



# Apprenticeship Program Grant Application

Business Name	Contact Name	Date
Aneta Parkview Health Center	Stephanie Edland	4/21/2026

Business Address	Mailing Address (if different)
113 5 <sup>th</sup> St S – Aneta, ND 58212	

Field of Business	Occupation/certification apprentice will be training for
Long term care	MDS Coordinator

Phone Number	Email Address	Personal Mailing Address
701-326-4713	anetaphc@polarcomm.com	

Apprenticeship Description (please attach additional pages, as needed)

The apprenticeship includes transitioning APHC's current nurse into the role of MDS Coordinator, which requires specialized training through an external provider. MDS Solutions offers a structured program designed to support RNs in making a smooth and effective transition into this position. A copy of the 12-week training program is attached for your review.

Proposed apprenticeship duration and/or hours needed to complete

The apprenticeship duration through MDS Solutions training program is 12 weeks equaling with up to 79 hours training.

Describe the work the apprentice will be expected to perform:

The attached training program includes detail of the training and duties of an MDS Coordinator.

Explain, in detail, how you will use the funds, if awarded – itemize wages, educational materials and/or supplies.

If awarded, Aneta Parkview Health Center will utilize the funds to support the formal training and development of the apprentice in the MDS Coordinator role. Specifically, funds will be allocated toward the purchase of a comprehensive 12-week online training program through MDS Solutions, totaling \$4,455. This program provides structured education, expert instruction, and practical application focused on MDS processes, care planning, and regulatory compliance. No additional funds are being requested for wages or supplies at this time, as the primary need is specialized education to ensure the apprentice is fully prepared to perform the responsibilities of the position accurately and in compliance with state and federal requirements.

Do you have an apprentice in mind or a current employee? If so, please state their name and age.

If not, would you like NCJDA to assist you in finding an apprentice?

Yes, we have identified a current employee for this apprenticeship opportunity. The selected individual is a registered nurse currently serving in a charge nurse role at Aneta Parkview Health Center, who will be transitioning into the MDS Coordinator position. This internal candidate brings valuable clinical experience and familiarity with our residents and processes, providing a strong foundation for successful training and role development.

How will this opportunity help the apprentice build skills and experience that better prepare them for employment within your business or other businesses in the county?

This opportunity will equip the apprentice with the specialized knowledge and hands-on experience necessary to succeed as an MDS Coordinator, a critical role within Aneta Parkview Health Center and other skilled nursing facilities. Through structured training and practical application, the apprentice will gain a thorough understanding of the Minimum Data Set (MDS) process, including accurate assessment completion, care planning, and regulatory compliance. Developing these competencies will not only ensure the facility remains compliant with state and federal requirements, but will also strengthen the apprentice's clinical, analytical, and documentation skills. These transferable skills are highly valued across long-term care settings, positioning the apprentice for continued employment and advancement within our organization or similar healthcare facilities throughout the county.

Total Amount Requested

Total Hours Required for Apprenticeship, if any

Is your business, in order to count the hours towards an apprenticeship, registered in an apprenticeship with the state?

Yes  No

\$4,455

79 hours

Have you, or will you, received grant dollars/financial assistance for this proposed apprenticeship (if so, explain)? Yes  No

Have you received any grant dollars or financial assistance from the NCJDA in the past (explain)? Yes  No

I acknowledge that it is the responsibility of a grantee to use and report all funds appropriately.  
I acknowledge that no funds will be used for any purpose that violates federal, state, and local laws.

Signature of Applicant

Date

Stephanie Edland, HSE

4/28/2026

Printed Name of Applicant/Title

Stephanie Edland, HSE - Administrator