Apprenticeship Occupation Request (AOR) User Guide for Sponsor/Employer Submission

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Apprenticeship Occupation Request User Guide Table of Contents

Contents

Introduction2
Before You Start2
Getting Started2
Logging In2
Begin Your Submission4
Request Form4
Request Form Continued
Work Process Schedule7
Work Process Schedule Continued7
Related Instruction8
Related Instruction (Continued)8
Contacts9
Reviewing and Submitting Requests10
Next Steps11
Post-Submission Email Confirmation11
Assignment of an Apprenticeship Technical Representative (ATR)11
Monitoring Your Submission11
Final Determination Notification12
Getting Help12
How to Contact Us12
Additional Resources12
Glossary12

Introduction

Welcome to the Apprenticeship Occupation Request (AOR) submission tool. One of the foundational elements of a register apprenticeship program is that the program provides for employment and training in an industry-approved apprenticeable occupation. To support the expansion and growth of registered apprenticeships and to meet the needs of a changing workforce, the U.S. Department of Labor's Office of Apprenticeship (OA) has modernized this process to allow submissions of a formal request for consideration for a new apprenticeable occupation or to revise an existing one through this system.

Before You Start

Please be sure to download our set of worksheets to help collect and organize the information for your submission prior to logging in. These worksheets can be found <u>here</u>. (Note: These worksheets will <u>not</u> be uploaded as your submission)

Getting Started

Logging In

You are able to access the Apprenticeship Occupation Request tool using Login.gov:

- First time user using the Apprenticeship Occupation tool (follow the following steps if you
 have never been a Reviewer or Sponsor in the past for a registered apprenticeship program).
 Click on this link and click on the Create an account button to follow the steps to create a
 new account. Once the account has been created, the User will receive an email to confirm
 the email and create a new password for the account.
- 2. The next steps would be to set up an authentication method to add a second layer of security: There are four different methods: Security Key, Government employee ID, Authentication Application, and Phone.

U LOG	IN.GOV Government Agency Name Placeholder
•	
ETA BPMS T	EST is using Login.gov to o sign in to your account
safe	ely and securely.
Safe	ly and securely.
Safe Email address Password	ely and securely.
Safe	ely and securely.
Safe	ely and securely.

3. Once a security method has been chosen, the user will have to click on **Agree** and Continue. The user will be taken to the Rules of Behavior site and will have to click on **Agree** and Continue one more time to be taken to their own profile.



6. After clicking on the **ENROLL** button, user will see text confirming their enrollment into the Apprenticeship Occupation Request application. Click the "**here**" link to navigate to the AOR Application.



Begin Your Submission

To start a new submission, users should click on the **REQUEST** button at the top. When logged into the Apprenticeship Occupation Request tool, users will see a dashboard with two different grids: "My Requests Awaiting Submission" and "My Submitted Request".

In the **My Requests Awaiting Submission** grid, users will see all the submissions that they have started but not yet submitted. They can go into the submission and edit any of the content as needed and submit the request form.

The **My Submitted Requests** grid will hold all submissions that were done by the user. This grid will also show the status of each request as it transfers through the process once submitted

Request Form

To start a new form, users should click on the **REQUEST** button at the top.



In order to move on the next pages, the user will need to fill out information for all the required fields on the first page such as:

- 2. Initial: User is submitting a new request for an apprenticeship for the first time and sending it out for review.
- 3. **Resubmittal**: User is resubmitting a request that was submitted before but needed additional information for the apprenticeship to be approved.

Program Type: Time-Based, Competency-Based or Hybrid.

- **Time-Based Approach** measures skill based on completion of on-the-job training. Generally, thistype of apprenticeship lasts between 1 and 4 years.
- **Competency-Based Approach** measures skill based on successful demonstration and evaluation of apprentice skills and knowledge. Generally, this type of apprenticeship lasts between 1 and 4years.
- **Hybrid Approach** measures skill based on combination of on-the-job training and skill demonstration. Generally, this type of apprenticeship lasts between 1 and 4 years, averaging at2-2.5 years.

O*Net SOC Code: Code for the occupation that the user is submitting.

