Dear Prospective Apprentice,

Thank you for your interest in the American Culinary Federation’s Apprenticeship Program. Please review the forms contained in this packet. It is important to complete them legibly and return the packet to FCTC at your earliest convenience. Enrollment can be a complicated process, but we are here to help. Please contact our office if you have questions.

Please contact our office prior to your arrival to schedule an appointment to review your paperwork & coordinate the Apprenticeship process. In order to complete your registration, we will need the following items completed & ready to submit:

- American Culinary Federation application for membership form
- American Culinary Federation apprentice registration form
- American Culinary Federation sponsoring house agreement form
- American Culinary Federation sponsoring house responsibility form
- First Coast Technical College registration form
- Florida Department of Education apprentice form
- A copy of your current resume
- A copy of your driver’s license
- A copy of your high school diploma or GED
- A letter of reference from your current employer
- A letter of reference from a professional mentor or peer
- Write an essay on why you want to be a chef (300 word minimum)
- If you’re a Veteran of the US’ Armed Forces, a copy of your DD214

First Coast Technical College’s School of Culinary Arts is the education provider for the First Coast Culinary Apprenticeship (GNJ). This program is accredited by the American Culinary Federation and recognized by the Florida Department of Education. Upon completion, our graduates of the Apprenticeship Program will earn their Sous Chef (CSC) with the American Culinary Federation.

We look forward to working with you!

Warmest regards,

Anthony Lowman, CCC, CCE, ACE

Anthony Lowman, CCC, CCE, ACE · Apprenticeship Coordinator
Phone 904.547.3468 · Fax 904.547.3459 · anthony.lowman@fctc.edu
2980 Collins Ave. · St. Augustine, FL 32084 · www.fctc.edu
FIRST COAST TECHNICAL COLLEGE STUDENT REGISTRATION

REGISTRATION FORM DIRECTIONS: Please print and use legal names. Most items on this form are required by Florida State and/or Florida Administrative code. Please inform staff of any special services or assistance you may need.

Enrollment Date: ___________________ Social Security #: ___________________ Date of Birth: __/__/____

Last Name: ___________________ First Name: ___________________ Mi: ______ Place of Birth (City/State): ___________________

Physical Address: ___________________ City: ______ State: ______ Zip Code: ______

Mailing Address: ___________________ (if Different from Physical Address) ___________________ City: ______ State: ______ Zip Code: ______

Home Phone: ______ Cell Phone: ______ E-Mail: ___________________

Resident Status:  □ Florida Resident – One year or more (*see note below)  □ Florida Resident for less than one year or out of state resident

*Note: To qualify as a Florida resident for tuition purposes, a student must have established legal residence in Florida and must have maintained legal residence in Florida for at least 12 MONTHS PRIOR TO THE FIRST DAY OF CLASS. Evidence of Florida residency may include one or more of the following documents with applicable establishment date:

□ Proof of purchase of a permanent home in FL  □ Full-time employment in Florida  □ Declaration of domicile

□ Florida vehicle registration  □ Florida driver’s license or ID card  □ Recent Florida high school transcripts (multiple years)

□ Professional/occupational license in FL or Inexp.  □ Florida voter’s registration card  □ Membership in Florida charitable/professional organization

Ethnicity: □ Hispanic/Latino □ Non Hispanic/Latino  SEX: □ Female □ Male  Are you a Veteran? □ Yes(V) □ No(Z)

Please also complete "Race" selection below. Check all that apply:

Race: □ White □ Black/African American □ Asian □ American Indian/Alaska Native □ Native Hawaiian or Other Pacific Islander

Citizenship Status: □ Non-Resident Alien(A) □ U.S. Citizen(C) □ Permanent Resident Alien(P) □ Unknown or Not Reported(X)

Are you employed: _____ Yes _____ No  If yes, please complete the following: Occupation: ___________________

Employer Name: ___________________ Phone #: ______

Mailing Address: ___________________ City: ______ State: ______ Zip Code: ______

Emergency Contact: ___________________ Emergency Contact Phone #: ______

Are you a High School student taking a course for credit? □ Yes □ No  Co-Enrolled? □ Yes □ No  School: ______

Are you a High School Graduate? □ Yes □ No  Highest Grade Completed: ______ Financial Assistance received, If any ______

