



APPRENTICESHIP PROGRAM STANDARDS
adopted by

HEALTH CARE APPRENTICESHIP CONSORTIUM

(sponsor name)

<u>Occupational Objective(s):</u>	<u>SOC#</u>	<u>Term [WAC 296-05-015]</u>
BEHAVIORAL HEALTH TECHNICIAN	21-1094.00	2000 HOURS
CENTRAL STERILE PROCESSING TECHNICIAN	31-9093.00	2000 HOURS
MEDICAL ASSISTANT	31-9092.00	2000 HOURS
PEER COUNSELOR	21-1019.00	2000 HOURS
PHARMACY TECHNICIAN	29-2052.00	2000 HOURS
SUBSTANCE USE DISORDER PROFESSIONAL	21-1011.00	4000 HOURS



APPROVED BY
Washington State Apprenticeship and Training Council
REGISTERED WITH
Apprenticeship Section of Fraud Prevention and Labor Standards
Washington State Department Labor and Industries
Post Office Box 44530
Olympia, Washington 98504-4530

APPROVAL:

JANUARY 17, 2019
Provisional Registration

JANUARY 18, 2024
Standards Last Amended

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Permanent Registration

By: MARK RIKER
Chair of Council

By: CELESTE MONAHAN
Secretary of Council

HEALTH CARE APPRENTICESHIP CONSORTIUM PROGRAM STANDARDS

INTRODUCTION

This document is an apprenticeship program standard. Apprenticeship program standards govern how an apprenticeship works and have specific requirements. This document will explain the requirements.

The director of the Department of Labor and Industries (L&I) appoints the Washington State Apprenticeship and Training Council (WSATC) to regulate apprenticeship program standards. The director appoints and deputizes an assistant director to be known as the supervisor of apprenticeship who oversees administrative functions through the apprenticeship section at the department.

The WSATC is the sole regulatory body for apprenticeship standards in Washington. It approves, administers, and enforces apprenticeship standards, and recognizes apprentices when either registered with L&I's apprenticeship section, or under the terms and conditions of a reciprocal agreement. WSATC also must approve any changes to apprenticeship program standards.

Apprenticeship programs have sponsors. A sponsor operates an apprenticeship program and declares their purpose and policy herein to establish an organized system of registered apprenticeship education and training. The sponsor recognizes WSATC authority to regulate and will submit a revision request to the WSATC when making changes to an apprenticeship program standard.

Apprenticeships are governed by federal law (29 U.S.C 50), federal regulations (29 CFR Part 29 & 30), state law (49.04 RCW) and administrative rules (WAC 296-05). These standards conform to all of the above and are read together with federal and state laws and rules

Standards are changed with WSATC approval. Changes are binding on apprentices, sponsors, training agents, and anyone else working under an agreement governed by the standards. Sponsors may have to maintain additional information as supplemental to these standards. When a standard is changed, sponsors are required to notify apprentices and training agents. If changes in federal or state law make any part of these standards illegal, the remaining parts are still valid and remain in force. Only the part made illegal by changes in law is invalid. L&I and the WSATC may cooperate to make corrections to the standards if necessary to administer the standards.

Sections of these standards identified as bold “**insert text**” fields are specific to the individual program standards and may be modified by a sponsor submitting a revised standard for approval by the WSATC. All other sections of these standards are boilerplate and may only be modified by the WSATC. See WAC 296-05-003 for the definitions necessary for use with these standards.

Sponsor Introductory Statement (Required):

The Health Care Apprenticeship Consortium Program (“Health Care Apprenticeship Program”) is intended to provide access to all healthcare employers within Washington

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State who seek the benefits of skilled apprenticeship training for their workforce and is sponsored by the SEIU Healthcare 1199NW Multi-Employer Training and Education Fund (“Training Fund”) (an IRC 501(c)(3) trust managed by a joint Board of employer and union trustee representatives). The Health Care Apprenticeship Program was created in collaboration with the Training Fund, OPEIU Local 8, SEIU Healthcare 1199NW, UFCW Local 21 and multiple health care employers including:

- Kaiser Permanente of Washington
- MultiCare Health System
- Swedish Medical Center/Swedish Edmonds
- UW Medicine

The above entities have worked in conjunction with the Health Care Apprenticeship Consortium Joint Apprenticeship Training Committee (“JATC”) to develop the following standards for the Health Care Apprenticeship Program. The Health Care Apprenticeship Program will be available to current Training Fund participating employers and all other healthcare employers in the State.

Moreover, the Health Care Apprenticeship Program and its participating entities are anticipating eventual growth to address multiple skill categories across the healthcare sector. This kind of collaboration will pave the way for aligning workforce development and career-connected learning across healthcare systems and have a significant impact on the current and future direction of Washington’s healthcare workforce system.

I. GEOGRAPHIC AREA COVERED:

The sponsor must train inside the area covered by these standards. If the sponsor wants to train outside the area covered by these standards, the sponsor must enter a portability agreement with a sponsor outside the area, and provide evidence of such an agreement for compliance purposes. Portability agreements permit training agents to use apprentices outside the area covered by the standards. Portability agreements are governed by WAC 296-05-009.

The State of Washington, the counties of Benton, Clackamas, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington, and Yamhill in the State of Oregon, and the Yakutat Borough, and all SE Alaska Boroughs south and east of the Yakutat Borough in the State of Alaska.

Applicants and apprentices please note that while the State of Washington has no responsibility or authority in the State of Oregon or State of Alaska, the JATC will apply the same standards and guidelines applicable to apprentices registered and working in Washington to apprentices registered in the program while working in Oregon or Alaska.

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II. MINIMUM QUALIFICATIONS:

Minimum qualifications must be clearly stated and applied in a nondiscriminatory manner [WAC 296-05-015(17)].

Medical Assistant, Central Sterile Processing Technician, Pharmacy Technician:

- Age: **16 years of age, as allowed by the regulatory licensure/certification of the occupation.**
- Education: **High School Diploma or equivalent or a two-year Associates' degree, unless the apprentice is part of a Health Care Apprenticeship Consortium (HCAC) high school partnership apprenticeship program. If the apprentice is participating in a HCAC high school apprenticeship, they do not yet have to have a high school diploma, however, they will need to show proof of current active enrollment in the partner high school and meet minimum age required for employment by occupation and in support of necessary licensure/certification.**
- Physical: **Must be able to perform the duties of the position with or without reasonable accommodations.**
- Testing: **All applicants must complete college administered placement assessment and have a minimum placement result into, or college course completion of, English and Math courses at or above the following course levels or equivalent: college math 087/091 ['Foundations of Algebra' or 'Descriptive Statistics'] and English 098 ['Integrated Reading & Writing II']. Apprentices who are enrolled in the HCAC high school partnership apprenticeship program are not required to meet the above testing requirements.**
- Other: **None**

Substance Use Disorder Professional (SUDP):

- Age: **At least 18 years old.**
- Education: **High School Diploma or equivalent or a two-year Associates' degree.**
- Physical: **Must be able to perform the duties of the position with or without reasonable accommodations.**
- Testing: **All applicants must complete college administered placement assessment and have a minimum placement result into, or college course completion of, English and Math courses at or above the**

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following course levels or equivalent: college math 087/091
[‘Foundations of Algebra’ or ‘Descriptive Statistics’] and English 098
[‘Integrated Reading & Writing II’]

Other: None

Behavioral Health Technician:

Age: 16 years of age, as allowed by the regulatory licensure/certification of the occupation.

Education: Must be enrolled in a program to achieve a high school diploma or equivalent, have a High School Diploma or equivalent or a two-year Associates’ degree, unless, the apprentice is part of a Health Care Apprenticeship Consortium (HCAC) high school partnership apprenticeship program. If the apprentice is participating in a HCAC high school apprenticeship, they do not yet have to have a high school diploma, however, they will need to show proof of current active enrollment in the partner high school and meet minimum age required for employment by occupation and in support of necessary licensure/certification.

Physical: Must be able to perform the duties of the position with or without reasonable accommodations.

Testing: None

Other: None

Peer Counselor:

Age: 16 years of age, as allowed by the regulatory licensure/certification of the occupation.

Education: Must be enrolled in a program to achieve a high school diploma or equivalent, have a High School Diploma or equivalent or a two-year Associates’ degree, unless, the apprentice is part of a Health Care Apprenticeship Consortium (HCAC) high school partnership apprenticeship program. If the apprentice is participating in a HCAC high school apprenticeship, they do not yet have to have a high school diploma, however, they will need to show proof of current active enrollment in the partner high school and meet minimum age required for employment by occupation and in support of necessary licensure/certification.

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- Physical: **Must be able to perform the duties of the position with or without reasonable accommodations.**
- Testing: **None**
- Other: **Successful completion of Washington State Certified Peer Counseling Exam or provide signed employer agreement allowing apprentice to complete exam post hire.**

III. CONDUCT OF PROGRAM UNDER WASHINGTON EQUAL EMPLOYMENT OPPORTUNITY PLAN:

Sponsors with five (5) or more apprentices must adopt an Equal Employment Opportunity (EEO) Plan and Selection Procedure (chapter 296-05 WAC and 29 CFR Part 30).