Sponsor's Occupation Title: The occupation of the sponsor that is sponsoring the submittal of this new apprenticeship request.

Proposed Term: Term of the apprenticeship request in either Years, Months, or Hours. This field will

change if the request type is a Hybrid Request. There will be two different fields for Min and Max Terms

Unit: User to select the duration of the term in either Years, Months or Hours

Industry: User to select what industry the apprenticeship falls under

SVP: Level of skill the apprentice should have before starting the apprenticeship

Is this occupation part of a recognized apprenticeable occupation? Required question. If the user selects yes, user to answer the question about why a separate Apprenticeability recognition is justified.

A HOME	CONTACT US	+ REQUEST				Appr	enticeship Occupation	n Request + 🌘
Reques	st Form	Request Form Contd.	Work Process Schedule	Work Process Schedule Contd.	Related Instruction	Related Instruction Contd.	Contacts	Review/Submit
				Apprenticeabilit	ty Request Forn	n		
All items marked	l with * must be con	pleted						
All items prefixed	d with‡signify a wa	rning that needs to be check	red. You will be able to continue but t	the warning will not disappear until e	error is fixed.			
Type of submittal *		Program Type *	Program Type *			Resord on Other Code Choosen		
Select Intial o	r Resubmittal	•	Select type of program		Choose O*NET-SOC Code		Based on O*NET Code Ch	oosen
Sponsor's Occ	upation Title*		Proposed Term 😯 *	Proposed Term 😧 *				
Enter Sponso	rs Occupation Tit.	le	Year/Months/Hours	Year/Months/Hours		Choose Years/Months/Hours		
Industry*								
Choose Indus	stry		•					
SVP @*								
Select a Value	2		•					
Is this occupa	tion part of a re	cognized apprenticeat	le occupation?*					

- Name
- Address
- City, State
- Zip code
- Trained Apprentices
- Number of Workers
- Ratio (this will be the number of apprentices to journey workers, and Number of Employers)

✓Potential	Sponsor *
------------	-----------

Name	Address 1	Address 2	City	State	Zipcode	Trained Apprentices 🕜	No. of Workers 🕜	Ratio 😧	No. of Employers 🕜	
Name	Address	Appt#, Suite	City	Select a State 🔻	Zipcode	No. of appre	No.of worke	Ratio	No. of emple	×
Add a New Sponsor										

- The Name of the Union
- Address
- City
- State

- Zip code
- Contact Name
- and if they support the Apprenticeability request

vUnion (If applicable)

Name	Address 1	Address 2	City	State	Zipcode	Contact	Support Apprenticeability?	
Name	Address	Address 2	City	Please select a value 🔻	ZipCode	Contact Name	⊖Yes ⊖No	×
Add a New Union								
PREVIOUS EXIT							NEXT S	AVE

IMPORTANT NOTE!

Using the "Next" button will not save your data. You can use the "Save" button at any time to save your data and return to it later. Your data will be editable until you submit your request as the final step.

Request Form Continued

On the second page of the Request form, the user will enter in information regarding the National Employer Association, if the Sponsor has had a history of formalized training, and if the sponsor has previously recognized and undertaken Formalized training. If the user selects 'Yes' to any of the options, they will need to provide a justification.

A HOME	CONTACT US	+ REQUEST						Apprenticeship Occup	ation Request 🗸 🌒) 🤇
Reques	st Form	Request Form Conto	d. Work Pr	ocess Schedule	Work Process Schedule Contd.	Related Instruction	Related Instruction C	ontd. Contacts	Review/Submit	
~Nation	al Employe	er Association	ı	Appre	nticeability Re	quest Form Cont	inued			
1	Name	Addres	ss 1	Address 2	City	State	Zipcode	Contact	Support Apprenticeability? 2	
Name		Address		Address 2	City	Please select a value 🔻	ZipCode	Contact Name	⊖ Yes ⊖ No	×
Add a New	v National Employ	yer Association								
Does the spor	nsor have a histo	ory of utilizing formal	lized training?*							
Please select				•						
las this spon n the request	sor previously reted occupation?	ecognized and undert	taken formalize	d training						
Please select				•						
Briefly descril	be the occupatic	onwhat the worker o	does, how it is p	erformed, and the	skills involved (Narrativ	re Job Description): *				
/ou have 3000 (characters left						1			
ou have 3000 (characters left	create the Work Pr	rocess in whic hvt	n the apprentice	s will receive training, ncv-based, it must firs	showing the approximate	e time to be spent i of Circular 2016-01	n each major process. If	the occupation is going t	o be

Once all the information is entered on this page, users can click on **SAVE** or **NEXT** to either save or continue to the next page.