Documented Disability, If any: _____ Request Special Services? _____Yes(I) _____No(N) _____Not Applicable(Z)

Are you a Single Parent(S)? □ Yes □ No  Single Pregnant Woman(W) □ Yes □ No  Displaced Homemaker(H) □ Yes □ No

Both-Single Parent & Pregnant(B) □ Yes □ No  Do you have any illnesses or health concerns? □ Yes □ No  If yes, what? ______

Is this your first time in Post Secondary education (do not count dual enrollment or early admission)? □ Yes □ No

If No, when was the last time you attended a course in this school district? Year ______ Course ______

Is English your Second Language? □ Yes □ No  If Yes, what is your First Language: ______ Enrolled in ESOL (LV): □ Yes □ No

Goals for attending (select up to three):

□ Employment(A) □ Obtain High School Diploma(E) □ Television(T)

□ Retain Employment(C) □ Enter Post-secondary Education or Job Training(F) □ Internet(I)

□ Pass GED(D) □ Citizenship(L) □ Flyer(L)

□ Default goal only(X) (Improve Basic Skills or Learn English) □ Radio(R) □ Walk-In(W)

How did you hear about our school?: □ Newspaper(N) □ Drive By(D) □ Catalogue(C)

□ Friend/Relative(F) □ Place of Work(P) □ Other(O)

IF THE STUDENT IS YOUNGER THAN 18 YEARS, THE PARENT OR GUARDIAN MUST COMPLETE THE AFFIDAVIT.

I hereby certify that the information on this application is accurate to the best of my knowledge. By signing, I am giving my permission for the use of this data included herein in managing the program for which I am registered.

PARENT OR GUARDIAN SIGNATURE ___________________ DATE ______

THE ADULT COMPLETES THIS AFFIDAVIT.

I hereby certify that the information on this application is accurate to the best of my knowledge. By signing, I am giving my permission for the use of this data included herein in managing the program for which I am registered.

STUDENT SIGNATURE ___________________ DATE ______

OFFICIAL USE ONLY

Program: Culinary Apprentice  Entry Date: ______

Course & Section #: i20040R.1949 & i20040R.0949  Full Time: □ Yes □ No  Part Time: □ Yes □ No

Course Title  Financial Aid Type  Days (circle ONE)  Fees Paid By:

Culinary Arts Apprenticeship  N/A  M T W R F  N/A

Course & Section #: ______

Course Title: ______

Financial Aid Type: ______

Days (circle): ______

M T W R F  ______

Fees Paid By: ______

processed Date: ______

Registrar Signature: ______
Thank you for registering for the ACFEF apprenticeship program. One program requirement is becoming an ACF member for the duration of your apprenticeship. The ACF has created a special pre-pay incentive program to make enrollment easier. Pre-pay your membership at the beginning of your apprenticeship and receive a 30% discount. This special incentive is offered only to ACFEF Apprentices who pre-pay two or three years of ACF membership.

Please use this ACF membership application form instead of enrolling online in order to take advantage of this special incentive. The incentive offers a 30% discount off national ACF membership pricing. The ACF strongly encourages all apprentices to join one of our 230 local chapters around the country. Membership in a local chapter gives you access to chapter events, competitions, educational seminars and networking opportunities. Please ask your program coordinator or visit the ACF website for details about the closest ACF chapter in your area and list the local chapter at the bottom of this form.

PLEASE PRINT THE FOLLOWING INFORMATION
Apprenticeship program name: FIRST COAST CULINARY APPRENTICESHIP GNJ @ First Coast Technical College School of Culinary Arts

First name: ___________________________ MI: __________ Last name: ______________________________
Work title: ___________________________ Company/employer: ________________________________
Company address: ___________________________
City: ___________________________ State: ______ Zip: __________ Country:
Work phone: ___________________________ Mobile: ___________________________ Fax: __________
Work email: ___________________________ Website: ___________________________
Home address: ___________________________
City: ___________________________ State: ______ Zip: __________ Country:
Home phone: ___________________________ Mobile: ___________________________ Fax: __________
Home email: ___________________________

Membership Category Fees
☐ Student Culinarian
☐ 1 year (1,000, 4000, 6000 hr) $ 80.00
☐ 2 year (4000 hr) $ 100.00
☐ 3 year (6000 hr) $ 150.00

☐ Yes, enroll me in the local ACF chapter (please list) St. Augustine Chapter

* Please note that the local chapter may have a minimal annual fee in addition to the costs listed above. The national office will contact you about the annual fee.

