

Step 1: Initial CEC® Pre-Approval Application
 (Education and Experience Documentation)
Certified Executive Chef®



Return this cover sheet and appropriate documentation by:
Email (preferred): certify@acfchefs.net
Fax: (904) 940-0742
Mail: American Culinary Federation, Inc.
 Attn: Certification Department
 180 Center Place Way
 St. Augustine, FL 32095

PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ ACF #: _____

MANDATORY REQUIREMENTS

Include proof of education and work experience with application. Acceptable documents include copies of official transcript, diplomas and employment verification letters on company letterhead. Do not send originals.

1. Education	Date Completed	Documentation Included
High School Diploma / GED plus *150 CEH or	_____	<input type="checkbox"/>
*250 Continuing Education Hours or	_____	<input type="checkbox"/>
Associate's Degree in Culinary Arts or	_____	<input type="checkbox"/>
ACFEF Apprenticeship Program plus 50 CEH	_____	<input type="checkbox"/>
Courses		
30-Hour Culinary Nutrition	_____	<input type="checkbox"/>
30-Hour Food Safety & Sanitation	_____	<input type="checkbox"/>
30-Hour Culinary Supervisory Management	_____	<input type="checkbox"/>
<i>Eight hour refresher course required if initial 30-hour courses are older than five years.</i>		
8-Hour Refresher Culinary Nutrition	_____	<input type="checkbox"/>
8-Hour Refresher Food Safety & Sanitation	_____	<input type="checkbox"/>
8-Hour Refresher Supervisory Management	_____	<input type="checkbox"/>
<i>*30 hour courses in Nutrition, Food Safety and Sanitation, & Supervisory Management counts toward the 150 or 250 hours of continuing education.</i>		

2. Work Experience: Three years as a Chef de Cuisine, Executive Sous Chef or chef in charge of food production in a foodservice operation. Must have supervised at least three full time people in the preparation of food. Experience must be within the past 10 years.

Place of Employment	Title	mm/dd/yy	mm/dd/yy	Documentation Included
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

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PAYMENT INFORMATION (FEE IS NON-REFUNDABLE)

- \$50.00 Pre-Approval Fee
 I have enclosed a check made payable to the American Culinary Federation (ACF).
 Please bill my: Visa MasterCard Amex Discover

Account Number: _____ Exp. Date: _____ Amount: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Account: _____ Signature: _____

CERTIFICATION AGREEMENT

With this application, I verify the information provided is truthful and accurate. I grant the ACF permission to investigate employment and education, and I release from liability all persons and companies supplying such information. I agree to adhere to the ACF Certification Code of Ethics, Designation Usage and policies of the certification program and agree to accept the ACF Certification Commission's determination on all certification decisions. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification.

Signature

Date