Work Process Schedule

On the Work Process Schedule page, the User will need to provide the Occupational Description of the Apprenticeability request that is being submitted. All the other information will be pre-populated based on what the user entered on the first page of the Apprenticeability Request form.

HOME CONTA	CT US REQUEST				Appren	ticeship Occupatic	on Request 🗸 🌔
Request Form	Request Form (Contd. Work Process Schedule	Work Process Schedule Contd.	Related Instruction	Related Instruction Contd.	Contacts	Review/Submit
			Work Proces	ss Schedule			
*NET-SOC Code		Occupation Title	Sponsors Occupati	on Title	Industry		
11-1031.00		Legislators	Legislators		Energy		
linimum Term * Maximum Term *		Unit					
		2	Years				
	on (List skills and maic	or duties)					
ccupational Descript							
cupational Descript							
cupational Descript	<u> </u>						
ccupational Descript							
ccupational Descript							
cupational Descript							

Work Process Schedule Continued

To enter in a detailed Work Process schedule, the user can click on **Add a New Section** and that will prompt the system to allow the user to enter in the Name of the Section. Once that has been added, the user will be able to add additional rows for each section. This step can be repeated as many times as needed to enter in all the information. Users are also able to delete any fields that are not needed.

А НОМЕ	CONTACT US	+ REQUEST					Apprentic	eship Occupatior	Request + 🌒 🍥
Reques	it Form	Request Form Contd.	Work Process Schedule	Work Process Schedule Contd.	Related Instruction	Related Instruct	ion Contd.	Contacts	Review/Submit
			,	Work Process Sche	edule Continue	ed			
Total Minimur	m Hours *						Approximate T	ime	
2000						Recom	nmended minimu	m = 2000 hrs	
						Year	Months	Hours	
						1	12	2000	
						2	24	4000	
* Please list the d	letailed work proces	s and approximate hours s	pent						
				Work Process	s Section(s)				
									Total Hours:0

* Please list the detailed work proce.	ailed work process and approximate hours spent Work Process Section(s) Text 2					
		Work Proce	ess Section(s)			
A. Example Text				D		
Work Process						
Sample Row				×		
S Add New Row	Click to add new Rows					
			Approx Hours for 2000 Above Section:	Hours must match the hours entered at the top of the screen		
				Total Hours: 2000		
ADD NEW SECTION PREVIOUS EXIT	Click to add new Sections			NEXT SAVE		

Related Instruction

On the **Related Instruction** field, the user will enter in the Approximate Hours and the Related Instruction section with the skills and major duties that will be related to the Apprenticeability request.

A HOME	CONTACT US	+ REQUEST				Арр	renticeship Occupa	ion Request + 🌘
Requ	est Form	Request Form Contd.	Work Process Schedule	Work Process Schedule Contd.	Related Instruction	Related Instruction Contd.	Contacts	Review/Submit
				Related In	struction			
O*NET-SOC Code Occupation Title			Sponsors Occupation Title					
11-1031.00 Legislators		Legislators						
Industry Approximate Hours *								
Energy		144						
Related Instr	uction - This instr	uction shall include, but not	be limited to:					
List skills and	major duties							
ou have 2000	characters left							
Continue to	the next page t	to complete an outline fo	r Related Instruction.					
PREVIOUS	EXIT							NEXT S

Similar to the **Work Process Schedule Continued** page, the user will be prompted to enter in approximate hours for the **Related Instruction** section.