Method of Payment (Membership is processed when dues are paid in full)
☐ Check/M.O. ☐ Visa ☐ Discover ☐ MC ☐ American Express

Credit card number: ___________________________ Expiration date: __________
Billing address if different from above: ___________________________
Cardholder name: ___________________________ Signature: ___________________________ Date: __________
Optional: Name of sponsor: ___________________________

All membership fees are non-refundable.
Apprentice Registration Form
ACFEF Apprenticeship Program
April 2014

American Culinary Federation, Inc.
180 Center Place Way
St. Augustine, FL 32095
(800) 624-9458  FAX: (904)825-4758
www.acfchefs.org

Date ______/_____/_____

Program Sponsor: ________________________________

First Name ___________________________ MI ____ Last Name ____________________________

Address ____________________________ Date of Birth ______/_____/_____

City ____________________________ State ______ Zip ______

Home Phone ____________________________ Work Phone ____________________________ Cell Phone ____________________________

Email (required – please print legibly)

Optional information provided below will remain confidential. and is intended for use only for statistical and demographic purposes:

Sex: ☐ Female ☐ Male

US Citizen ☐ Yes ☐ No If No, Country ____________________________

Racial Origin

☐ White, not of Hispanic origin ☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native ☐ Hispanic

☐ Black, not of Hispanic origin ☐ Other

Type Apprentice: ☐ Cook ☐ Pastry Log Book: ☐ Portal

Employed by ☐ 4000 hr ☐ 6000 hr ☐ Hybrid ☐ 4000 hr ☐ 6000 hr ☐ Hybrid ☐ Flash drive

Sponsoring House:

Street ____________________________ City ____________________________ State ______ Zip ______

Supervising Chef ____________________________ Phone ____________________________

Related Instruction Source/Educational Institution: First Coast Technical College School of Culinary Arts

Apprenticeship Chair/Coordinator Signature: ____________________________

Apprenticeship Chair/Coordinator Name (Printed) ____________________________

Apprentice Signature: ____________________________

SEND $105.00 Non-refundable Enrollment Fee (includes Logbook) along with this form to:
National Apprenticeship Office, 180 Center Place Way, St. Augustine, FL 32095

Payment Information

☐ I have enclosed a check/money order made payable to the American Culinary Federation Education Foundation (ACFEF).

☐ Please bill my: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Account Number: ____________________________ Exp. Date: ______/____/_____ Amount: ______

Billing Address: ____________________________ State: ______ Zip: ______

City: ____________________________

Name on Account: ____________________________ Signature: ____________________________

NATIONAL OFFICE USE ONLY - Register Date: ______/____/_____. Graduation Date: ______

Program: ____________________________ Member Number: ____________________________ Auth nrb (CC): ______
THIS AGREEMENT is entered into this ___ day of ________________, 20___, between
The________________________________________Apprenticeship Program,
hereinafter referred to as the Program Sponsor, and________________________________________,
hereinafter referred to as the Sponsoring House.

The undersigned Sponsoring House agrees to the apprenticeship program standards for the trade of Cook –
O*NET CODE: 35-2014.400 and Pastry Cook – O*NET CODE 51-3011.01 as formulated and registered by the
with the Department of Labor, Office of Apprenticeship. The Sponsoring House agrees to abide by the rules
and regulations contained therein. The Sponsoring House has been furnished a true copy of the Standards, has
read and understood them, and does hereby request recognition 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. The Sponsoring House agrees to retain the apprentice in his/her employ as work is
available, to guarantee the apprentice assignment to a skilled and competent journey worker and to guarantee
the apprentice will be rotated so as to ensure training in all phases of work. The Sponsoring House further
agrees to maintain the qualifications for a Sponsoring House as outlined in Appendix F in said Standards. The
Program Sponsor agrees to supply the Sponsoring House with apprentices, as available, and perform such
administrative and related training functions as specified in the registered program standards. The
apprenticeship standards referred to herein are hereby incorporated in and made a part of this agreement.

This agreement may be terminated by mutual consent of the signatory parties. Notification by the Sponsoring
House must be made in writing to the Program Sponsor.

