



**COMMUNITY
HEALTH PARTNERS**

LPN Apprenticeship Agreement

Date _____

(Employee) has agreed to enter into the LPN Apprenticeship agreement as outlined below. (Employee) will receive tuition assistance, per CHPs continuing education policy, in the total amount of \$3,000 for obtaining her LPN license after 2000 on the job hours have been completed. If (employee) terminates employment prior to the 2000 on the job hours the employee will not receive any portion of the \$3,000. This agreement is effective during the time the employee is in the apprenticeship.

	Semester 1 In nursing program	Semester 2 In nursing program	OJT hours Post-graduation
Employee commitment	Maintain full time employment	Maintain 27 hour work week- no less than 20 hours per week depending on distance of travel for clinical rotations	Complete additional hours needed to reach 2000 hours OJT experience
CHP commitment	<ul style="list-style-type: none"> • May be advanced to MA III if need arises • If entering MAIII position employee will receive a 4% increase. • CHP will pay additional 4 hours per week for school work time- ideally outside of normal schedule but may be during work hours if pre-arranged 	<ul style="list-style-type: none"> • Offer benefits at full time employee rate while working part time • Hold employees full time position. • Provide in house clinical hours as allowed by the program 	<ul style="list-style-type: none"> • Increase wage to LPN wage after passing NCLEX or additional 4 % whichever is more • Additional 4% wage increase after apprenticeship is completed. • \$3000 tuition reimbursement to be paid when LPN apprenticeship is completed

Signature _____

Date _____