The recruitment, selection, employment and training of apprentices during their apprenticeship shall be without discrimination because of race, sex (including pregnancy and gender identity), sexual orientation, color, religion, national origin, age, genetic information, disability or as otherwise specified by law. The sponsor shall take positive action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required by the rules of the Washington State Apprenticeship and Training Council and Title 29, Part 30 of the Code of Federal Regulations.

A. Selection Procedures:

- 1. Persons desiring to become a registered apprentice must first be employed by an employer that is a Registered Training Agent in the Health Care Apprenticeship Program. The applicants are to be selected by the individual employers in accordance with customary and established policies.**
- 2. Persons desiring to become a registered apprentice must provide verification of the minimum qualifications, and be employed by a registered Training Agent.**
- 3. The Training Fund does not serve as a referral agency, or training agent, for apprenticeship applicants, but may assist employers in finding potential apprentices for their selection pool.**

B. Equal Employment Opportunity Plan:

All participating employers are committed to equal opportunities for all employees and applicants. Employees and applicants to the apprentice program will not be discriminated against by managers, supervisors, coworkers or third parties on the basis of race, color, religion, sex (including pregnancy, childbirth, or related medical conditions), gender identity, transgender, national origin, age, physical or mental disability, veteran status, sexual orientation, genetic information or other status protected by applicable federal, state or local laws or by corporate policy.

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The Healthcare Apprenticeship Program will:

- 1. Promote the Healthcare Apprenticeship Program through the distribution of program literature and on apprenticeship websites.**
- 2. Deliver presentations designed to familiarize youth and other interested persons with apprenticeship opportunities.**
- 3. Encourage women, minorities, veterans and persons with disabilities to meet apprenticeship minimum qualifications by connecting them with external training opportunities, classes, employers and agencies that provide support services.**

C. Discrimination Complaints:

Any apprentice or applicant for apprenticeship who believes they have been discriminated against may file a complaint with the supervisor of apprenticeship (WAC 296-05-443).

IV. TERM OF APPRENTICESHIP:

The term of apprenticeship for an individual apprentice may be measured through the completion of the industry standard for on-the-job learning (at least two thousand hours) (time-based approach), the attainment of competency (competency-based approach), or a blend of the time-based and competency-based approaches (hybrid approach) [WAC 296-05-015].

- A. The Medical Assistant, Central Sterile Processing Technician, Pharmacy Technician, Behavioral Health Technician and Peer Counselor programs will consist of a minimum of 2000 hours of reasonably continuous employment and be completed in 12-24 months.**
- B. The Substance Use Disorder Professional program will consist of a minimum of 4000 hours of reasonably continuous employment and be completed in 24-36 months.**

V. INITIAL PROBATIONARY PERIOD:

An initial probationary period applies to all apprentices, unless the apprentice has transferred from another program. During an initial probationary period, an apprentice can be discharged without appeal rights. An initial probationary period is stated in hours or competency steps of employment. The initial probationary period is not reduced by advanced credit or standing. During an initial probationary period, apprentices receive full credit for hours and competency steps toward completion of their apprenticeship. Transferred apprentices are not subject to additional initial probationary periods [WAC 296-05-003].

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The initial probationary period is [WAC 296-05-015(22)]:

- A. the period following the apprentice's registration into the program. An initial probationary period must not be longer than twenty percent of the term of the entire apprenticeship, or longer than a year from the date the apprenticeship is registered. The WSATC can grant exemptions for longer initial probationary periods if required by law.
- B. the period in which the WSATC or the supervisor of apprenticeship may terminate an apprenticeship agreement at the written request by any affected party. The sponsor or the apprentice may terminate the agreement without a hearing or stated cause. An appeal process is not available to apprentices in their initial probationary period.
 - 1. **The Initial Probationary Period for the Medical Assistant, Central Sterile Processing Technician, Pharmacy Technician, Behavioral Health Technician and Peer Counselor is the first 400 hours of employment as an apprentice.**
 - 2. **The Initial Probationary Period for the Substance Use Disorder Professional (SUDP) is the first 800 hours of employment as an apprentice.**

VI. RATIO OF APPRENTICES TO JOURNEY LEVEL WORKERS

Supervision is the necessary education, assistance, and control provided by a journey-level employee on the same job site at least seventy-five percent of each working day, unless otherwise approved by the WSATC. Sponsors ensure apprentices are supervised by competent, qualified journey-level employees. Journey level-employees are responsible for the work apprentices perform, in order to promote the safety, health, and education of the apprentice.

- A. The journey-level employee must be of the same apprenticeable occupation as the apprentice they are supervising unless otherwise allowed by the Revised Code of Washington (RCW) or the Washington Administrative Code (WAC) and approved by the WSATC.
- B. The numeric ratio of apprentices to journey-level employees may not exceed one apprentice per journey-level worker [WAC 296-05-015(5)].
- C. Apprentices will work the same hours as journey-level workers, except when such hours may interfere with related/supplemental instruction.
- D. Any variance to the rules and/or policies stated in this section must be approved by the WSATC.
- E. The ratio must be described in a specific and clear manner, as to the application in terms of job site, work group, department or plant:
 - 1. **Ratio for the Medical Assistant, Central Sterile Processing Technician, Pharmacy Technician Apprentices:**

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There shall be no more than (1) apprentice to every (1) journey-level worker per job site/work unit.

2. Ratio for the Behavioral Health Technician, Peer Counselor and Substance Use Disorder Professional (SUDP) Apprentices:

There shall be no more than (2) apprentice to every (1) journey-level worker per job site/work unit.

Healthcare employers must meet the above requirements and any regulatory supervisory requirements as determined by statute or their regulatory entities.

(VARIANCE REQUEST APPROVED JANUARY 20, 2022)

VII. APPRENTICE WAGES AND WAGE PROGRESSION:

- A. Apprentices must be paid at least Washington’s minimum wage, unless a local ordinance or a collective bargaining agreement require a higher wage. Apprentices must be paid according to a progressively increasing wage scale. The wage scale for apprentices is based on the specified journey-level wage for their occupation. Wage increases are based on hours worked or competencies attained. The sponsor determines wage increases. Sponsors must submit the journey-level wage at least annually or whenever changed to the department as an addendum to these standards. Journey-level wage reports may be submitted on a form provided by the department. Apprentices and others should contact the sponsor or the Department for the most recent Journey-level wage rate.
- B. Sponsors can grant advanced standing, and grant a wage increase, when apprentices demonstrate abilities and mastery of their occupation. When advanced standing is granted, the sponsor notifies the employer/training agent of the wage increase the apprenticeship program standard requires.
- C. Wage Progression Schedules

Behavioral Health Technician

Step	Hour Range or competency step	Percentage of journey-level wage rate
1	0000-1000	88%
2	1001-2000	95%

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Central Sterile Processing Technician

Step	Hour Range or competency step	Percentage of journey-level wage rate
1	0000-1000	88%
2	1001-2000	95%

Medical Assistant

Step	Hour Range or competency step	Percentage of journey-level wage rate
1	0000-1000	87%
2	1001-2000	92%

Peer Counselor

Step	Hour Range or competency step	Percentage of journey-level wage rate
1	0000-1000	88%
2	1001-2000	95%

Pharmacy Technician

Step	Hour Range or competency step	Percentage of journey-level wage rate
1	0000-1000	88%
2	1001-2000	95%

Substance Use Disorder Professional

Step	Hour Range or competency step	Percentage of journey-level wage rate
1	0000-1000	85%
2	1001-2000	90%
3	2001-3000	95%
4	3001-4000	97%

No apprentice shall be paid less than minimum wage.

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VIII. WORK PROCESSES:

The apprentice shall receive on the job instruction and work experience as is necessary to become a qualified journey-level worker versed in the theory and practice of the occupation covered by these standards. The following is a condensed schedule of work experience, which every apprentice shall follow as closely as conditions will permit. The following work process descriptions pertain to the occupation being defined.

1. **All minors are prohibited from performing any and all work in active construction zones and construction sites as defined in WAC 296-155-012.**
2. **Minor apprentices can qualify for an exemption to work in occupations prohibited by WAC 296-125- 030. However, employers need to apply for the exemption as laid out in the Student Learner Exemption for Worksite Learning and Apprenticeships in Certain Hazardous Work (ES.C.11) Limited variances may be allowed for hazardous activities including but not limited to:**
 - **Power-driven woodworking machines/tools**
 - **Power-driven metal-forming, punching and shearing machines**
 - **Slaughtering, meat packing, processing, or rendering**
 - **Power-driven paper-product machines**
 - **Power-driven circular saws, band saws, and guillotine shears**
 - **All roofing work**
 - **Excavations**
 - **Occupations involving firefighting and fire suppression duties**

See WAC 296-125-030 for complete rules.