Name of Sponsoring House (typed or printed)

Address

City, State, Zip

Phone

Authorized Representative/Title (typed) Signature Date
For Sponsoring House

Supervising Chef /Title (typed) Signature Date

Program Sponsor Apprenticeship Chair (typed) Signature Date

Original: To be kept in Program Sponsor files
copies: Employer, Registration Agency, ACFEF national office
Sponsoring House Responsibility  
ACFEF Apprenticeship Program  
August 2011

The ACFEF Apprenticeship Program Sponsoring House, __________________________, understands and is aware of the following requirements:

1. **Employ** an individual who meets the qualifications for a supervising chef.

2. **Offer** a full service menu with at least 51% of the items prepared "from scratch".

3. **Serve** at least two of the following meal periods: breakfast, lunch, dinner, or banquet.

4. **Maintain** a clean, sanitary, and safe work place.

5. **Allow** the apprentice time off to complete the related instruction and other related activities.

6. **Hire** the apprentice as a full time employee and provide an average of forty (40) hour work week.

7. **Follow or better** the wage progression schedules. There must be a progression established for the apprenticeship period.

8. **Adhere** to the conditions of any ongoing labor contract.

9. **Provide** an opportunity for the apprentice to complete all of the work processes listed in the Training Log.

10. **Guarantee** the apprentice all the rights, privileges, and benefits that other similar employees receive.

Printed Name of Establishment _______________________________________

Printed Name of Owner / Manager _______________________________________

Signature ____________________________________________________________

Date __________________________

original: To be kept in Program Sponsor files on Sponsoring Houses

copies: Employer
Florida Department of Education
Division of Career and Adult Education - Apprenticeship

Program Sponsor Number: FL 013060002

APPRENTICESHIP AGREEMENT: Between the Apprentice and the Apprenticeship Program Sponsor

THIS AGREEMENT, entered into this _________ day of __________, ________, between the parties to be represented as the
First Coast Culinary Apprenticeship GNJ
(Name of Local Program Sponsor’s Registered Apprenticeship Standards)
Apprenticeship Sponsor and
(Full Legal Name of Apprentice)
hereinafter referred to as the
APPRENTICE, and (if a minor) ____________
(Parent or Guardian)
hereinafter referred to as his/her GUARDIAN.

WITNESSETH THAT:
The Program Sponsor agrees to be responsible for the selection, placement and training of said apprentice, as work is available, and in consideration said apprentice agrees diligently and faithfully to perform the work of said trade during the period of apprenticeship, in accordance with the registered standards of the Program Sponsor. The apprenticeship standards referred to herein are hereby incorporated in and made a part of this agreement. This agreement may be terminated by mutual consent of the signatory parties, only upon proper notification to the Registration Agency.

Warning: This Apprenticeship Agreement does not constitute an Apprenticeship Certification under Title 29, C.F.R., Part 5 for the employment of the Apprentice on Federally financed or assisted construction projects. Current Apprenticeship Certifications must be obtained from the Registration Agency’s Servicing Representative.

Trade: ____________________________
SOC Code: ____________________________
RAPIDS Code: ____________________________
Term: ____________________________
Probationary Period: ____________________________
Credit for Previous Experience: ____________________________
Term Remaining: ____________________________

Participating Employee: ____________________________
Starting Wage: ____________________________

I, the above named APPRENTICE, with full knowledge of the provisions and my rights thereunder, do hereby expressly waive my rights under 20 USCA S1223g(b) which provides that a student’s permission (or the permission of his/her guardian, if the student is under 18 years of age) is necessary before an educational agency or institution may disclose the student’s education records to any source outside the school system. Permission to disclose my records (or my child’s records) is specifically restricted to the disclosure of grades and attendance records to the Registration Agency for the purpose of evaluating my progress as an apprentice and further administering of the Florida Apprenticeship Program provided for under Chapter 446, Florida Statutes.

