

This resource contains two examples of an incumbent worker application and intake form. These resources are designed to capture incumbent worker information **from an employer partner** but can be adapted for use with incumbent worker participants directly who are not employed by an employer partner.

Example 1: Incumbent Worker Training Application – EXTERNAL TRAINER

- **When the business is using an external trainer**

Example 2: Incumbent Worker Training Application – INTERNAL TRAINER

- **When the business is using an internal trainer**

Maine Rural Healthcare Partnership (MRHP)
Incumbent Worker Training Application – EXTERNAL TRAINER

Date of Application: _____

Business Name & Address: _____

Title of Training: _____

Please use space below to indicate how the training will:

- Either 1) Help selected entry level employee(s) advance into or to next level of a MRHP patient-facing healthcare occupation at your company (see addendum for list of approved occupations), or 2) help selected entry level employee apply advanced level of skills in their current job, and
- Provide healthcare services to rural patients.

Training Details:

Training provider: _____

Training provider address: ☐ same as business

Date(s) of training: _____

Training Cost Details:

Number of Employees to be Trained: _____

Cost per Employee: _____

Include all costs of training: tuition, required fees, and exam cost for industry credential – max \$4,000

Total Cost of Training: _____

Additional Leveraged Funding for Training:

If cost per employee over \$4,000, what other funding is being leveraged

Employer Cash: _____

Other State or Federal Funding: _____

Employee Self-Pay or Loan: _____

Other In-Kind Contributions for Training:

(Voluntary – helps Rural Healthcare Project document in-kind contributions)

Pay-as-you-Learn Wages: _____

Training Facility/Room Costs: _____

Training Materials or Equipment: _____

Employee Details:

Enter in employee details for each employee participating in training.

Employee 1:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 2:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 3:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Additional Employee Detail Pages (if necessary) can be found in Addendum 2.

MRHP Incumbent Worker Training Employer Certifications

I, _____, attest that the employee(s) listed in this application are current employee(s) of the company, and that upon employing the individuals listed, the company did examine genuine, unexpired documentation required for certification of USCIS Form I-9 within the required timeframes, and that to best my knowledge, the employee(s) is/are currently authorized to work in the United States.

Company Representative Signature and Date

Workforce Solutions Staff Signature and Date

I, _____, certify that that the employee(s) listed in this application to be served with Maine Rural Healthcare Partnership Incumbent Worker Training funds is/are employed by the company, are Maine residents, meets the Fair Labor Standards Act requirement for an employer-employee relationship.

Company Representative Signature and Date

Workforce Solutions Staff Signature and Date

I, _____, certify that the company commits to retain all employees trained and that following apply:

- Employee(s) listed in this application are either 1) in need of the training to upgrade their skills to secure full-time employment in or advance to next level of MRHP identified patient-facing healthcare occupations with the company, or 2) in need of the training to help selected entry level employee apply advanced level of skills in their current job
- Employee(s) listed in this application are considered entry-level workers of your company.
- The training will help provide healthcare services to rural patients.

Company Representative Signature and Date

Workforce Solutions Staff Signature and Date

The above training request accurately represents the information provided.

Company Representative Signature and Date

Workforce Solutions Staff Signature and Date

FOR INTERNAL USE ONLY – IWT Project Approval

Workforce Solutions Management Signature and Date

ADDENDUM 1 - Allowable MRHP Occupations with SOC Codes from O*NET:

Occupation	SOC Code
Certified Medical Assistant	31-9092.00
Certified Nursing Assistant	31-11131.00
Pharmacy Technician	29-2052.00
Home Health Aide	31-1121.00
Substance Abuse and Behavioral Disorder Counselors	21-1011.00
Marriage and Family Therapists	21-1013.00
Mental Health Counselors	21-1014.00
Rehabilitation Counselors	21-1015.00
Child, Family, and School Social Workers	21-1021.00
Healthcare Social Workers	21-1022.00
Mental Health and Substance Abuse Social Workers	21-1023.00
Health Educators	21-1091.00
Social and Human Service Assistants	21-1093.00
Community Health Workers	21-1094.00
Registered Nurses	29-1141.00
Acute Care Nurses	29-1141.01
Critical Care Nurses	29-1141.03
Medical and Clinical Laboratory Technologists	29-2011.00
Cytogenetic Technologists	29-2011.01
Histotechnologists and Histologic Technicians	29-2011.03
Medical and Clinical Laboratory Technicians	29-2012.00
Cardiovascular Technologists and Technicians	29-2031.00
Diagnostic Medical Sonographers	29-2032.00
Nuclear Medicine Technologists	29-2033.00
Radiologic Technologists	29-2034.00
Magnetic Resonance Imaging Technologists	29-2035.00
Emergency Medical Technicians and Paramedics	29-2041.00
Pharmacists 29-1051.00 5 Psychiatric Technicians	29-2053.00
Surgical Technologist	29-2055.00
Licensed Practical and Licensed Vocational Nurses	29-2061.00
Occupational Health and Safety Specialists	29-9011.00
Occupational Health and Safety Technicians	29-9012.00
Psychiatric Aides	31-1013.00
Occupational Therapists	29-1122.00
Occupational Therapy Assistants	31-2011.00
Occupational Therapy Aides	31-2012.00
Physical Therapist Assistants	31-2021.00
Physical Therapist Aides	31-2022.00
Massage Therapists	31-9011.00
Medical Assistants	31-9092.00
Medical Equipment Preparers	31-9093.00
Pharmacy Aides	31-9095.00
Phlebotomists	31-9097.00

ADDENDUM 2 – Additional Employee Details

Employee 4:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 5:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 6:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 7:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

ADDENDUM 2 – Additional Employee Details (Continued)

Employee 8:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 9:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 10:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 11:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

ADDENDUM 3 – Additional Employee Details (Continued)

Employee 12:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 13:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 14:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 15:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Maine Rural Healthcare Partnership (MRHP)
Incumbent Worker Training Application – INTERNAL TRAINER

Date of Application: _____

Business Name & Address: _____

Title of Training: _____

Please use space below to indicate how the training will:

- Either 1) Help selected entry level employee(s) advance into or to next level of a MRHP patient-facing healthcare occupation at your company (see addendum for list of approved occupations), or 2) help selected entry level employee apply advanced level of skills in their current job, and
- Provide healthcare services to rural patients.

Internal Trainer Details:

Trainer Name and Role: _____

Training address: ☐ same as business

Date(s) of training: _____

Training Cost Details:

Trainer Wages: _____

Time spent in class or in preparation for classroom instruction only - # of planned instruction hours x hourly wage

Total Additional Costs: _____

Required fees, and exam cost for industry credential

Total Cost of Training: _____

Number of Employees to Be Trained: _____

Cost Per Employee: _____

Instructor Wages + Total Additional Costs divided by Number of Employees to be Trained (cannot exceed \$4,000 per employee)

Other In-Kind Contributions for Training:

(Voluntary – helps Rural Healthcare Project document in-kind contributions)

Earn-As-You-Learn Wages (Excluding Instructor): _____

Instructor Wages (beyond \$4,000 cap per employee): _____

Training Facility/Room Costs: _____

Training Materials or Equipment: _____

Other: _____

Employee Details:

Enter in employee details for each employee participating in training.

Employee 1:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 2:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 3:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Additional Employee Detail Pages (if necessary) can be found in Addendum 2.

MRHP Incumbent Worker Training Employer Certifications

I, _____, attest that the employee(s) listed in this application are current employee(s) of the company, and that upon employing the individuals listed, the company did examine genuine, unexpired documentation required for certification of USCIS Form I-9 within the required timeframes, and that to best my knowledge, the employee(s) is/are currently authorized to work in the United States.

