Appendix D

EMPLOYER ACCEPTANCE AGREEMENT

Adopted by:

AAMI
Advancing Safety in Medical Technology

In Collaboration With:
Name of Participating Employer

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: ___________________________             Signed: ___________________________
(On Behalf of Employer)                    (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
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