



American Culinary Federation Education Foundation,  
National Apprenticeship Committee

# New Program Sponsor Application Phase One

American Culinary Federation, Inc. • Attention: Apprenticeship • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • www.acfchefs.org

## Apprenticeship Program Information

Apprenticeship Program Name (Sponsor): \_\_\_\_\_

Main Address of Program: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Program Coordinator Information

Program Coordinator: \_\_\_\_\_ ACF Member ID: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Apprenticeship Program Type

Fundamentals Cook      Culinarian      Sous Chef      Pastry

## Approval Checklist:

 Please include the following with your completed application.

ACFEF Apprenticeship Program Coordinator agreement

ACFEF Apprenticeship List of Committee Members form

## Payment Information

\$250 non-refundable 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: \_\_\_\_\_ CSC #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Payment Information

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: \_\_\_\_\_



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# Program Coordinator Agreement

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## Apprenticeship Program Information

Apprenticeship Program Name (Sponsor): \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ ACF Member ID: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## As th Program Coordinator, I agree to: (initial)

- \_\_\_\_\_ Administer the day-to-day management and coordination of the program's operation and will communicate regularly with the ACFEF national office.
- \_\_\_\_\_ Be an ACF member in good standing.
- \_\_\_\_\_ Notify the national office of any changes in the local apprenticeship program structure.
- \_\_\_\_\_ Submit ACFEF Apprenticeship Program Annual report and fees to ACFEF national office on or before January 31st.
- \_\_\_\_\_ Maintain the required paperwork, reports, and files for each apprentice, program sponsor, and places of employment.
- \_\_\_\_\_ Register new apprentices with ACFEF national office, including registration form and fee.
- \_\_\_\_\_ Notify the national office within 45 days of apprentices that have completed the program, transferred from/to the program, are in suspension, and of cancelled apprenticeship agreements with a state of the reasons therefore.
- \_\_\_\_\_ Meet regularly with apprentices to ensure apprentices are rotating through on-the-job sections and recording hours appropriately, maintaining skills gallery, and receiving related instruction.
- \_\_\_\_\_ Conduct regular site visits to places of employment and confirm supervising chefs follow program requirements.
- \_\_\_\_\_ Review related instruction on a regular basis to make sure it is relevant.
- \_\_\_\_\_ Prepare each apprentice for the ACF certification written and practical exams and coordinate apprentice graduation procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# List of Local Committee Members

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## Instructions

Please fill-in with your current local apprenticeship committee members with job title and contact information. This must be submitted with the annual report on or before **January 31st** of each year.

## Committee Members

Name: \_\_\_\_\_ JobTitle: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ JobTitle: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ JobTitle: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ JobTitle: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ JobTitle: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_