Company Representative Signature and Date

Workforce Solutions Staff Signature and Date

I, _____, certify that that the employee(s) listed in this application to be served with Maine Rural Healthcare Partnership Incumbent Worker Training funds is/are employed by the company, are Maine residents, meets the Fair Labor Standards Act requirement for an employer-employee relationship.

Company Representative Signature and Date

Workforce Solutions Staff Signature and Date

I, _____, certify that the company commits to retain all employees trained and that following apply:

- Employee(s) listed in this application are either 1) in need of the training to upgrade their skills to secure full-time employment in or advance to next level of MRHP identified patient-facing healthcare occupations with the company, or 2) in need of the training to help selected entry level employee apply advanced level of skills in their current job
- Employee(s) listed in this application are considered entry-level workers of your company.
- The training will help provide healthcare services to rural patients.

Company Representative Signature and Date

Workforce Solutions Staff Signature and Date

The above training request accurately represents the information provided.

Company Representative Signature and Date

Workforce Solutions Staff Signature and Date

FOR INTERNAL USE ONLY – IWT Project Approval

Workforce Solutions Management Signature and Date

ADDENDUM 1 - Allowable MRHP Occupations with SOC Codes from O*NET:

Occupation	SOC Code
Certified Medical Assistant	31-9092.00
Certified Nursing Assistant	31-11131.00
Pharmacy Technician	29-2052.00
Home Health Aide	31-1121.00
Substance Abuse and Behavioral Disorder Counselors	21-1011.00
Marriage and Family Therapists	21-1013.00
Mental Health Counselors	21-1014.00
Rehabilitation Counselors	21-1015.00
Child, Family, and School Social Workers	21-1021.00
Healthcare Social Workers	21-1022.00
Mental Health and Substance Abuse Social Workers	21-1023.00
Health Educators	21-1091.00
Social and Human Service Assistants	21-1093.00
Community Health Workers	21-1094.00
Registered Nurses	29-1141.00
Acute Care Nurses	29-1141.01
Critical Care Nurses	29-1141.03
Medical and Clinical Laboratory Technologists	29-2011.00
Cytogenetic Technologists	29-2011.01
Histotechnologists and Histologic Technicians	29-2011.03
Medical and Clinical Laboratory Technicians	29-2012.00
Cardiovascular Technologists and Technicians	29-2031.00
Diagnostic Medical Sonographers	29-2032.00
Nuclear Medicine Technologists	29-2033.00
Radiologic Technologists	29-2034.00
Magnetic Resonance Imaging Technologists	29-2035.00
Emergency Medical Technicians and Paramedics	29-2041.00
Pharmacists 29-1051.00 5 Psychiatric Technicians	29-2053.00
Surgical Technologist	29-2055.00
Licensed Practical and Licensed Vocational Nurses	29-2061.00
Occupational Health and Safety Specialists	29-9011.00
Occupational Health and Safety Technicians	29-9012.00
Psychiatric Aides	31-1013.00
Occupational Therapists	29-1122.00
Occupational Therapy Assistants	31-2011.00
Occupational Therapy Aides	31-2012.00
Physical Therapist Assistants	31-2021.00
Physical Therapist Aides	31-2022.00
Massage Therapists	31-9011.00
Medical Assistants	31-9092.00
Medical Equipment Preparers	31-9093.00
Pharmacy Aides	31-9095.00
Phlebotomists	31-9097.00

ADDENDUM 2 – Additional Employee Details

Employee 4:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 5:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 6:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 7:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

ADDENDUM 2 – Additional Employee Details (Continued)

Employee 8:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 9:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 10:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 11:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

ADDENDUM 2 – Additional Employee Details (Continued)

Employee 12:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 13:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 14:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____

Employee 15:

Participant/Employee Name: _____

Participant Current Job Title: _____

Participant/Employee Date of Hire with company: _____

Participant Current Wage: _____

Participant Job Title at End of IWT: _____

Participant Wage at End of IWT: _____