

Apprenticeship Program Application

January 2015



American Culinary Federation, Inc.
180 Center Place Way
St. Augustine, FL 32095
(800) 624-9458 FAX: (904)940-0741
www.acfchefs.org

Apprenticeship Program Name (Sponsor): _____

Program Coordinator: _____

ACF Member ID: _____ Preferred Email: _____

Phone: (work) _____ (cell) _____ FAX _____

Apprenticeship Program: Cook Pastry
Program Type: 4,000 6,000 hour Fundamental
Portal User: Yes No

Approval Checklist (please include the following with your completed application)

- Program summary to include apprentice selection process, station rotation schedule, sample sponsoring houses and related instruction method
- Copy of apprentice handbook
- List of apprenticeship committee members including job title
- Certificate of Registration (OA or SAA) and Copy of Apprenticeship Standards as submitted to the Office of Apprenticeship (National or State) with confirmation of approval (optional)

Payment Information

\$250 nonrefundable application fee

- I have enclosed a check made payable to the American Culinary Federation (ACF)
- Please bill my: Visa MasterCard Amex Discover

Account Number: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder name: _____ Signature: _____

Agreement

I hereby certify that the information I have submitted is correct. I authorize the release of this information to the ACF national office and ACFEF National Apprenticeship Committee and will provide additional information or verification upon request.

Program Coordinator Signature

Date