

For L&I Staff Use Only

Rec 4/29/2025 *AN*  
L&I Apprenticeship Consultant

*KW 04-29-25*  
L&I Admin

Department of Labor and Industries  
Apprenticeship Section  
PO Box 44530  
Olympia WA 98504-4530



## Request for Revision of Standards

TO: Washington State Apprenticeship & Training Council

FROM: Vancouver Clinic Medical Assistant Apprenticeship Program #2283

Please update our Standards of Apprenticeship to reflect the following changes:

- Additions shall be underlined (underlined).
- Deletions shall be struck through (~~struck through~~).
- See attached.

**Form must be signed by Committee Chair and Secretary or Program's Authorized Signer**

<input type="checkbox"/> Chair	Date	<input type="checkbox"/> Secretary	Date
<input checked="" type="checkbox"/> Authorized Signer	4/29/2025		
Print Name: Destiny Barnette		Print Name:	
Signature: <i>Destiny Barnette</i>		Signature:	

Approved By: <b>Washington State Apprenticeship &amp; Training Council</b>
Signature of Secretary of the WSATC:
Date:

*Attach additional sheets if necessary*

---

FROM: **Vancouver Clinic Medical Assistant Apprenticeship Program #2283**

---

**V. INITIAL PROBATIONARY PERIOD:**

**400 hours of ~~reasonably consistent employment~~ on-the-job training.**