There are additional work activities restricted under separate Washington State law that also need to be included on the variance form, if applicable:

- **Work that may require use of hearing protection under the DOSH Hearing Conservation Standard (i.e. at or above 85 dBA), WAC 296-125-030(22).**
- **Work that may involve exposure to blood-borne pathogens under the DOSH Blood-borne Pathogens standard, WAC 296-125-030(24)**
- **Work that may involve exposure to hazardous chemicals or substances under the DOSH Hazard Communication Standard, WAC 296-125-030(25)**

When minors are employed as apprentices, the following rules will apply:

1. **The requirement of direct and close supervision for hazardous and otherwise prohibited work is met when there is one journey-level worker working with the first apprentice/student learner on-site and at least three journeymen or experienced adults working alongside each additional apprentice/student learner.**

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2. The sponsor and training agent will obtain and maintain all necessary documents, permits, variances and licenses required when employing minors.
3. The sponsor and training agent will coordinate with L&I's Teen Safety Department to develop an Employer Facility Safety Checklist prior to apprentice placement.
4. Safety Training applicable to the industry/occupation will be provided to minors prior to employment placement. It shall include industry/employer approved or required safety training, and shall meet or exceed WISHA standards.
5. Personal Protective Equipment (PPE) required within the industry/occupation for tasks being performed shall be provided by the employer.

A HCAC Apprentice is a regular employee while enrolled and participating in their program. The apprentice will complete a program consisting of both didactic and on-the-job learning. The Apprentice will be assigned to a Journey level Mentor(s) for the term of the on-the-job training.

A. Medical Assistant Approximate Hours/Competency Level

1. Communicate and Interact Effectively to Provide Quality Patient Car.....400 hours
 - a. Communicate with patient by phone/online
 - b. Prepare patient for examination (including vital signs)
 - c. Collect patient health history and medication reconciliation
 - d. Provide chronic disease management, preventive care and screenings, patient self-management, and health coaching
 - e. Provide referral coordination
 - f. Health benefit enrollment if required
 - g. Manage and respond to patient communications
2. Office Management and Administrative Tasks.....100 hours
 - a. Maintain medical records
 - b. Evaluating Daily Patient List for necessary health maintenance updates
 - c. Coordinate patient/office communication
 - d. Provide/coordinate office maintenance
 - e. Provide or support other office and administrative procedures as directed
 - f. Run charts/pull reports
 - g. Evaluate Patient List for health maintenance updates
 - h. Prepare and organize charts including documentation and use of EHR Systems and other medical records
 - i. Obtain referrals/authorization for treatment

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- j. Provide administrative support as needed
- 3. Coordinate and Schedule Appointments75 hours
 - a. Coordinate provider schedules
 - b. Prioritize patients using an established protocol
 - c. Schedule patient appointments
- 4. Assist with and Perform Authorized Medical, Laboratory, and Clinical Procedures.....1,100 hours
 - a. Exam room preparation
 - b. Assist with physician or provider's orders
 - c. Prepare and assist with minor office procedures
 - d. May include assessment, exam procedures, laboratory procedures, phlebotomy, administration of approved medications and vaccines, and other duties, determined by local need and scope of practice
- 5. Maintain Clinical Safety and Environmental Standards25 hours
 - a. Inventory, stocking & reordering supplies
 - b. Provide and maintain aseptic environment including instrument sterilization
 - c. Calibrate and standardize equipment
 - d. Dispose of hazardous waste
 - e. Maintaining hygienic equipment and environment
 - f. Maintain standards of worker and patient health and safety including hand washing, use of gloves as appropriate
- 6. Participate in Ongoing Quality Improvement Processes.....50 hours
 - a. Rapid-cycle change and problem solving
 - b. Monitoring quality measures
 - c. Workflow assessment and redesign
 - d. Business principles and information management
- 7. Communicates Effectively with Clinical Care Team 175 hours
 - a. Participate in care coordination activities
 - b. Population and panel management to identify and address gaps in care
 - c. Teamwork in a variety of environments
 - d. Coordinate/support/work with team and patient population on provider scheduling
- 8. Uphold Standards of Professional Conduct.....75 hours
 - a. Observe and adhere to employer policies and standards
 - b. Observe and adhere to professional code of conduct for Medical Assistants Maintain timely communication with instructors, coaches, and apprenticeship managements

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- c. Maintain required certificates
- d. Participate in community health activities
- e. Perform within legal and ethical boundaries
- f. Communicate with others to collect, share, record and report information properly

Total Hours/# of Competency Levels: 2000 hours

B. Central Sterile Processing Technician Approximate Hours/Competency Level

- 1. Orientation to Sterile Processing120 hours**
 - a. Understanding and orientation to the work environment
 - b. Proper use of personal protective equipment
 - c. Medical and equipment terminology and documentation

- 2. Cleans, disinfects and inspects surgical instruments and equipment.....760 hours**
 - a. Maintain the work environment in a safe, clean and orderly fashion
 - b. Prepare working area for decontamination
 - c. Prepare quality tests to ensure proper equipment operation; repair, service or obtain professional vendor services as needed
 - d. Separate disposable from non-disposable items and dispose of expendable supplies properly
 - e. Prepare items for decontamination and conduct decontamination procedures
 - f. identify equipment used in decontamination and how it's used
 - g. Transport contaminated items from point of use
 - h. Demonstrate use of various cleaning techniques based on instrumentation.
 - i. Introduction to flexible scope procedures

- 3. Preparation, assembly, and packaging of surgical equipment, supplies, and instrumentation for sterilization. Sterilize instruments and equipment properly, fully and in accordance with standard operating procedures and/or manufacturer recommendations (IFUs).....760 hours**
 - a. Inspect items for cleanliness, functionality and integrity
 - b. Select appropriate sterilizer equipment, packaging and methods based on equipment,

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- instruments and standard operating procedures
 - c. Assemble items for packaging and sterilization
 - d. Transfer items safely and accurately
 - e. Prepare work area and test sterilizer function
 - f. Load sterilizer properly, use correct cycle settings
 - g. Ensure integrity and effectiveness of sterilization process
 - h. Store sterilized instruments and equipment properly
 - i. Maintain personal health and safety as well as team/environment health and safety
 - j. correctly utilize an instrument tracking system
 - k. follow the count sheet to assemble sets
 - l. identify basic instrumentation (names and uses)
 - m. correctly package items in appropriate packaging (wrapper-correct fold, container-filters & locks, peel-pack-correct size, proper seal)
 - n. introduction to flexible scope procedures
4. Performs biological, chemical, and mechanical equipment and instrument testing for Sterile Processing and the Surgical needs properly, fully and in accordance with standard operating procedures and/or manufacturer recommendations (IFUs).
Accurately documents test results.....180 hours
- a. Perform biological testing
 - b. Perform chemical testing
 - c. Perform mechanical testing
 - d. Generate and maintain proper documentation of testing and follow-up
5. Properly manages and cleans sterilizer, washer/decontaminators, work environment, and other department equipment and supplies. Within authority, manage inventory, restocking, And distribution of equipment and supplies.....180 hours
- a. Maintain safe, clean and orderly storage environment
 - b. Stock, rotate, inspect, confirm, distribute and monitor usage of items
 - c. Demonstrate strong customer relations skills

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- d. Participate in department organization and functions**
- e. Ordering, processing and receiving rental equipment**
- f. Assemble equipment for distribution**
- g. Deliver equipment per policies and protocols**
- h. Maintain and inspect equipment, send for repair as necessary**

Total Hours/# of Competency Levels: 2000 hours

C. Pharmacy Technician Approximate Hours/Competency Level

- 1. Personal Skills as Pharmacy Technician.....75 hours**
 - a. Utilize ethical conduct in all job-related activities.**
 - b. Present an image appropriate for the profession of pharmacy in appearance and behavior.**
 - c. Communicate clearly when speaking and in writing.**
 - d. Demonstrate a respectful attitude when interacting with diverse patient populations.**
 - e. Manifest self-management skills, including time management, stress management, and adapting to change.**
 - f. Interpersonal skills, including negotiation skills, conflict resolution, and teamwork.**

- 2. Foundational Pharmacy Technician Professional Skills.....300 hours**
 - a. Work consistent with and demonstrate appropriate engagement with multiple healthcare occupations and components of the health care delivery system.**
 - b. Work consistent with and communicate understanding of wellness promotion and disease prevention concepts, incl. health screenings; environmental factors; and adverse effects of drugs and alcohol.**
 - c. Detail all work consistent with a commitment to excellence in the pharmacy profession, including an attitude of ongoing on the job education and learning.**
 - d. Work consistent with and demonstrate understanding and skills in areas of**

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- science relevant to the pharmacy technician's role, including anatomy/physiology and pharmacology.
 - e. Perform mathematical calculations essential to the duties of pharmacy technicians in a variety of contemporary settings – hospital, retail, outpatient.
 - f. Work within legal limits of and demonstrate understanding of the pharmacy technician's role in the medication-use process.
 - g. Work consistent with and demonstrate active awareness of major trends, issues, and initiatives taking place in the pharmacy profession.
 - h. Demonstrate understanding of and flexibly communicate within non-traditional roles of pharmacy technicians.
 - i. Identify and describe emerging therapies in pharmacy practice.
 - j. Demonstrate understanding of, and undertake the preparation and processes for sterile and non-sterile compounding.
3. Processing and Handling of Medications and Medication Orders...500 hours
- a. Assist pharmacists in collecting, organizing, and recording demographic and clinical information for direct patient care and medication-use review.
 - b. Receive and screen prescriptions/medication orders for completeness, accuracy, and authenticity.
 - c. Assist pharmacists in the identification of patients who desire/require counseling to optimize the use of medications, equipment, and devices.
 - d. Prepare non-patient-specific medications for distribution (e.g., batch, stock medications).
 - e. Distribute medications in a manner that follows specified procedures.
 - f. Practice effective infection control procedures, including preventing transmission of blood borne and airborne diseases.
 - g. Assist pharmacists in preparing, storing, and distributing medication products requiring special handling and documentation.

