



REGISTERED APPRENTICE TRANSCRIPT

State Form 55285 (R / 8-19)



IDOC OFFICE OF APPRENTICESHIP

Due to changes in time constraints, eligibility, and facility needs, an Apprentice may be unable to complete the Apprenticeship Program. This form serves as documentation of the on-the-job training (OJT) hours worked and the related training instruction (RTI) completed during the time the participant was enrolled. Additionally, the participant's registration is recorded in the United States Department of Labor (USDOL) tracking system, Registered Apprenticeship Partners Information Data System (RAPIDS). To be valid, this form must be accompanied by the signed RAPIDS 671, OJT Summary, RTI Checklist, Work Process, and evaluation for the Apprentice. **Once removed from RAPIDS, an Apprentice may not earn hours toward the Apprenticeship until reinstated/registered.**

Apprenticeship Program Information			
Facility	Program <input type="checkbox"/> Facility <input type="checkbox"/> I.C.I.	USDOL Program Identification Number	
USDOL Occupational Title		RAPIDS Code	Date HSE (minimum) Verified (month, day, year)
Apprentice Information			
Name		DOC Number	USDOL Identification Number
Program Start Date (month, day, year)	Program End Date (month, day, year)	RAPIDS Registration Date (month, day, year)	RAPIDS Cancellation Date (month, day, year)
Apprenticeship Hour Designation			
Occupational Allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', enter amount here: _____		Previous Credit	Probationary Credit
Regular OJT Hours			
RTI Hours Required	RTI Hours Completed	OJT Hours Required	Total OJT Hours
Note:			

Apprenticeship Coordinator (Please print and sign.) _____
Date (month, day, year)

Upon **reinstatement**, and following procedural guidelines, complete the section below.

Program Start Date (month, day, year)	RAPIDS Reinstatement Date (month, day, year)	Additional Hours Required due to loss of mastery
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Apprenticeship Coordinator (Please print and sign.) _____
Date (month, day, year)

Upon **transfer**, forward this document to the new coordinator for completion of the section below.

RAPIDS Registration Date (month, day, year)	USDOL Identification Number	Transferred OJT hours unable to be entered into RAPIDS
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Note:

Apprenticeship Coordinator (Please print and sign.) _____
Date (month, day, year)