**The University of the State of New York**

**The State Education Department**

**WORK BASED LEARNING (WBL) EXPERIENCE PROGRAM**

**Registration/Re-registration**

School District or BOCES:

Address (Street, City, State, Zip Code):

WBL Coordinator's Name (**attach appropriate certifications**):

WBL Coordinator's E-Mail Address:       WBL Coordinator’s Telephone Number: (     )

**Please check below all WBL programs that apply**:

[ ]  Work Experience and Career Exploration Program (WECEP) *Valid for two years*

[ ]  General Education Work Experience Program (GEWEP) *Valid for five years*

[ ]  Career Exploration Internship Program (CEIP) V*alid for five years*

[ ]  Career & Technical Education Cooperative Work Experience Program (CO-OP) Paid *Valid for five years*

[ ]  Career & Technical Education Cooperative Work Experience Program (CO-OP) Unpaid *Valid for five years*

**Yes or No**

1. The program is operated according to the guidelines established for the above programs.

2. The work based learning coordinator visits each worksite as determined by each program.

3. A memorandum of agreement and training plan are in effect for all students.

4. Students receive the related classroom instruction as established for each program.

5. Students are awarded credit as appropriate, according to each program.

6. Students who are paid receive the Department of Labor prevailing minimum wage.

7. The program will follow all Department of Labor federal and state labor laws and regulations

 governing the employment of minors.

8. Students are simultaneously enrolled in classroom instruction where applicable for each CTE program.

**Please state approximate number of students participating in each program annually**:

      WECEP (2 years)       GEWEP (5 years)

      CEIP (5 years)       CO-OP paid (5 years)       CO-OP non-paid (5 years)

**Describe how students in these programs will be properly supervised and how often the worksites will be visited before and during the placement:**

 School District Administrator Name School District Administrator Signature

**For SED Use Only**

Expiration Date: Approved By:

 Date:

**Return form to:** New York State Education Department

 Career and Technical Education Office

89 Washington Avenue – Room 315 EB

 Albany, New York 12234