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4. Documenting.....50 hours
 - a. Completes required documentation

5. Professional and Ethical Conduct.....400 hours
 - a. Fulfills responsibilities and commitments
 - b. Practices ethically
 - c. Obtains client consent
 - d. Maintains confidentiality and privacy
 - e. Manages stress and maintains personal health

6. Professional Development.....100 hours
 - a. Seeks opportunities to improve knowledge, skills and abilities
 - b. Uses supervision effectively

7. Engages Peers in Collaborative and Caring Relationships.....250 hours
 - a. Provides Support
 - b. Personalizes Support
 - c. Provides information about skills related to health, wellness and recovery
 - d. Helps manage crises
 - e. Values Communication
 - f. Supports Collaboration and Teamwork
 - g. Promotes Growth and Development

8. Foundational Skills.....400 hours
 - a. Basic computer skills
 - b. Understands basic knowledge of electronic Health Care Record System as relevant to the position
 - c. Basic office skills: phone, printer, fax, etc
 - d. Has completed de-escalation training (introductory)
 - e. Trauma Informed Care – Exploring Trauma and its impact on the person served (this should include components around institutional trauma and how that affects accessing care etc.)
 - f. Understands the concept of whole person care
 - g. Education regarding social determinates of health (as appropriate for this position)
 - h. Basic use of distress tolerance and other regulating skills
 - i. Displays basic understanding of medication trends and uses within the SUD realm,

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as appropriate for this position

- j. Exhibits ability to gather information regarding medication side effects and signs/symptoms**
- k. Performs basic screen on intake – temperature, blood pressure**
- l. Performs urine drug screening**

9. Nursing Assistant – Certified.....100 hours

- a. Perform basic technical skills; take and record vital signs, assist client with various aspects of personal care**
- b. Demonstrate proper hygiene before patient interaction**
- c. CPR/First Aid training**
- d. Blood borne pathogens training (includes HIV/Aids training)**
- e. Utilizes appropriate interventions for physical mobility or transfer of clients**
- f. Displays professional communication with client, client’s family and co-workers using alternative modes of communication when necessary**
- g. Understands and adheres to HIPAA regulations**
- h. Demonstrates infection control techniques and knowledge of precautions**
- i. Demonstrates knowledge of safety procedures, proper PPE usage and emergency procedures**
- j. Understands rules and regulations applied to Nursing Assistants**

Total Hours/# of Competency Levels: 2000 hours

E. Peer Counselor Approximate Hours/Competency Level

- 1. Working with Others.....300 hours**
 - a. Communicates Effectively**
 - b. Builds Positive Relationships**

- 2. Strengths Assessment and Recovery Needs.....150 hours**
 - a. Gathers information using multiple sources**
 - b. Assesses and Identifies strengths and needs**

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3. **Planning Services.....100 hours**
 - a. **Supports participant & identified natural supports family member decision-making in developing the plan of care**
 - b. **Celebrates goals when achieved and supports new recovery goals and objectives**

4. **Assists participant in developing personal plans.....100 hours**
 - a. **Identifies individual goals and need for plans**
 - b. **Understands the difference between and the specific need for a Wellness Recovery Action Plan, advance directive, relapse prevention plan, no harm contract and a goal plan for recovery**

5. **Providing Services.....400 hours**
 - a. **Coordinates care in coordination with team**
 - b. **Maintains safe working environment and working relationships (emotional, physical, etc. safety)**
 - c. **Awareness of trauma informed practices**
 - d. **Identifies and has awareness of crisis intervention and de-escalation techniques in peer settings Crises**

6. **Linking to Community Resources.....100 hours**
 - a. **Identifies recommended and appropriate resources**
 - b. **Supports participant & family decision-making in selecting resources**
 - c. **Connects individuals and families to community resources**

7. **Community Education & Advocacy.....150 hours**
 - a. **Provides education**
 - b. **Participates in prevention activities**
 - c. **Provides advocacy**

8. **Cultural Competency & Individualized Care.....200 hours**
 - a. **Delivers culturally relevant services**
 - b. **Obtains consultation on cultural issues**
 - c. **Understands multi-culturalism and how it relates to resiliency**

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- 9. Documenting.....50 hours**
 - a. Completes required documentation on time**
 - b. Responds to participant requests to view records**
 - c. Understands RCW's and WAC's around documentation**

- 10. Professional and Ethical Conduct.....250 hours**
 - a. Fulfills responsibilities and commitments**
 - b. Practices ethically**
 - c. Obtains participant consent**
 - d. Maintains confidentiality and privacy**
 - e. Manages stress and maintains personal health**

- 11. Professional Development.....100 hours**
 - a. Seeks opportunities to improve knowledge, skills and abilities**
 - b. Uses supervision effectively**

- 12. Engages Colleagues in Collaborative and Caring Relationships.....100 hours**
 - a. Provides support**
 - b. Shares lived experiences of recovery**
 - c. Personalizes peer support**
 - d. Supports recovery planning**
 - e. Links to resources, services and supports**
 - f. Provides information about skills related to health, wellness and recovery**
 - g. Helps peers manage crises**
 - h. Values communication**
 - i. Supports collaboration and teamwork**
 - j. Promotes leadership and advocacy**
 - k. Promotes growth and development**

Total Hours/# of Competency Levels: 2000 hours

F. Substance Use Disorder Professional (SUDP) Approximate Hours/Competency Level

- 1. Understanding Addiction.....250 hours**
 - a. Understands a variety of models and theories of addiction and other problems related to substance use.**
 - b. Recognizes the social, political, economic, and cultural context within**

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- which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
- c. Describes the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
 - d. Recognizes the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.
2. Treatment Knowledge.....250 hours
- a. Describes the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
 - b. Recognizes the importance of family, social networks, and community systems in the treatment and recovery process
 - c. Understands the importance of research and outcome data and their application in clinical practice.
 - d. Understands the value of an interdisciplinary approach to addiction treatment.
3. Application to Practice.....250 hours
- a. Understands the established diagnostic criteria for substance use disorders, and describes treatment modalities and placement criteria within the continuum of care.
 - b. Describes a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence
 - c. Tailors helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.
 - d. Provides treatment services appropriate to the personal and cultural identity

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- and language of the client.
 - e. Adapts practice to the range of treatment settings and modalities.
 - f. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.
 - g. Understands the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
 - h. Recognizes that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
 - i. Understands the need for and use of methods for measuring treatment outcome
4. Professional Readiness.....250 hours
- a. Understands diverse cultures, and incorporates the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
 - b. Understands the importance of self-awareness in one’s personal, professional, and cultural life.
 - c. Understands the addiction professional’s obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.
 - d. Understands the importance of ongoing supervision and continuing education in the delivery of client services.
 - e. Understands the obligation of the addiction professional to participate in prevention and treatment activities.
 - f. Understands and applies setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.
5. Clinical Evaluation (Screening)250 hours
- a. Establishes rapport, including management of a crisis situation and determination of need for additional professional assistance.
 - b. Gathers data systematically from the client and other available collateral

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sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints.

- c. Screens for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.
 - d. Assists the client in identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse.
 - e. Determines the client's readiness for treatment and change as well as the needs of others involved in the current situation.
 - f. Reviews the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.
 - g. Applies accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
 - h. Constructs with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.
 - i. Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.
6. Clinical Evaluation (Assessment)250 hours
- a. Selects and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic culture, and disabilities

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- and the community at large to ensure appropriate referrals, identify service gaps, expand community resources, and help address unmet needs.
- b. Continuously assesses and evaluates referral resources to determine their appropriateness.
 - c. Differentiates between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral.
 - d. Arranges referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs.
 - e. Explains in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow-through.
 - f. Exchanges relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care.
 - g. Evaluates the outcome of the referral.
9. Service Coordination - Implementing the Treatment Plan.....100 hours
- a. Initiates collaboration with the referral source.
 - b. Obtains, reviews, and interprets all relevant screening, assessment, and initial treatment planning information.
 - c. Confirms the client's eligibility for admission and continued readiness for treatment and change.
 - d. Completes necessary administrative procedures for admission to treatment.
 - e. Establishes accurate treatment and recovery expectations with the client and involved significant others, including but not limited to:
 - The nature of services
 - Program goals
 - Program procedures
 - Rules regarding client conduct
 - The schedule of treatment activities

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- Costs of treatment
 - Factors affecting duration of care
 - Clients’ rights and responsibilities
 - The effect of treatment and recovery on significant others.
- f. Coordinates all treatment activities with services provided to the client by other resources.

