



## Appendix D

# EMPLOYER ACCEPTANCE AGREEMENT

Adopted by:



In Collaboration With:

*Name of Participating Employer*

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Developed in Cooperation with:

U.S. DEPARTMENT OF LABOR  
OFFICE OF APPRENTICESHIP



## Appendix D

### **EMPLOYER ACCEPTANCE AGREEMENT**

The undersigned employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by the Association for the Advancement of Medical Instrumentation (AAMI) and agree(s) to carry out the intent and purpose of said Standards for Biomedical Equipment Technician and accompanying Appendices and to abide by the rules and decisions of the Sponsor established under these Apprenticeship Standards. Name of Participating Employer has been furnished a copy of the Standards, has read and understands them, and requests authorization to train apprentices under the provisions of these Standards. On-the-job, the apprentice is hereby assured qualified training personnel and adequate supervision during the apprenticeship. The training should follow the approved Work Process Schedule and Related Instruction Outline including the rotation of tasks. The employer further agrees to follow the selection procedures per the approved Standards or develop alternative selection procedures in the Employer Acceptance Agreement that are consistent with the requirements set forth in 29 CFR § 30.10(b). This employer acceptance agreement will remain in effect until canceled voluntarily or revoked by the Sponsor, Employer or the Office of Apprenticeship.

*(Manual signatures required)*

\_\_\_\_\_  
*(Print Name of Employer Representative)*

\_\_\_\_\_  
*(Print Name of Sponsor Representative)*

**Signed:** \_\_\_\_\_

*(On Behalf of Employer)*

**Signed:** \_\_\_\_\_

*(On Behalf of Sponsor)*

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Employer Representative Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address:

City/State/Zip Code: \_\_\_\_\_

Phone Number: (XXX) XXX-XXXX Email: \_\_\_\_\_

**cc: USDOL/Office of Apprenticeship**



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**EMPLOYER MODIFICATIONS TO**  
**STANDARDS OF APPRENTICESHIP AND APPENDICES**

**BIOMEDICAL EQUIPMENT TECHNICIAN**  
**O\*NET-SOC CODE: 49-9062.00 RAPIDS CODE: 0888HY**

Company employs \_\_\_\_\_ journeyworkers.

Company employs \_\_\_\_\_ total workers.

Related Instruction Hours Provided:  during Work Hours /  during Non-Work Hours /  
 Both

**Standards of Apprenticeship**

**SECTION I, SUBSECTION 2. - AFFIRMATIVE ACTION PLAN**

**will** /  **will not** be employing five or more apprentices.

**SECTION I, SUBSECTION 3. - SELECTION OF APPRENTICES**

**will** /  **will not** utilize the Selection Procedure on **Appendix A**. If will not, then

Procedure is as follows:

**SECTION I, SUBSECTION D. - RELATED INSTRUCTION**

Apprentices  **will** /  **will not** be paid for hours spent attending related instruction classes during non-work hours.

**Appendix A Changes - Wage Scale - Work Process Schedule - Related Instruction Outline**

Not Applicable /  Attached

**Appendix C - Affirmative Action Plan**

Not Applicable /  Attached