



We take you from a *job* to a **CAREER**

# The 2017-2018 AACCP Apprenticeship Program





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To survive and succeed, it is necessary to have a good education, to choose an occupation which offers a competitive income and to master a skill in which you can take pride.

The HVACR industry offers you just that! With skilled workers in great demand, the HVACR Industry offers a career with year-round work and the opportunity for promotion.

This stimulating and exciting four-year apprenticeship program was developed by the AACP after carefully assessing the needs of the HVACR industry.

### **What this program offers**

Upon successful completion of this program, each apprentice will receive:

- A career path
- Pride in themselves
- Credits toward an Associate Degree from Montgomery College
- The opportunity to receive a Maryland Journeyman's License without having to sit for the exam

### **Responsibilities of the Apprentice**

Each apprentice should become familiar with the Standards of Apprenticeship. In addition, each apprentice is responsible to:

- Apply his/herself industriously in learning the HVACR trade
- Inform AACP of any job layoff and/or change in employer
- Keep accurate records of On-The-Job-Training hours, OJTs and submit monthly OJTs to AACP by the 10th day of the following month
- Maintain an active Maryland State Apprenticeship License throughout enrollment in the program
- Report any program-related complaints
- Maintain a 70% [C-] or better grade in each class
- Attend at least 85% of the course hours of each class to receive credit for classroom instruction
- Submit a letter from your employer on company letterhead for acceptable class absence. This includes: vacation, personal illness or Injury, or death of an immediate family member.



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### **Application & Registration Information**

#### **First-Time Applicant**

A First-Time Applicant must send a request to AACP to create an online profile. This request can be via email to [Info@AACPnet.org](mailto:Info@AACPnet.org). Send us this information: First Name, Middle Name, Last Name, Home Phone, E-Mail Address and Name of Employer.

Once we create the online profile, you will be sent a temporary password by email. This password will allow you to log in and update your online profile, change your password, and register for the program.

Or, you may call the AACP Office at 410.527.0780 to create your online profile.

To complete the registration process, a First-Time Applicant must e-mail [Info@AACPnet.org](mailto:Info@AACPnet.org) or fax 410.527.0270 the following:

1. Copy of high school diploma, GED Certificate or official transcript of the last grade completed [9<sup>th</sup> Grade or above].
2. Copy of Military Discharge papers, if previously served in the United States military.

#### **Returning Apprentices**

Log into your online profile using your email address as the username. If you forgot your password, click on Forgot Password and the system will assign and send you a temporary one. Once you receive the temporary password, log into your profile and update your password.

NOTE: An unemployed individual can only participate in the first year of the program. An apprentice in the Second, Third and Fourth Year MUST be employed by an AACP member company.

#### **Other Information**

- Classes will be in the Gudelsky Institute located on the Rockville Campus of Montgomery College.
- Classes will be held from 5:30 PM to 8:45 PM. First and Third year classes - Monday and



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Wednesday nights; Second and Fourth year classes - Tuesday and Thursday nights.

**This form can be completed by all apprentices and payment securely processed online at [www.AACPnet.org](http://www.AACPnet.org)**

First Name		Middle Name	Last Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Current Employer			
Job Title			
Current Supervisor [First and Last Name]			
Work Address, City, State and Zip			
Work Phone		Work Fax	
Work E-Mail			
Home Address		Home Apartment/Suite, City, State and Zip	
Home Phone		Cell Phone	
Secondary E-Mail Address			
Date of Birth [MM/DD/YY]		Social Security Number	
Veteran Status [Choose One]		Level of Education [Choose One]	
<input type="checkbox"/> Vietnam Era 08/15/1964 – 06/07/1975 <input type="checkbox"/> Other Veteran <input type="checkbox"/> Non Veteran		<input type="checkbox"/> 9 <sup>th</sup> Grade or more <input type="checkbox"/> GED Certificate <input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some College <input type="checkbox"/> College Graduate
Race/Ethnic Group [Check One]		Expected Graduation Year	
<input type="checkbox"/> White, Not Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Black, Not Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		<input type="checkbox"/> 2018 <input type="checkbox"/> 2019	<input type="checkbox"/> 2020 <input type="checkbox"/> 2021



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## Tuition Payment Form

**Full payment is required with an application. Pay online at [www.AACPnet.org](http://www.AACPnet.org)**

**\$2,700 First-Time Applicant with a NONMEMBER company [or unemployed]**

[Can only participate in program for the First Year.]

\$100 Non-refundable Registration fee

\$2,600 Tuition and Textbooks

**\$1,700 First-Time Applicant with a member company**

\$100 Nonrefundable Registration fee

\$1,600 Tuition and Textbooks

**\$1,600 Returning Apprentice [Second, Third or Fourth Year]**

\$1,600 Tuition and Textbooks

**PAY BY CHECK:** My tuition, in the amount of \$\_\_\_\_\_ is being **paid by check** payable to AACP. Payment will be mailed to: Association of Air Conditioning Professionals, c/o Association Matters, Inc., Executive Plaza II, 11350 McCormick Rd, Suite 1006, Hunt Valley, MD, 21031.

**PAY BY CREDIT CARD ONLINE:** My tuition, in the amount of \$\_\_\_\_\_ is being **paid by credit card online** at [www.AACPnet.org](http://www.AACPnet.org).

**PLEASE CHARGE THIS CREDIT CARD:** Please charge my credit card for the full amount \$\_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV2 \_\_\_\_\_

Name on Card \_\_\_\_\_

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

Billing City \_\_\_\_\_

Billing State \_\_\_\_\_ Billing Zip \_\_\_\_\_



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Billing Phone \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Contact the AACP Team at 410.527.0780 or email us at [Info@AACPnet.org](mailto:Info@AACPnet.org)