10. Service Coordination – Consulting.....100 hours

- a. Summarizes the client’s personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.
- b. Understands the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.
- c. Contributes as part of a multidisciplinary treatment team.
- d. Applies confidentiality rules and regulations appropriately.
- e. Demonstrates respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies.

11. Service Coordination: Continuing Assessment & Treatment Planning.....100 hours

- a. Maintains ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.
- b. Understands and recognize stages of change and other signs of treatment progress.
- c. Assesses treatment and recovery progress, and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.
- d. Describes and documents the treatment process, progress, and outcome.
- e. Uses accepted treatment outcome measures.
- f. Conducts continuing care, relapse prevention, and discharge planning with the client and involved significant others.

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- g. Documents service coordination activities throughout the continuum of care.**
- h. Applies placement, continued stay, and discharge criteria for each modality on the continuum of care.**

12. Counseling - Individual Counseling.....250 hours

- a. Establishes a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.**
- b. Facilitates the client's engagement in the treatment and recovery process.**
- c. Works with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.**
- d. Promotes client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.**
- e. Encourages and reinforces client actions determined to be beneficial in progressing toward treatment goals.**
- f. Works appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.**
- g. Recognizes how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.**
- h. Promotes client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.**
- i. Facilitates the development of basic and life skills associated with recovery.**
- j. Adapts counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.**
- k. Makes constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.**

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for families, couples, and significant others, including extended, kinship, or tribal family structures.

- c. Facilitates the engagement of selected members of the family or significant others in the treatment and recovery process.
- d. Assists families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.
- e. Assists families, couples, and significant others in adopting strategies and behaviors that sustain recovery and maintain healthy relationships.

15. Client, Family, and Community Education.....150 hours

- a. Provides culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and the recovery process.
- b. Describes factors that increase the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders.
- c. Sensitizes others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
- d. Describes warning signs, symptoms, and the course of substance use disorders.
- e. Describes how substance use disorders affect families and concerned others.
- f. Describes the continuum of care and resources available to the family and concerned others.
- g. Describes principles and philosophy of prevention, treatment, and recovery.
- h. Understands and describes the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.
- i. Teach life skills, including but not limited to stress management, relaxation,

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communication, assertiveness, and refusal skills.

16. Documentation.....200 hours

- a. Demonstrates knowledge of accepted principles of client record management.
- b. Protects client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.
- c. Prepares accurate and concise screening, intake, and assessment reports.
- d. Records treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.
- e. Records progress of client in relation to treatment goals and objectives.
- f. Prepares accurate and concise discharge summaries.
- g. Documents treatment outcome, using accepted methods and instruments.

17. Professional and Ethical Responsibilities.....175 hours

- a. Adheres to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client.
- b. Adheres to Federal and State laws and agency regulations regarding the treatment of substance use disorders.
- c. Interprets and applies information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
- d. Recognizes the importance of individual differences that influence client behavior, and apply this understanding to clinical practice.
- e. Uses a range of supervisory options to process personal feelings and concerns about clients.

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- f. Conducts self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.**
 - g. Obtains appropriate continuing professional education.**
 - h. Participates in ongoing supervision and consultation.**
 - i. Develops and use strategies to maintain one’s physical and mental health.**

- 18. Communication.....100 hours**
 - a. Engages in active and reflective listening.**
 - b. Uses 'person centered/person first' language.**
 - c. Speaks clearly and slowly enough to be understood.**

- 19. Assessment.....25 hours**
 - a. Assesses client's preferred method of communication and language barriers.**

- 20. Medication Management.....75 hours**
 - a. Reviews the list of the client's medications, their effects and side effects.**
 - b. Coaches the client on strategies for taking medications as prescribed.**
 - c. Coaches the family on strategies for supporting the client in taking medications.**
 - d. Assists the client in monitoring and reporting medication effects and side effects to the medical prescriber.**

- 21. Counseling.....25 hours**
 - a. Helps the client define the problem by telling their story, discussing their situation, and challenging his or her current perspective, when warranted.**

- 22. Crisis Management.....100 hours**
 - a. Assists in implementing the response to an individual, family, or community crisis.**
 - b. Communicates with the family and others about the crisis and the response.**

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- c. **Assists with notifications and investigations of reportable events (e.g., abuse, domestic violence, assaults, neglect, deaths).**
- d. **Assists the client and family in obtaining services related to the crisis (e.g. domestic violence shelter; emergency foster care).**
- e. **Participates in debriefing meetings to discuss the crisis and the response.**

23. Cultural Competency and Individualized care.....250 hours

- a. **Is aware of and able to manage their own stereotypes and biases, as it relates to race, gender, class, ability, age, sexual orientation, immigration status, religion, and other marginalized groups. Has learned skills to recognize and work on new biases as they are uncovered.**
- b. **Is aware of their privileged identities and uses their privilege to advocate on behalf of those who experience marginalization, being mindful not to do for their clients what they can do for themselves.**
- c. **Leading with race as a foundation; applies knowledge of race, ethnicity, gender identity, sexual orientation, life span development, socio economic status, religion, disability, immigration status, and intergenerational differences when delivering services.**
- d. **Utilizes a strength-based model, promoting empowerment as a goal and desirable treatment outcome for all people by fostering client and family decision-making, problem-solving, and self-determination.**
- e. **Takes risk and leans into their discomfort to engage clients in conversations about their experiences related to race, class, gender, sexual orientation, ability, and immigration status.**
- f. **Takes risks to engage clients in dynamics of differences that exist between themselves and their clients.**
- g. **Utilizes appropriate culturally relevant resources and a combination of traditional and client-centered practices when**

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- providing services (e.g., storytelling, talking circles, and deferring to elders), while being mindful of cultural appropriation.
- h. Understands and applies knowledge of the systemic roots of addiction, history of drugs in America, and the intersection of failed interventions and racism. Also understands resiliency and what is working in interventions.**
 - i. Understands and applies knowledge of the compounding effects of having more than one identity (e.g., race, class, gender, sexual orientation, immigration status, ability, age) and more than one variable (e.g., addiction, previous incarceration) and the impact of intersectionality.**
 - j. Has knowledge of and works to mitigate the mental health and cultural stigma around substance use; acts as an advocate.**
 - k. Applies knowledge of implicit bias to institutions; advocates for change when an institutional policy or procedure has a bias.**
 - l. Demonstrates foundational knowledge of microaggressions and engages in courageous conversations when they witness, experiences, or commit a microaggression or other offenses.**
 - m. Applies knowledge that the tools and infrastructure of mental health diagnosis and care is inherently biased and has been used to further racism. Acknowledges cultural trauma and adjusts patient care appropriately.**
 - n. Provides culturally appropriate, trauma-informed care and healing from multiple angles. Understands health disparities in the context of mental health.**
 - o. Effectively integrates culturally responsive practices and skillfully adapts utilizing multiple practices - e.g., motivational interviewing, group facilitation, trauma-informed practices, health and social systems navigation.**
 - p. Engages client to increase understanding of how the person sees the world and how they view the world seeing them**

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(e.g., shapes, trust, and respect; impact of oppression, systemic racism, discrimination).

- q. Understands the compounding impact of incarceration, poverty, and/or other systems involvement (i.e. foster care, homelessness).
- r. Is flexible in care, communication, and approach so the client feels comfortable being themselves.
- s. Demonstrates awareness of how the power differential between the care provider and the client impacts the helping relationships.
- t. Understands the complexity of dual relationships and how to navigate ethically.
- u. Routinely considers and discusses cultural responsiveness in supervision and team meetings.
- v. Consults with elders or traditional healers in the community when appropriate.

24. Professional and Ethical Conduct.....75 hours

- a. Minimizes absences, arrives, on time, and completes a full work day.
- b. Works within the limits of assigned duties and role.
- c. Recognizes personal limits of knowledge and skills.
- d. Complies with special rules and procedures related to consent for: involuntary commitment; mandated reporting; minors; on individuals unable to consent, under guardianship, or subject to a court order.
- e. Recognizes signs of personal stress.

25. Promotes Leadership and Advocacy.....75 hours

- a. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families.
- b. Actively participates in efforts to improve the organization.

Total Hours/# of Competency Levels: 4000 hours

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IX. RELATED/SUPPLEMENTAL INSTRUCTION:

The apprentice must attend related/supplemental instruction (RSI). Time spent in RSI shall not be considered as hours of work and the apprentice is not required to be paid.

