsors with multiple training centers but not all centers

(If you are applying for membership for more than one site, please provide the contact information for the site as well as the information for the community college with which it has an articulation agreement.)

Sponsor with a single site.

Point of Contact: Name \_\_\_\_\_

Title \_\_\_\_\_

Name of Sponsor \_\_\_\_\_

Address (street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Website Address \_\_\_\_\_ Phone \_\_\_\_\_

**For national sponsors,**

Do you have a national articulation agreement with a two-year post-secondary institution: yes \_\_\_\_\_ no \_\_\_\_\_

With four-year post-secondary institution: yes \_\_\_\_\_ no \_\_\_\_\_

Please list each training center and each two- or four-year post-secondary institution. (Additional fields are provided if the national applicant has more than one local training center and if they articulate the apprenticeship completion to a two- or four-year post-secondary institution.)

Point of Contact at Local Training Center \_\_\_\_\_

Name of Training Center \_\_\_\_\_

Address of Training Center \_\_\_\_\_

Street, City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Website Address (if different from national ebsite) \_\_\_\_\_

Point of Contact at two- or four-year post-secondary institution

\_\_\_\_\_

Name of Institution

\_\_\_\_\_

Address of Institution

\_\_\_\_\_

Phone

\_\_\_\_\_

Website Address

\_\_\_\_\_

How many credits do you articulate to college credit for completing a Registered Apprenticeship certificate?

\_\_\_\_\_

**Do you articulate any credentials or industry certificates towards college credit?** Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, what credentials or certificates and how much credit:

\_\_\_\_\_

\_\_\_\_\_

**Name of entity which conducted a third party assessment of your Registered Apprenticeship program to determine the quality, rigor and determination of credit value (American Council on Education, college, etc.)**

**Name of Third Party Validator**

\_\_\_\_\_

Name

\_\_\_\_\_

Address (Street)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

How many credits do they recommend the Registered Apprenticeship program is worth?

**POINTS-OF-CONTACT**

**RACC Institutional Representative**

This policy-level administrator is responsible for implementing and overseeing institution's compliance with the RACC Principles and Criteria:

Name

\_\_\_\_\_

Address (Street)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**(The RACC framework will be on the Pathways to Success homepage.)**

**AFFIRMATION OF COMPLIANCE WITH RACC PRINCIPLES AND CRITERIA**

This application has been reviewed and authorized by the sponsor's president or CEO. The sponsor agrees that its designated subdivisions will comply with the RACC Principles and Criteria.

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Electronic Signature of President, CEO, or other senior administrator authorized by President or CEO to make this commitment

Date \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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