To add detailed **Related Instruction** sections, the user can click on **Add a New Section** and that will prompt system to allow the user to enter in the name of the section. Once that has been added, the user will be able to add additional rows for each section. This step can be repeated as many times as needed to enter in all the information. Users are also able to delete any fields that are not needed.

HOME CONTACT US	+ REQUEST					Appre	enticeship Occu	pation Reque	st • 🌔 🤅
Request Form Rec	quest Form Contd.	Work Process Schedule	Work Process Schedule Contd.	Related Instruction	Related Instr	uction Contd.	Contacts	Re	view/Submit
			Related Instruct	tion Continued					
Approximate Hours 😧 *							Approximate Tim	ie	
1 4444						Recom	mended minimum	i = 144 hrs	
						Year	Months	Hours	
						1	12	144	
						2	24	200	
			Related Instruc	tion Section(s)					
									Total Hours:0
			Related Instruct	tion Section(s)					
A. Example Text									.
Sample Row									×
• Add a New Row> Clic	k to add New Rows		_						
				Approx RI Hours: 144	-	 b'	Hours entered me entered at the top	ust match hours p of the screen	
									Total Hours: 14
	Flick to add now								
	Sections								
PREVIOUS EXIT									NEXT SAV

Note: Hours entered at the top of the request form needs to match the hours entered on the detailed work process section. The system will not let the user proceed unless those sections match up.

Contacts

The **Contacts** section allows the user to enter in any National Contacts or Regulatory Agencies that are associated with the Apprenticeability Request.

Request Form Request Form Contd. Work Process Schedule Related Instruction Related Instruction Contd. Contacts Review National Contacts * Please list up to 8 National contacts from which the National Office may solicit comments. Also include any Unions, National Employer Associations, Regulatory Agencies or Intermediaries If appropriate. Image: Contact Science of Contacts Image: Contact Science of Contact Science of Contacts Image: Contact Science of	CONTACT US REQUEST				Арј	prenticeship Occupation	n Request 🗸 🌔	
National Contacts National Contacts Please list up to 8 National contacts from which the National Office may solicit comments. Also include any Unions, National Employer Associations, Regulatory Agencies or Intermediaries if appropriate.	uest Form Request Fo	orm Contd. Work Process S	chedule Work Process Schedule Contd.	Related Instruction	Related Instruction Contd.	Contacts	Review/Submit	
National Contacts * Hease list up to 8 National contacts from which the National Office may solicit comments. Also include any Unions, National Employer Associations, Regulatory Agencies or Intermediaries if appropriate.			National	Contacts				
Please list up to 8 National contracts from which the National Office may solicit comments. Also include any Unions, National Employer Associations, Regulatory Agencies or Intermediaries if appropriate.	nal Contacts *							
Company Name Address 1 Address 2 City State Zipcode Contact Name Email Phon	to 8 National contacts from which the	Address 1 A	ddress 2 City	ssociations, Regulatory Agencies State Zipcode	or Intermediaries if appropriate.	Email	Phone	
Test Org 123 Main Street Appt#, Suite Sterling Virginia Virginia 20105 John Doe John.doe@gmail.com (703) 234-56	123 Maii	n Street Appt#,	Suite Sterling Vi	rginia 👻 201	05 John Doe	john.doe@gmail.com	(703) 234-5623	×

- Company name or Agency name
- Address
- City
- State
- Zip Code

- Contact Name
- Email and Phone number

Users are also able to delete contacts as needed.

~Regulatory Agencies								
Agency Name	Address 1	Address 2	City	State	Zipcode	Contact	Email	Phone
Test Agency	1800 Washington Ave	Appt#, suite	Washington DC	District of Columbia 🝷	22109	Jane Doe	Jane.Doe@gmail.coi	(240) 123-4563 🗙
• Add a New Agency Click to add a New Agency								Click to delete Contact
PREVIOUS EXIT								NEXT SAVE

On the last page of the **Apprenticeability Request** page, users will be provided a summary of all the information entered on all the pages of the request form. Users will be given the ability to edit any section as needed.

Before submitting, submitters will also be able upload any additional documents that support the Apprenticeability of the request.