RSI must be provided in safe and healthy conditions as required by the Washington Industrial Safety and Health Act and applicable federal and state regulations.

Hours spent in RSI are reported to L&I each quarter. Reports must show which hours are unpaid and supervised by a competent instructor versus all other hours (paid and/or unsupervised) for industrial insurance purposes.

For purposes of coverage under the Industrial Insurance Act, the WSATC is an employer and the apprentice is an employee when an unpaid, supervised apprentice is injured while under the direction of a competent instructor and participating in RSI activities.

If apprentices do not attend required RSI, they may be subject to disciplinary action by the sponsor.

A. The methods of related/supplemental training must be indicated below (check those that apply):

Supervised field trips

Sponsor approved training seminars (specify) **Various JATC approved seminars including, but not limited to, First Aid/CPR, blood borne pathogens, etc.**

Sponsor approved online or distance learning courses (specify) **Various JATC approved online course**

State Community/Technical college

Private Technical/Vocational college

Sponsor Provided (lab/classroom)

Other (specify): **High school partnership with the Health Care Apprenticeship Consortium, such as College in the High School.**

B. **(See Below)** Minimum RSI hours per year defined per the following [see WAC 296-05-015(6)]:

Behavioral Health Technician: 250 hours

Central Sterile Processing Technician: 354 hours

Medical Assistant: 288 hours

Peer Counselor: 250 hours

Pharmacy Technician: 264 hours

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Substance Use Disorder Professional: 280 hours

- () Twelve-month period from date of registration.*
- () Defined twelve-month school year: (insert month) through (insert month).
- (X) Two-thousand hours of on the job training.

**If no selection is indicated above, the WSATC will define RSI hours per twelve-month period from date of registration.*

C. Additional Information:

- 1. Apprentices will be provided with a minimum of the above referenced hours of RSI unless otherwise directed by the JATC.**
- 2. Apprentices that are granted credit for prior learning or experience may be excused from attending specific portions of RSI training at the discretion of the JATC. Apprentices seeking credit for prior learning must demonstrate the same knowledge, skill and abilities as apprentices who have completed the portion(s) of RSI for which credit is requested.**
- 3. In the event an apprentice has completed all of their required RSI, but has less than the required OJT, the apprentice will not be required to attend further classes unless directed by the JATC.**
- 4. Apprenticeship completion may require passing a professional skills/competency or certification exam for the occupation, as determined or designated by the JATC.**

X. ADMINISTRATIVE/DISCIPLINARY PROCEDURES:

A. Administrative Procedures:

The sponsor may include in this section a summary and explanation of administrative actions performed at the request or on the behalf of the apprentice. Such actions may include but are not limited to:

1. Voluntary Suspension: A temporary interruption in progress of an individual's apprenticeship agreement at the request of the apprentice and granted by the sponsor. The program sponsor shall review apprentices in suspended status at least once each year to determine if the suspension is still appropriate.
2. Advanced Standing or Credit: The sponsor may provide for advanced standing or credit for demonstrated competency, acquired experience, training or education in or related to the occupation. All sponsors need to ensure a fair and equitable process is applied to all apprentices seeking advanced standing or credit per WAC 296-05-015(11).

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3. Sponsor Procedures:

- a. **Persons accepted into the apprenticeship program must meet the HIV training and vaccination requirements of their employer within the first month of beginning the apprenticeship program.**
- b. **The Training Coordinator oversees the day-to-day operations of the program under the auspices of the JATC.**
- c. **Successful completion of the relevant competency assessment(s) and RSI are required for the apprenticeship to receive step increases and graduate from the apprenticeship program.**
- d. **All apprentices must be released from “on-the-job” commitments to attend scheduled Related Supplemental Instruction (RSI).**
- e. **Apprentices may request administrative suspension (voluntary leave) with the approval of their training agent and the Healthcare Apprenticeship Program.**
- f. **If a registered training agent terminates the employment of an apprentice due to acquisition, ceasing operations, layoff or other circumstance through no fault of the apprentice, the Healthcare Apprenticeship Program will make every effort to place the apprentice with another registered Training Agent, for the remainder of their apprenticeship. In the event there are no available placement opportunities, the Healthcare Apprenticeship Program will provide two options. Exercising any one option does not negate the ability of the apprentice to pursue an alternate course of action if the action is taken within 180 days. The options are:**
 - i. **Allow the apprentice to wait for a placement opportunity, or**
 - ii. **Allow the apprentice to challenge completion of their apprenticeship by completing the required competency assessment(s) at the discretion of the JATC.**
- g. **The JATC will review all apprentices in suspended status on at least a semi-annual basis. Apprentices who have been in a suspended status for at least 6 months, and have not requested a return to active status, or been in communication with Training Coordinator or apprenticeship staff, will be called before the JATC, which may result in an extension of the suspension or cancellation of the apprenticeship agreement.**
- h. **Apprentices who have been cancelled in the past by the JATC are eligible to re-apply after a period of at least 12 months.**

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- i. Apprentices are expected to average 40 hours per week, excluding holidays, personal time off, and unpaid leave. RSI may be held during work hours but will not count as OJT hours. Exception: Apprentices enrolled in the HCAC high school partnership will have amended schedules during the regular school year as needed until they have graduated from high school.**
- j. It is the apprentice's responsibility to keep his or her current address and contact information on file with the Healthcare Apprenticeship Program.**
- k. Credit for Previous Experience of Early Completion (OJT Only): The intent of granting credit is to align the apprentice's status with the level at which they are performing:**
 - i. An apprentice who has previous industry-related work experience may request credit for previous experience. The apprentice must provide documentation to verify their industry-related experience.**
 - ii. At the request of a registered Training Agent, the JATC may grant credit for successful completion of the skills requirements of OJT hours. Requests for credit from Training Agent shall state that the apprentice's performance exceed their experience level and the Training Agent agrees to pay the apprentice at the corresponding step and wage progression.**
 - iii. The decision of whether to grant the apprentice Credit for Previous Experience – and at what step – or credit for early completion, will be made in a fair and equitable manner by the JATC.**
- l. Credit for Previous Education/Challenge of Curriculum (RSI Only):**
 - i. An apprentice who has previous industry-related education may request credit for previous education and/or challenge RSI curriculum.**
 - ii. Apprentices are responsible for any associated fees for credit granted for previous education to include tuition fees for credit. Apprentices are responsible for any associated fees for challenging RSI curriculum to include but not limited to cost to proctor exam and associated tuition fees.**
 - iii. To be considered for credit for previous education, apprentices must have successfully completed post-secondary level class(es) in the related subject within the previous five (5) years and have a passing grade of 80% or higher.**
 - iv. Only scores 85% or higher on the challenge RSI exam will be considered for program credit.**
 - v. The decision of whether to grant the apprentice credit for previous education will be made in a fair and equitable manner by the JATC.**

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m. Related/Supplemental Instruction:

- i. Apprentices who violate any Healthcare Apprenticeship Program or school safety and health policies, engage in behavior that disrupts related instruction, or use of alcohol or drugs during RSI, may be removed from class and will be reported as soon as possible to the Training Coordinator or designee. The Training Coordinator or designee will attempt to either resolve the issue immediately or refer the issue to the JATC.**
- ii. Apprentices may request an excused absence by contacting both the Training Coordinator and their instructor in advance. Excused absence requires the approval of the Training Coordinator, unless the apprentice is enrolled in the HCAC high school partnership apprenticeship program. Those apprentices must follow their school procedures for absences and get instructor approval.**
- iii. Excused absences require class time to be made up at a rate of one (1) hour for every one (1) hour missed plus one of the following:**
 - 1) A note from the apprentice's physician indicating that an illness/injury is preventing them from attending school.**
 - 2) Proof of death of immediate family member.**
 - 3) Special circumstances will be reviewed by the Training Coordinator and referred to the JATC at the discretion of the Training Coordinator.**
- iv. Unexcused absences, Tardiness and Failure of classes covered in Section X.B.3 Disciplinary Procedures.**

n. Hours Reporting:

- i. The apprentice must track and keep record of on the job work progress hours as outlined in these Standards of Apprenticeship. Access to work progress reports will be made available to each apprentice by the Healthcare Apprenticeship Program at the start of their apprenticeship.**
- ii. The apprentice is responsible for ensuring their assigned journey level mentor, or direct supervisor signs the monthly evaluation of progress and verifies the work progress report.**
- iii. The apprentice shall submit the monthly work progress record to the Healthcare Apprenticeship Program prior to the tenth (10th) day of the following month by:**
 - 1) An online hours tracking system,**
 - 2) Emailing a copy of the signed work progress record, or**
 - 3) Delivering by mail or in person a copy directly to the training office**
- iv. Vacation hours do not count toward hours required to complete the program.**
- v. Apprentice must maintain employment with an Approved Training Agent to remain active in the Healthcare Apprenticeship Program.**