(Legal Signature of Apprentice)

(City) ____________________________ (State) ____________________________ (Zip Code) ____________________________

Signature Representing Program Sponsor)

(City) ____________________________ (State) ____________________________ (Zip Code) ____________________________

(Mailing Address of Program Sponsor)

TO BE COMPLETED BY APPRENTICE (Please check or fill in items as appropriate)

1. Social Security Number [only used for training record identification]
   
   2. Date of Birth
   
   3. Sex
   
   4. Race
   
   5. Mark Highest Grade of School Completed
   
   6. Veteran
   
   7. Military - Dates of Entry
   
   8. VA Claim Number
   
   9. Ethnic Group

   1. [ ] White
   
   2. [ ] Black / African American
   
   3. [ ] American Indian or Alaskan Native
   
   4. [ ] Asian
   
   5. [ ] Native Hawaiian/other Pacific Islander

   1. [ ] Hispanic or Latino
   
   2. [ ] Not Hispanic or Latino

   1. [ ] Male
   
   2. [ ] Female

   1 [ ] Yes
   
   2 [ ] No

   GRADE SCHOOL
   
   HIGH SCHOOL
   
   COLLEGE

   (Registration Date)

   Entered in RAPIDS By: ____________________________ Date: ____________________________

   (Signature Representing Program Sponsor)

   Registered by: Division of Career and Adult Education - Apprenticeship

   Authorized Official, Registration Agency

   *Social Security Number will ONLY be used for training records identification.

ATTN: Program Sponsor, submit original form, signed in blue ink, to Field Office Representative

DCAE Form APPR-200 (Revised 9/09)
APPRENTICESHIP
PARTICIPATING
EMPLOYER'S AGREEMENT

This agreement made at ____________ Florida between
__________________________ (hereinafter referred to as Employer) and
__________________________ (hereinafter referred to as Program Sponsor)

WITNESSETH: That for and in consideration of the mutual covenants and promises herein contained, the parties agree as follows:

I. PARTIES: The parties to this agreement are:

(Employer)

(NAME-TYPED)

__________________________

(ADDRESS-TYPED)

__________________________

(CITY) __________________ (STATE) __________ (ZIP CODE) __________

 __________________

(PHONE NUMBER - AREA CODE & NUMBER) __________________

(Program Sponsor)

First Coast Culinary Apprenticeship GNJ

(NAME-TYPED)

__________________________

(ADDRESS-TYPED)

__________________________

(CITY) __________________ (STATE) __________ (ZIP CODE) __________

 __________________

(PHONE NUMBER - AREA CODE & NUMBER) __________________

II. TERMS: The term of this agreement shall commence upon execution by both parties as indicated by the dates set out below and shall continue in force and effect until terminated as herein provided. A termination of this agreement shall be effected by one party giving at least thirty (30) days written notice to the other party at the address shown in Article I above.

III. DUTIES: The duties of the parties in the performance of this agreement shall be as follows.

Duties of Program Sponsor:
1. To provide the Employer with copies of all pertinent rules, regulations, and other materials affecting the apprenticeship program. These shall include but are not necessarily limited to copies of Chapter 446, Florida Statutes, as amended (the Florida Apprenticeship Law), the rules and regulations of the Florida Department of Education, Division of Career and Adult Education - Apprenticeships (hereinafter referred to as the Registration Agency), the applicable apprentice standards, and any pertinent information/instructions received from the Registration Agency or other source.

2. To provide such technical information and administration assistance as may reasonably be necessary for the Employer to comply with all applicable rules, standards, and other requirements.

3. To refer registered apprentices to the Employer for employment in such numbers and at such times as may be requested by the Employer to the extent possible with the existing supply of apprentices and within the requirements of applicable rules and standards.

4. To provide the work-related training required by the program standards.

Duties of the Employer:
1. To read and abide by all applicable laws, rules, regulations, standards and other requirements which govern the operation of the program and training of apprentices. The Employer hereby acknowledges receipt of the registered apprenticeship program standards as approved by the Registration Agency.

2. To retain the apprentice(s) in his employ as work is available and train said apprentice(s) in the trade of:

3. To pay his fair share of the financial expense of the Program Sponsor. In determining the actual amounts due from the Employer, the funding formula contained in the registered program standards shall control.

IV. COPIES: This agreement shall be made and executed in duplicate originals, one of each shall be retained by the Employer and one to be retained by the Program Sponsor. An executed copy shall be made at the same time and be sent by the Program Sponsor to the Registration Agency local servicing representative's address. In addition, a copy of any notice of termination as provided in Article II shall be sent to the Registration Agency, by the party so terminating. IN WITNESS WHEREOF, the parties set their hands on the dates below indicated.

