

**APPENDIX E**

**EMPLOYER ACCEPTANCE AGREEMENT**

The foregoing undersigned Employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by the Alaska Primary Care Association.

*As a Participating Employer, we agree to carry out the intent and purpose of said Standards and to abide by the rules and decisions of the Program Sponsor established under these Apprenticeship Standards. We have been furnished a true copy of the Standards and have read and understood them, and do hereby request certification to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked by the Program Sponsor or Registration Agency. On-the-job, we guarantee that the apprentice is assigned to a skilled and competent journeyworker, and we guarantee that the work assigned to the apprentice will be rotated so as to ensure training in all sections of the work process schedule. We further agree to accept for employment apprentices who are selected and referred to our organization by the Program Sponsor to the extent appropriate employment opportunities are available.*

This employer acceptance agreement will remain in effect until cancelled voluntarily or revoked by the Sponsor or Registration Agency.

This form must be signed and returned to the Program Sponsor prior to employing and training any apprentices.

Return completed form to: Sarah Dushkin, Apprenticeship Training Specialist  
Alaska Primary Care Association  
1231 Gambell Street, Suite 200  
Anchorage, AK 99501  
Phone: 907-929-8119 Fax: 907-929-2734  
E-mail: [Sarahd@alaskapca.org](mailto:Sarahd@alaskapca.org)

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

Federal Tax ID Number: \_\_\_\_\_

Company Representative/Title: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement is for all occupations sponsored by the Alaska Primary Care Association Apprenticeship Program.

Approved by Program Sponsor:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition:  
Original – Program Sponsor  
Copies – Employer and Registration Agency