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- vi. **Apprentices, who have been separated from their employer, may complete the RSI quarter they are currently enrolled in and receive credit towards completion of that portion of the RSI, provided they pass the class.**
- vii. **An Apprentice must pay for and obtain and provide the Healthcare Apprenticeship Program a copy of the Department of Health license or certification before he/she will be issued the Washington State Journey level Certification of Completion.**

B. Disciplinary Procedures

1. The obligations of the sponsor when taking disciplinary action are as follows:
 - a. The sponsor shall be responsible for enacting reasonable policies and procedures and applying them consistently. The sponsor will inform all apprentices of their rights and responsibilities per these standards.
 - b. The sponsor shall notify the apprentice of intent to take disciplinary action and reasons therefore 20 calendar days prior to taking such action. The reason(s) supporting the sponsor's proposed action(s) must be sent in writing to the apprentice.
 - c. The sponsor must clearly identify the potential outcomes of disciplinary action, which may include but are not limited to discipline, suspension or cancellation of the apprenticeship agreement.
 - d. The decision/action of the sponsor will become effective immediately.
2. The sponsor may include in this section requirements and expectations of the apprentices and an explanation of disciplinary actions imposed for noncompliance. The sponsor has the following disciplinary procedures to adopt:
 - a. Disciplinary Probation: A time assessed when the apprentice's progress is not satisfactory. During this time the sponsor may withhold periodic wage advancements, suspend or cancel the apprenticeship agreement, or take further disciplinary action. A disciplinary probation may only be assessed after the initial probation is complete.
 - b. Disciplinary Suspension: A temporary interruption in the progress of an individual's apprenticeship agreement. Conditions will include not being allowed to participate in On-the-Job Training (OJT), go to Related Supplemental Instruction (RSI) classes or take part in any activity related to the Apprenticeship Program until such time as the sponsor takes further action. The program sponsor shall review apprentices in such status at least once each year.
 - c. Cancellation: Refers to the termination of an apprenticeship agreement at the request of the apprentice, supervisor, or sponsor. [WAC 296-05-003].

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3. Sponsor Disciplinary Procedures:

- a. **Disciplinary problems may first be handled by the Training Coordinator. If the Training Coordinator deems appropriate, the matter may be referred to the JATC for action.**
- b. **Satisfactory progress must be maintained in related training classes. An apprentice may be disciplined, suspended, or cancellation for the following:**
 - i. **Not maintaining an 80% grade.**
 - ii. **Missing more than 8 hours of class per quarter (excused, if time is not made up, or unexcused).**
 - iii. **Being more than 1 month tardy in turning in work progress records.**
- c. **Unexcused Absences:**
 - i. **The apprentice must notify the Coordinator about all absences, unless the apprentice is enrolled in the HCAC high school partnership apprenticeship program. Those apprentices must follow their school procedures for absences and notify their instructor.**
 - ii. **Absences require class time to be made up at the rate of (1) hour for every one (1) hour missed.**
 - iii. **An apprentice may have no more than 3% unexcused absences of total RSI hours in an academic year. The Apprentice must make up those 3% of unexcused absences per academic year.**
 - iv. **Failure to adhere to the above standards (items X.B.3.C.i – X.B.3.C.iii) will result in the forfeiture of the privilege to participate in the make-up class(es) for the remainder of the apprenticeship and their next wage advancement will be extended by one month.**
- d. **For tardiness, or leaving early, a grace period of up to one (1) hour per course will be allowed with a maximum accumulation of three (3) hours per academic year, to be made up hour for hour. Time missed beyond the three (3) hours per academic year will treated as an unexcused absence.**
- e. **Failure of Classes:**
 - i. **Apprentices must pass each class with a grade equivalent to at least 80%.**
 - ii. **Apprentice who fail to receive the minimum score in any quarter must arrange, within one (1) week of receiving the failing grade, to meet with the Training Coordinator or designee to plan for a makeup class. The plan will establish the conditions whereby the apprentice will make up the failed classes within a predetermined period of time, not to exceed one year.**

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- iii. **The employer of an apprentice who fails to pass a class may receive written notice of apprentice's unsatisfactory progress.**

- f. **Behavior problems while at school will be dealt with in a three-step process. First a documented verbal warning, then a written warning, and finally a mandatory appearance before the JATC. An apprentice may be called before the JATC to be disciplined, suspended, or canceled for inappropriate behavior or refusing to correct behavior problem in class. This may include, but is not limited to, being suspended from school until the apprentice, instructors, or staff.**

- g. **The apprentice must follow the behavioral standards of the educational institution where they are registered to take RSI classes. The apprentice may be subject to the disciplinary procedures of the educational institution for violating that institutions behavior rules and standards.**

- h. **The JATC has a zero tolerance drug policy. If an apprentice is found to be using, distributing or possessing controlled substances of alcohol on campus, they will be immediately removed from class and will be required to appear before the JATC for possible disciplinary action which may include suspension or cancelation of the apprenticeship agreement. Apprentices shall comply with applicable Federal, State, and Local regulations with respect to drugs, alcohol and intoxicants during their work and training. Violations of applicable regulations or the Drug Policy will be required to appear before the JATC for possible disciplinary action which may include suspension or cancelation of the apprenticeship agreement.**

- i. **Apprentice notification to appear before the JATC will be sent at least twenty (20) days prior to the hearing and will contain the alleged charges and Standards section(s) violated, and a range of penalties, which may be imposed.**
 - i. **If an apprentice fails to appear before the committee when notified, the committee may discipline the apprentice in their absence, which may include suspension or cancellation of the apprenticeship agreement.**
 - ii. **During disciplinary probation or suspension, the following sanctions may include but are not limited to:**
 - 1) **Hours worked may not apply towards the term of apprenticeship, and/or**
 - 2) **Step advancement may be withheld until the period of disciplinary probation or suspension is complete.**

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C. Apprentice Complaint Procedures:

1. The apprentice must complete his/her initial probationary period in order to be eligible to file a complaint (WAC 296-05-105).
2. Complaints involving matters covered by a collective bargaining agreement are not subject to the complaint procedures in this section.
3. Complaints regarding non-disciplinary matters must be filed with the program sponsor within 30 calendar days from the date of the last occurrence. Complaints must be in writing.
4. If the apprentice disagrees with the resolution of the complaint or wishes to contest the outcome of a disciplinary action by the program sponsor, the apprentice must file a written request for reconsideration with the program sponsor within 30 calendar days from the date the apprentice received written notice of action by the program sponsor.
5. The program sponsor must reply, in writing, to the request for reconsideration within 30 calendar days from the date the program sponsor receives the request. The program sponsor must send a copy of the written reply to the apprentice within the 30 calendar days.
6. If the apprentice disagrees with the program sponsor's decision, the apprentice may file an appeal with the Apprenticeship Program, (WAC 296-05-105). If the apprentice does not timely file an appeal, the decision of the program sponsor is final after 30 calendar days from the date the program sponsor mails the decision to the apprentice. See section "D" below.

D. Apprentice Complaint Review/Appeals Procedures:

1. If the apprentice disagrees with the program sponsor's decision, the apprentice must submit a written appeal to L&I's apprenticeship section within 30 calendar days from the date the decision is mailed by the program sponsor. Appeals must describe the subject matter in detail and include a copy of the program sponsor's decision.
2. The L&I apprenticeship section will complete its investigation within 30 business days from the date the appeal is received and attempt to resolve the matter.
3. If the Apprenticeship section is unable to resolve the matter within 30 business days, the Apprenticeship section issues a written decision resolving the appeal.
4. If the apprentice or sponsor is dissatisfied with L&I's decision, either party may request the WSATC review the decision. Requests for review to the WSATC must be in writing. Requests for review must be filed within 30 calendar days from the date the decision is mailed to the parties.

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5. The WSATC will conduct an informal hearing to consider the request for review.
6. The WSATC will issue a written decision resolving the request for review. All parties will receive a copy of the WSATC's written decision.

XI. SPONSOR – RESPONSIBILITIES AND GOVERNING STRUCTURE

The following is an overview of the requirements associated with administering an apprenticeship program. These provisions are to be used with the corresponding RCW and/or WAC. The sponsor is the policymaking and administrative body responsible for the operation and success of this apprenticeship program. The sponsor may assign an administrator or a committee to be responsible for day-to-day operations of the apprenticeship program. Administrators and/or committee members must be knowledgeable in the process of apprenticeship and/or the application of chapter 49.04 RCW and chapter 296-05 WAC and these standards. If applicable, sponsors must develop procedures for:

A. Committee Operations (WAC 296-05-009): (Not applicable for Plant Programs)

Apprenticeship committees must be composed of an equal number of management and non-management representatives from a minimum of four to a maximum of twelve members. Committees must convene meetings at least three times per year attended by a quorum of committee members as defined in these approved standards.

B. Program Operations

The sponsor will record and maintain records pertaining to the administration of the apprenticeship program and make them available to the WSATC or Department upon request. Records required by WAC 296-05-100 will be maintained for five (5) years; all other records will be maintained for three (3) years. Apprenticeship sponsors will submit required forms/reports to the Department of Labor and Industries through one of the two prescribed methods below:

Sponsors shall submit required forms/reports through assigned state apprenticeship consultant. Forms may be obtained through the programs assigned apprenticeship consultant.