EMPLOYER

PRINT NAME: ____________________________

SIGN: ____________________________

TITLE: ____________________________

DATE: ____________________________

PROGRAM SPONSOR

PRINT NAME: ____________________________

SIGN: ____________________________

TITLE: Chairperson

DATE: ____________________________

DCAE Form APPR-102 (Revised 6/09)
INTERESTED IN A CULINARY CAREER?

EARN AS YOU LEARN WITH ~ APPRENTICESHIP ~

An American Culinary Federation Education Foundation (ACFEF) apprenticeship program provides on-the-job training combined with technical classroom instruction. Apprentices will work fulltime under a qualified supervising chef while developing documented culinary skills. Upon completion, apprentices will have the skills and job experience needed to earn higher wages and better greater job opportunities.

- Participate in an "earn while you learn" approach
- Receive mentoring from qualified professional chefs
- Develop documented culinary skills that are transferable within the industry
  - Learn and master cooking and baking skills by rotating through different stations
  - Develop basic principles of nutrition and dietetics
  - Understand the requirements for proper food handling, sanitation and hygiene
  - Gain an understanding of management and supervisory knowledge in preparation for a progressive career in the culinary industry
- Acquire a professional work ethic necessary for success in the hospitality industry
- Prepare apprentices for ACF professional Certified Culinarian®, Certified Pastry Culinarian®, Certified Sous Chef® and Certified Working Pastry Chef® certification testing

"My apprenticeship training is not only part of my resume, it's the highlight."

- BRADLEY CRISSE, 2011 APPRENTICE GRADUATE, ACF SOUTHEASTERN CHEFS & COOKS ASSOCIATION

"Apprenticeship offers the opportunity to learn many skills that may otherwise take 10 years to acquire."

- PETER AIUOLO, CEC, CEPC, SPONSORING CHEF, DOUBLE TREE BY HILTON COLORADO SPRINGS
FAQ's

How do I become an apprentice?
Contact the program coordinator of the apprenticeship program you are interested in. For more information and apprenticeship locations, visit www.ACFChefs.org/Apprenticeship or call the education department at the American Culinary Federation national office at (800) 624-9458.

Why should I become an apprentice?
When you start an apprenticeship, you are learning a skilled trade from a qualified expert while getting paid. Upon completion, you will have the skills and job experience needed to earn higher wages and have better job opportunities. As an ACFEF apprentice, you will be eligible for ACF Certified Culinarian® or Certified Pastry Culinarian® credential. You will also enjoy the many benefits of an ACF membership, including access to ACF's online Career Center, networking opportunities with top industry professionals and a free e-subscription to the National Culinary Review.

What will I learn as an apprentice?
You will learn and master cooking and baking skills through coursework and on-the-job training under the direction of a chef. You will understand the requirements for proper food handling, sanitation and hygiene. You will gain an understanding of management and supervisory knowledge in preparation for a career in the culinary industry. You will acquire a professional work ethic necessary for success in the hospitality industry. You will be prepared for ACF Professional CC® or CPC® certification testing.

Where will I work as an apprentice?
You will work under a supervising chef in an establishment known as a "sponsoring house." This may be a restaurant, hospital, adult living community or other foodservice facility. Your program coordinator should provide you with a list of approved local sponsoring houses, but you will be responsible for securing employment. You will receive wage increases during the course of your apprenticeship, based on your increased skill.

What does a typical week as an apprentice look like?
As an apprentice, you will be employed by a sponsoring house and will work their required hours. Depending on how the program operates, you will take classes at a post-secondary school on certain days or be responsible for completing online classes on your own time. Apprenticeship is a full-time commitment, at work and at home.

Do I go to school as part of the apprenticeship program?
It depends on the apprenticeship program. The required related instruction can be taught in various ways, including classroom, qualified in-house instruction and online courses. Each program develops its own approach to offering related instruction in the apprenticeship stations. Educational institutions will often enroll apprentices in the institution’s certificate or degree program.

What does it cost to be an apprentice?
Again, it depends on the apprenticeship program. There is a national ACFEF apprenticeship registration fee of $105 and an ACF apprenticeship membership fee of $50 for each year of the program. There may be additional costs to consider, such as uniform, knives, and related instruction. These costs may be included in the apprenticeship program cost or they may be your responsibility.

How long is the apprenticeship program?
ACFEF apprenticeship programs take from two to three years to complete.