



IRAP Program Report for Standards Recognition Entities (SREs)

Instructions

29 CFR 29.22 requires that Standards Recognition Entities (SREs) inform the Department of Labor within 30 days of its recognition, suspension, or derecognition of an Industry-Recognized Apprenticeship Program (IRAP).

REPORT A NEW PROGRAM

To report the recognition of a new IRAP, you must enter information about both the organization that is serving as the IRAP Sponsor as well as information about the individual IRAP itself. To start this process, select the "Start Now" button below..

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IRAP Program Report for Standards Recognition Entities (SREs)

Standards Recognition Entity: XYZ Company

SPONSOR PROFILE

PROGRAMS

PERFORMANCE REPORT

IRAP SPONSOR INFORMATION

Enter Your Sponsor Information

1. IRAP Sponsor Name:

2. Organization Type:

- Trade, industry, and employer groups or associations
- Companies and other corporate entities
- Educational institutions - University
- Educational institutions Community college
- State and local government agencies or entities
- Non-profit organizations
- Unions
- Joint labor-management organizations
- Certification and accreditation bodies or entities for a profession or industry
- Consortium or partnership

3. Contact Person First Name:

4. Contact Person Last Name:

5. Contact Person Title:

6. Contact Person Email:

7. Contact Person Phone:

8. Website:

9. Street Address:

10. City:

11. State:

12. Zip Code:

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IRAP Program Report for Standards Recognition Entities (SREs)

Standards Recognition Entity: XYZ Company Sponsor X

SPONSOR PROFILE

PROGRAMS

PERFORMANCE REPORT

IRAP PROGRAM INFORMATION

IRAP Program Information

Should be completed for each individual program recognized for the IRAP Provider.

1. IRAP Program Name:

2. If Consortia, List All Employers

3. Program Type:

- Trade, industry, and employer groups or associations
- Companies and other corporate entities
- Educational institutions - University
- Educational institutions Community college
- State and local government agencies or entities
- Non-profit organizations
- Unions
- Joint labor-management organizations
- Certification and accreditation bodies or entities for a profession or industry
- Consortium or partnership

4. Program Status:

5. Date of Recognition, Suspension, or Derecognition:

6. Program Description:

7. Related Instruction Sponsors:

8. Credential(s):

9. Employers (If Applicable):

10 Reason for Change in Program Status:

11. Link to Credential Information:

12. Link to Fees (Provide URL Where Info Can be Found):

13. Link to complaint Information (Provide URL where info can be found):

Credentials by Industry and Occupation(s) to be Issued:

Please enter the industry(s) your organization is seeking to recognize.

Industry(s)

- Advanced Manufacturing
- Finance & Business
- Energy
- Healthcare

Please list the occupations, and credentials your organization is seeking to recognize.

Occupation	Credentials	Currently qualified to recognize
Computer Programmer (#222333)	<input checked="" type="radio"/> C++ Certified Professional Programmer	<input type="checkbox"/>

ATTESTATION

The individual listed below, as a representative of the Standards Recognition Entity described in Section I of this form, hereby certifies that all of the information disclosed in this form is true and complete, to the best of his or her knowledge.

Signature

Print Name

Date

Public Burden Statement (1205-0NEW)
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 25 hours. The obligation to respond is required to obtain recognition from the Department under 29 U.S.C. 50. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room C-5321, Washington, D.C. 20210 (OMB Control Number 1205-0536).

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Instructions

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REPORT A STATUS CHANGE

To report a status change of one of your existing IRAPs, select from the list below and select "Start Now".

<input type="checkbox"/>	SPONSOR NAME	STATE	DATE CREATED	# OF PROGRAMS
<input type="checkbox"/>	Sponsor X	VA	10/1/2020	1
<input type="checkbox"/>	Industry Organization	MI	11/15/2020	1
<input type="checkbox"/>	Credentialing Organization	SC	12/1/2020	3

START NOW



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Standards Recognition Entity: ABC Company Sponsor X, Program XYZ

SPONSOR PROFILE

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IRAP PROGRAM INFORMATION

IRAP Program Information

Should be completed for each individual program recognized for the IRAP Provider.

1. IRAP Program Name:

2. If Consortia, List All Employers

3. Program Type:

- Trade, industry, and employer groups or associations
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- Educational institutions Community college
- State and local government agencies or entities
- Non-profit organizations
- Unions
- Joint labor-management organizations
- Certification and accreditation bodies or entities for a profession or industry
- Consortium or partnership

4. Program Status:

- Program Recognition
- Program Suspension
- Program Derecognition

5. Date of Recognition, Suspension, or Derecognition:

6. Program Description:

7. Related Instruction Sponsors:

8. Credential(s):

9. Employers (If Applicable):

10 Reason for Change in Program Status:

11. Link to Credential Information:

12. Link to Fees (Provide URL Where Info Can be Found):

13. Link to complaint Information (Provide URL where info can be found):

Credentials by Industry and Occupation(s) to be Issued:

Please enter the industry(s) your organization is seeking to recognize.

Industry(s)

- Advanced Manufacturing
- Finance & Business
- Energy
- Healthcare

Please list the occupations, and credentials your organization is seeking to recognize.

Occupation	Credentials	Currently qualified to recognize
<input type="text" value="Computer Programmer (#222333)"/>	<input checked="" type="radio"/> C++ Certified Professional Programmer	<input type="checkbox"/>

ATTESTATION

The individual listed below, as a representative of the Standards Recognition Entity described in Section I of this form, hereby certifies that all of the information disclosed in this form is true and complete, to the best of his or her knowledge.

Signature <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/>
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