The submitter will also have to check a disclaimer box before submitted confirming that they allow the Office of Apprenticeship to share any of the information submitted as part of the Apprenticeship request form.

Upload Document(s)		
UPLOAD La Drop files here		
Disclaimer: Do not upload WPS and RI. Please upload documents supporting the recommendation of this Apprenticeability request.		
By checking this box you are agreeing for the Office of Apprenticeship to share the attached Work Process Schedule and Related instruction Outline with industry experts to determine whether the occupation meets the criter apprenticeable occupation as defined in 29 CFR §29.4.	a for an	
PREVIOUS EXIT	SUBMIT	SAVE

Next Steps

Post-Submission Email Confirmation

Once the request has been submitted, an email will be sent out to the OA Staff notifying them that a new request has been submitted.

Below is an email of what the OA Staff will receive when the Submitter submits a new request

ြူReply ြူReply All ြြှForward င်္ခြIM		
APTL Send Email <process537899750@doltest.appiancloud.com></process537899750@doltest.appiancloud.com>	&% 3 -	Tue 3:03 PM
Request ID ADID000339 received		~
CAUTION - The sender of this message is external to the DOL network. Please use care where responding with sensitive information. Send suspicious email to <u>spam@dol.gov</u> .	hen clicking on links ar	nd
A new Request for an Apprenticeable Occupation was received on 12/14/202 details below	21 3:02 PM EST. S	ee the
O*NET SOC Code: 13-1051.00 Occupational Title: Cost Estimators Sponsor's Occupation Title: Cost Estimators Submitter Name: Public User Sponsor's Name: Test		

Assignment of an Apprenticeship Technical Representative (ATR)

Monitoring Your Submission

You can login to the AOR tool at any time by going to <u>https://dol.appiancloud.com/suite/</u> and using your Login.gov credentials created at the start of this process. When you login you will see the following grid where you can view a read-only version of your submission and other details.

	CONTACT US	+ REQUEST				Apprenticeship Occ	upation Request + 🌘 🌘
Welcome to the OA Apprenticeship Occupation Request Tool							
To get started, click on "Request" above to be taken to the Apprenticeability Request Form. If you have any questions, please click on "Contact Us" and someone will get back to you as soon as possible. If you would like to download the forms in prenaration for entering request form data online, click here to "Download Worksheets"							
	would like to download the forms in preparation for entering request form data online, click here to bownload worksheets						
My Subm	itted Reque	ests					
ADID	O*NET-SOC 0	lode	Sponsor's Occupation Title	Submittal Type	Program Type	Submitted On	Status
ADID414	11-1031.00		Legislators	Initial	Competency-Based	2/9/2022 10:43 PM EST	Awaiting Assignment

Final Determination Notification

Once your occupation has been approved by the Department of Labor, your ATR will send you an email with the decision on your occupation. If your occupation was accepted, you can include this in your Registered Apprenticeship Program.

If your occupation was declined, you will have an opportunity to re-submit the occupations with changes through this same tool.

Getting Help

How to Contact Us

If you have questions during the submission process, please use the "Contact Us" form found in the tool.

Contact Us						
Name:	Public User	Email :	publicuser@aptl.com			
Subject:	Reason for contact					
Message:	Please type in your message here					
	You have 2000 characters left					
			EXIT SUBMIT			

Additional Resources

Glossary

AOR

Apprenticeship Occupation Request

ONET

An occupational information framework used by Standards Builder for choosing occupations in the process of setting up new standards for program sponsors.

Sponsor

An organization/entity that partners with the Office of Apprenticeship to provide communities with quality pre-apprenticeship and apprenticeship opportunities.

ATR

Apprenticeship and Training Representative – Role in Office of Apprenticeship, US Department of Labor

Time-Based

A method of assessing skill acquisition during apprenticeships, based on specified work tasks and activities, along with the corresponding number of required hours to put towards said activities.

Competency-Based

A method of assessing skill acquisition during apprenticeships, based on demonstration of skill and the technical proficiency of work performance.

Hybrid

Application of a combination of time-based and competency-based measurements to reflect skill acquisition and apprentice progress.