Sponsors shall submit required reports through the Apprentice Registration and Tracking System (ARTS).

1. The following is a listing of forms/reports for the administration of apprenticeship programs and the time-frames in which they must be submitted:
 - a. Apprenticeship Agreements – within first 30 days of employment
 - b. Authorization of Signature forms - as necessary
 - c. Approved Training Agent Agreements– within 30 days of sponsor action

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- d. Minutes of Apprenticeship Committee Meetings – within 30 days of sponsor approval (not required for Plant program)
 - e. Request for Change of Status - Apprenticeship/Training Agreement and Training Agents forms – within 30 days of action by sponsor.
 - f. Journey Level Wage Rate – annually, or whenever changed as an addendum to section VII. Apprentice Wages and Wage Progression.
 - g. Related Supplemental Instruction (RSI) Hours Reports (Quarterly):
 - 1st quarter: January through March, due by April 10
 - 2nd quarter: April through June, due by July 10
 - 3rd quarter: July through September, due by October 10
 - 4th quarter: October through December, due by January 10
 - h. On-the-Job Work Hours Reports (bi-annual)
 - 1st half: January through June, by July 30
 - 2nd half: July through December, by January 31
2. The program sponsor will adopt, as necessary, local program rules or policies to administer the apprenticeship program in compliance with these standards. Requests for revision to these standards of apprenticeship must be submitted 45 calendar days prior to a quarterly WSATC meeting. The Department of Labor and Industries, Apprenticeship Section's manager may administratively approve requests for revisions in the following areas of the standards:
- a. Program name
 - b. Sponsor's introductory statement
 - c. Section III: Conduct of Program Under Washington Equal Employment Opportunity Plan
 - d. Section VII: Apprentice Wages and Wage Progression
 - e. Section IX: Related/Supplemental Instruction
 - f. Section XI: Sponsor – Responsibilities and Governing Structure
 - g. Section XII: Subcommittees
 - h. Section XIII: Training Director/Coordinator
3. The sponsor will utilize competent instructors as defined in WAC 296-05-003 for RSI. Furthermore, the sponsor will ensure each instructor has training in teaching techniques and adult learning styles, which may occur before or within one year after the apprenticeship instructor has started to provide instruction.

C. Management of Apprentices:

1. Each apprentice (and, if under 18 years of age, the parent or guardian) will sign an apprenticeship agreement with the sponsor, who will then register the agreement with the Department before the apprentice attends RSI classes, or within the first 30 days of employment as an apprentice. For the purposes of industrial insurance coverage and prevailing wage exemption under RCW 39.12.021, the effective date of registration will be the date the agreement is received by the Department.

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2. The sponsor must notify the Department within 30 days of all requests for disposition or modification to apprentice agreements, which may include:
 - a) Certificate of completion
 - b) Additional credit
 - c) Suspension (i.e. military service or other)
 - d) Reinstatement
 - e) Cancellation
 - f) Corrections
 - g) Step Upgrades
 - h) Probation Completion date
 - i) Other (i.e., name changes, address)
 - j) Training Agent Cancellation
3. The sponsor commits to rotate apprentices in the various processes of the skilled occupation to ensure the apprentice is trained to be a competent journey-level worker.
4. The sponsor shall periodically review and evaluate apprentices before advancement to the apprentice's next wage progression period. The evidence of such advancement will be the record of the apprentice's progress on the job and during related/supplemental instruction.
5. The sponsor has the obligation and responsibility to provide, insofar as possible, reasonably continuous employment for all apprentices in the program. The sponsor may arrange to transfer an apprentice from one training agent to another or to another program when the sponsor is unable to provide reasonably continuous employment, or they are unable to provide apprentices the diversity of experience necessary for training and experience in the various work processes as stated in these standards. The new training agent will assume all the terms and conditions of these standards. If, for any reason, a layoff of an apprentice occurs, the apprenticeship agreement will remain in effect unless canceled by the sponsor.
6. An apprentice who is unable to perform the on-the-job portion of apprenticeship training may, if the apprentice so requests and the sponsor approves, participate in related/supplemental instruction, subject to the apprentice obtaining and providing to the sponsor written requested document/s for such participation. However, time spent will not be applied toward the on-the-job portion of apprenticeship training.
7. The sponsor shall hear and decide all complaints of violations of apprenticeship agreements.
8. Upon successful completion of apprenticeship, as provided in these standards, and passing the examination that the sponsor may require, the sponsor will recommend the WSATC award a Certificate of Completion of Apprenticeship. The sponsor will make an official presentation to the apprentice who has successfully completed his/her term of apprenticeship.

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D. Training Agent Management:

1. The sponsor shall offer training opportunities for apprentices by ensuring reasonable and equal working and training conditions are applied uniformly to all apprentices. The sponsor shall provide training at an equivalent cost to that paid by other employers and apprentices participating in the program. The sponsor shall not require an employer to sign a collective bargaining agreement as a condition of participation.
2. The sponsor must determine whether an employer can adequately furnish proper on the job training to an apprentice in accordance with these standards. The sponsor must also require any employer requesting approved training status to complete an approved training agent agreement and to comply with all federal and state apprenticeship laws, and these standards.
3. The sponsor will submit training agent agreements to the Department with a copy of the agreement and/or the list of approved training agents within thirty calendar days from the effective date. Additionally, the sponsor must submit rescinded training agent agreements to the Department within thirty calendar days of said action.

E. Committee governance (if applicable): (see WAC 296-05-009)

1. Apprenticeship committees shall elect a chairperson and a secretary who shall be from opposite interest groups, i.e., chairperson-employers; secretary-employees, or vice versa. If the committee does not indicate its definition of quorum, the interpretation will be “50% plus 1” of the approved committee members. The sponsor must also provide the following information:
 - a. **Quorum: Four (4) members of the JATC, two (2) from labor and two (2) from employer shall be a quorum for the transaction of business. Each party shall have the right to cast the full vote of its membership and it shall be conducted as though all were present and voting.**
 - b. Program type administered by the committee: **Group Joint**
 - c. The employer representatives shall be:

David Grant, Secretary
Swedish
747 Broadway
Seattle, WA 98122

Maria Kim
UW Medicine
1959 NE. Pacific
Seattle, WA 98195

Betsy Edholm
Kaiser-WA
2715 Naches Ave. SW.
Renton, WA 98057

Alison Jones
Multicare
315 MLK Jr. Way
Tacoma, WA 98405

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**Curtis Colvin, Alternate
UW Medicine
1959 NE. Pacific St.
Seattle, WA 98195**

**Amy Tuliao, Alternate
Kaiser-WA
2715 Naches Ave. SW.
Renton, WA 98057**

**Abbey Clothier, Alternate
Multicare
315 MLK Jr. Way
Tacoma, WA 98405**

d. The employee representatives shall be:

**Ligaya Domingo, Chair
SEIU 1199 NW.
15 S. Grady Way, #321
Seattle, WA 98405**

**Carmen Diaz
SEIU 1199 NW.
15 S. Grady Way, #321
Renton, WA 98057**

**Lynne Dodson
UFCW Local 21
5030 1st Ave. S., #200
Seattle, WA 98134**

**Tara Powell
OPEIU Local 8
2800 1st Ave, #304
Seattle, WA 98121**

**Suzanne Mode, Alternate
OPEIU Local 8
2800 1st Ave, #304
Seattle, WA 98121**

**Grace Land, Alternate
SEIU 1199 NW.
15 S. Grady Way, #321
Renton, WA 98057**

**Amber Smith, Alternate
SEIU 1199 NW.
15 S. Grady Way, #321
Renton, WA 98057**

F. Plant programs

For plant programs the WSATC or the Department designee will act as the apprentice representative. Plant programs shall designate an administrator(s) knowledgeable in the process of apprenticeship and/or the application of chapter 49.04 RCW and chapter 296-05 WAC and these standards.

The designated administrator(s) for this program is/are as follows:

N/A

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XII. SUBCOMMITTEE:

Subcommittee(s) approved by the Department, represented equally from management and non-management, may also be established under these standards, and are subject to the main committee. All actions of the subcommittee(s) must be reviewed by the main committee. Subcommittees authorized to upgrade apprentices and/or conduct disciplinary actions must be structured according to the same requirements for main committees.

None

XIII. TRAINING DIRECTOR/COORDINATOR:

The sponsor may employ a person(s) as a full or part-time training coordinator(s)/ training director(s). This person(s) will assume responsibilities and authority for the operation of the program as are delegated by the sponsor.

**Laura Hopkins
Executive Director
SEIU Healthcare 1199 NW.
Multi-Employer Training Fund
15 S. Grady Way, #321
Renton, WA 98057**

**Leigh Christopherson
Director of Educational Programs
SEIU Healthcare 1199 NW.
Multi-Employer Training Fund
15 S. Grady Way, #321
Renton, WA 98057**